



# Managing Constipation in Pregnant Women

John Devid\*

Department of Gastroenterology, University of the Paris Saclay, France

## DESCRIPTION

Constipation is defined as a person's bowel movements that pass less than 3 times within a week that are hard to pass and infrequent. Symptoms like abdomen cramping and pain, passing stool is difficult, loss of appetite. Treatment of constipation is eating fiber food, exercise daily and drinking water. A person is constipated their intestinal area and lower stomach will be blocked. People can relief constipation eating laxatives like fruit juice, dietary supplements and fruits. It occurs in eating hard food. Childrens having different bowel movement patterns then compared to the adults. On average 3-4 bowel movements per day

Congenital anatomical defects such as anterior displacement of the anus, imperforate anus, strictures, and tiny left colon syndrome can all cause constipation. Physical examination can detect anterior anus displacement. Constipation is caused by the condition because the anus is improperly positioned, making it difficult to pass a bowel movement. Imperforate anus is a type of anus that terminates in a blind pouch and does not connect to the rest of the intestines. Tiny left colon syndrome is a rare condition in which the left side of a baby's colon has a small diameter, making stool passage problematic. Having a diabetic mother is a risk factor for small left colon syndrome.

Constipation can causes the pathogenetic mechanisms In terms of patient therapy; the distinction between organic and functional types of persistent constipation is meaningless. Constipation affects pregnant women at a higher rate than the general population. Constipation affects 11 to 38 percent of pregnant women, according to reliable sources. Constipation is more prevalent among pregnant women for a variety of reasons, including: increased progesterone levels and decreased motilin, a hormone that slows bowel movement increased water absorption in the intestines, resulting in drier retentive or non- organic which incorporates stoppage because of waste portion ways of behaving and when all natural causes have been precluded. Anatomic causes incorporate butt-centric stenosis or atresia, anteriorly dislodged rear-end, flawless rear-end, digestive injury, butt-centric injury. Strange

muscle structure related causes incorporate prune gut disorder, gastroschisis, down condition, solid dystrophy.

Digestive nerve irregularity related causes incorporate Hirschsprung infection, pseudo-deterrent, gastrointestinal neuronal dysplasia, spinal rope abandons, fastened line, spina bifida drugs like anticholinergics, opiates, antidepressants, lead, vitamin D Stomach radiographs are oftentimes taken in the pediatric crisis division for analysis regardless of their insufficient dependability to identify the pathology or the level of blockage. Misdiagnosis of blockage might cause different unclear doctor visits, organization of crisis clinical benefits, utilization of radiation, superfluous research center tests, and, surprisingly, surgeries. The essential proof put together ideas are based with respect to distributed rules that remember the board of stoppage for youngsters partitioned into three phases of treatment disimpaction, upkeep treatment, and changing on a surface level and extraordinary consideration ought to be given to youngsters and to kids with previous clinical issues.

## CONCLUSION

However intermittent blockage is exceptionally normal, certain individuals experience persistent clogging that can disrupt their capacity to approach their everyday assignments. Ongoing stoppage may likewise make individuals strain unreasonably to have defecation. Your medical services proficient may let you know that you might have the option to treat your clogging or forestall it by causing changes to what you to eat and drink, being more dynamic, or assuming control over-the-counter prescriptions. In the event that these medicines don't work, the person might recommend a medication or propose biofeedback or medical procedure.

## ACKNOWLEDGEMENT

None

## CONFLICTS OF INTEREST

The authors declare no conflict of interest.

<b>Received:</b>	07-February-2022	<b>Manuscript No:</b>	IPBJR-22-13003
<b>Editor assigned:</b>	09-February-2022	<b>PreQC No:</b>	IPBJR-22-13003(PQ)
<b>Reviewed:</b>	23-February-2022	<b>QC No:</b>	IPBJR-22-13003
<b>Revised:</b>	28-February-2022	<b>Manuscript No:</b>	IPBJR-22-13003(R)
<b>Published:</b>	07-March-2022	<b>DOI:</b>	10.21767/2394-3718.22.9.70

**Corresponding author** John Devid, Department of Gastroenterology, University of the Paris Saclay, France; E-mail: john123@gmail.com

**Citation** Devid J (2022) Managing Constipation in Pregnant Women. Br J Res 9:70.

**Copyright** © Devid J. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.