

# Haemorrhoids in Pregnancy and Breastfeeding

Mothersafe – Royal Hospital for Women

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*Information in this leaflet is general in nature and should not take the place of advice from your health care provider. With every pregnancy there is a 3 to 5% risk of having a baby with a birth defect.*

## **What are haemorrhoids?**

Haemorrhoids (also known as “piles”) are varicose veins in the rectum and anus (“back passage”). They can be internal, external or a combination of both. Internal haemorrhoids may bleed a little, but are usually painless. If the vein becomes enlarged or swollen, it can protrude to become an external haemorrhoid with itching, burning, bleeding and painful bowel movements. It is important to see a doctor to confirm the diagnosis as there are other medical conditions which have similar symptoms.<sup>1</sup>

## **Why do haemorrhoids occur in pregnancy?**

Haemorrhoids occur more frequently in women in their reproductive years. During pregnancy they are most common in the second and third trimesters and are caused by hormonal changes, pressure from the growing uterus, changes in blood flow and constipation.<sup>2</sup> Women may have internal haemorrhoids prior to pregnancy without any noticeable symptoms, but then develop symptoms when they are pregnant. Haemorrhoids which occur for the first time in pregnancy can be managed with simple measures, as most will go away after the baby is born (see MotherSafe Factsheet on “Constipation in Pregnancy and Breastfeeding”).

## **Treatment**

The best treatment is prevention. A healthy diet and lifestyle enabling regular bowel habits, is the most important factor in preventing haemorrhoids. Drug treatment in pregnancy is directed at relieving the symptoms, but the preparations used will not cure the haemorrhoids. If not treated appropriately, haemorrhoids can become worse and lead to more serious conditions.<sup>1</sup>

## **Diet & lifestyle changes**<sup>2</sup>

- Be sure to have plenty of oral fibre and fluids. Drink liquids like water and juice.
- Avoid standing for long periods of time.
- Get regular moderate exercise.
- Go to the toilet when you feel the urge, and not just at times of convenience.
- Minimal straining during bowel movements will help to reduce the haemorrhoids.
- Use a moist towel or baby wipe, as these are less irritating than dry toilet paper.
- A deep warm comfortable bath is relaxing and relieves pain.
- Ice packs applied to an external haemorrhoid can reduce pain and swelling.

## **Medical treatments**

**Laxatives** are considered safe in pregnancy and can be taken to reduce straining during bowel movements (see MotherSafe Factsheet on “Constipation in Pregnancy and Breastfeeding”).

**Painkillers** may be necessary if the pain is significant, and paracetamol is safe at any stage of pregnancy. The recommended dose of paracetamol is 500mg x 2 tablets every 4 to 6 hours, with a maximum dose of 8 x 500mg tablets in a 24 hour period. Codeine containing products are best avoided as codeine can cause constipation.

### **Suppositories and ointments**

Many products which help relieve the symptoms of haemorrhoids are available over the counter (without prescription) from a pharmacy. There have been no studies confirming the effectiveness of topical haemorrhoid preparations, though they are widely used and not considered to increase risks to the baby at any stage of pregnancy.<sup>3</sup> Medicines in these products help relieve the itch or discomfort of haemorrhoids, but do not treat the underlying varicose veins. A haemorrhoid preparation will contain some of the following medications.<sup>4</sup>

- Hydrocortisone and prednisolone (corticosteroids) - reduce inflammation and itching.
- Lignocaine and cinchocaine (local anaesthetics) - reduce pain and irritation.
- Witch hazel (hamamelis), aluminium acetate and allantoin - reduce inflammation.
- Zinc oxide – protective.
- Peru balsam and benzyl benzoate – mild antiseptic and anti-itching action.

Suppository and ointment formulations are both safe to use in pregnancy. Follow the manufacturer's directions for dosage and administration. Some products carry warnings about a maximum period of use, as corticosteroid and local anaesthetic medications may cause changes to the skin or increase the risk of infection with prolonged exposure. It may be preferable to switch from one preparation to another over time to minimise side effects for the pregnant woman herself.

**Ask your midwife, doctor or pharmacist for the brand names of these medicines. It is very important that you use as directed, and see your doctor if symptoms do not improve.**

### **Haemorrhoids after the birth**

Most women will find that their haemorrhoids will resolve soon after birth: however occasionally haemorrhoids may occur for the first time after a vaginal birth. Treatment in breastfeeding mothers is exactly the same as in pregnancy, though it is even more important to drink plenty of water to prevent constipation. If symptoms persist for some time after the birth, consult your doctor to confirm the diagnosis of haemorrhoids and discuss other options for treatment.

### **References**

1. Staroselsky A, Nava-Ocampo AA, Vohra S, Koren G. Hemorrhoids in pregnancy. Canadian Family Physician. February 2008; 54(2):189-190
2. Aysar A, Keskin H. Haemorrhoids during pregnancy. Journal of Obstetrics and Gynaecology 2010; 30(3):231-237.
3. Quijano CE, Abalos E. Conservative management of symptomatic and/or complicated haemorrhoids in pregnancy and the puerperium. Cochrane Database of Systematic Reviews. July 2005; Issue3. Art. No. CD004077
4. Australian Medicines Handbook 2019 (electronic version). Adelaide: Australian Medicines Handbook Pty Ltd;2019 Jul. Available from <http://www.amh.net.au> .Accessed August2019

**Other resources** – MotherSafe Factsheet “Constipation in Pregnancy and Breastfeeding”



*NSW Medications in Pregnancy &  
Breastfeeding Service*

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