Short Communication

Hormonal and Sensory Changes during Pregnancy

Johnny Geurdes*

Department of Human Development and Family Studies, University of Ilorin, Ilorin, Nigeria

ABSTRACT

Pregnancy brings out a variety of hormonal and physiological changes. Estrogen and progesterone levels increase suddenly and dramatically in pregnant women. A number of other hormones' amounts and functions are also altered in them. Not only do these changes affect our mood, but our five senses may also seem to go into overdrive during pregnancy. Foods we enjoy may begin to taste strange, certain aromas may get stronger, and we may become sensitive to touch and get the point. Hormonal changes, most notably the hormone oestrogen, are to blame for this shift. **Keywords:** Pregnancy; Hormones; Oestrogen; Mood

DESCRIPTION

Pregnant women undergo an increase in mood and anxiety symptoms, which has detrimental consequences for both the mothers' mental and physical health and the health of their newborns. The link between maternal depression and anxiety during pregnancy and neonatal outcomes has been thoroughly researched, although the results have been mixed [1]. Despite the fact that pregnant women have a higher rate of Mood Instability (MI), no studies have looked at the link between MI and neonatal outcomes. We investigated the link between prenatal MI, depression, and anxiety and neonatal outcomes in order to fill this gap and add to the research on pregnant neonatal outcomes. The body undergoes a range of changes throughout pregnancy [2].

Hormonal changes during pregnancy

Pregnancy brings out a variety of hormonal and physiological changes. Estrogen and progesterone levels rise suddenly and dramatically in pregnant women. A number of other hormones' amounts and functions are also altered in them. These changes have an impact on more than just mood. They can also enhance the "glow" of pregnancy, help the foetus develop more quickly, and change the physical impact of exercise and physical activity on the body.

Estrogen and progesterone changes: Estrogen levels rise gradually throughout pregnancy, peaking in the third trimester. Some of the nausea associated with pregnancy may be caused by

the rapid increase in oestrogen levels during the first trimester. It is important for the development of milk ducts, which enlarges the breasts, during the second trimester. During pregnancy, progesterone levels are also extremely high. Laxity or loosening of ligaments and joints occurs as progesterone levels fluctuate throughout the body [3]. Furthermore, high amounts of progesterone cause internal structures, such as the ureters, to grow in size. The ureters are tubes that link the kidneys to the bladder of the mother. Progesterone is also necessary for converting the uterus from the size of a tiny pear when it is not pregnant to a uterus that can carry a child.

Pregnancy hormones and exercise injuries: While these hormones are essential for a healthy pregnancy, they can also make exercise more challenging. Pregnant women may be more susceptible to ankle and knee sprains and strains because their ligaments are looser. However, no studies have found that the risk of injury increases during pregnancy [4]. The entire posture of a pregnant woman changes. Her abdomen changes shape from flat or concave to quite convex, causing her back to curve more. The combined action causes her center of gravity to shift forward, potentially altering her sense of balance.

Sensory changes

Pregnancy can change a woman's perception of the world in terms of sight, taste, and smell.

Vision changes: During pregnancy, some women have vision changes, including increased nearsightedness. The exact biological mechanisms underlying changes in eyesight are

Correspondence to: Johnny Geurdes, Department of Human Development and Family Studies, University of Ilorin, Ilorin, Nigeria, E-mail: JohnnyGeurdes@gmail.com

Received: 01-Apr-2022, Manuscript No MPN-22-17342; Editor assigned: 04-Apr-2022, Pre QC No. MPN-22-17342 (PQ); Reviewed: 21-Apr-2022, QC No. MPN-22-17342; Revised: 29-Apr-2022, Manuscript No. MPN-22-17342 (R); Published: 09-May-2022, DOI: 10.35248/2472-1182.22.07.159

Citation: Geurdes J (2022) Hormonal and Sensory Changes during Pregnancy. Matern Pediatr Nutr.7:159.

Copyright: © 2022 Geurdes 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.

unknown to researchers. After giving delivery, the majority of women return to their pre-pregnancy vision. Blurriness and discomfort with contact lenses are common changes during pregnancy. Intraocular pressure rises significantly in pregnant women. Rare eye disorders, including as retinal detachment or vision loss, may be more common in women with preeclampsia or gestational diabetes [5].

Taste and smell changes: During pregnancy, the majority of women notice alterations in their perception of taste. Pregnant women tend to favor saltier and sweeter foods than non-pregnant women. They have a stronger tolerance for intense sour, salty, and sweet flavors as well. Dysgeusia, or a loss of taste sensation, is most typically observed during the first trimester of pregnancy. Certain taste preferences may change from pregnancy to trimester. Although many women have a decreased sense of taste for a brief time after giving birth, they usually regain full taste capabilities after the baby is born [6-7]. During pregnancy, some women notice a metallic taste in their mouth. This can make nausea worse and signal a vitamin deficiency. Pregnant women may also experience alterations in their sense of smell.

CONCLUSION

Many hormonal changes occur in the pregnant patient, and it is critical to recognize these changes in order to properly work up with the patient, interpret diagnostics, and give appropriate care. Pregnant patients may experience non-pregnancy reacted difficulties, and caregivers may be required to care for the pregnant patient. It will be required to use a multidisciplinary approach. The highlights of changed physiology will be useful in addressing critical illness that complicates pregnancy.

REFERENCES

- 1. Rich, KM, Perry BD. Physiologic changes in pregnancy and their impact on critical care.. Crit Care Med. 2010; 101(4): 133-147.
- 2. Abera Z, Degefu H, Gari G, Kidane M.. Serial hematologic changes and pregnancy outcome. Obstet. Gynecol. 2015;11(1): 1-9.
- 3. Balinsky CA, Delhon GU, Smoliga G, Prarat ME, French RA, Geary SJ, et al. Endocrine changes.
- 4. during pregnancy, parturition and the early post-partum period in the llama (Lama glama). Proc Soc Exp Biol Med. 2008; 46(2): 438-42.
- 5. Irland D, Binepal Y. Gastrointestinal motility disorders during pregnancy. Ann Internal Med. 1998; 74(1): 1-7.
- Rakers F, Rupprecht S. Physiologic changes in pregnancy. Surg Clin N Am. 2016;11(2):1-8.
- 7. Beijers R, Buitelaar J. Pharmacokinetic changes during pregnancy and their clinical relevance. Surg Clin N Am. 2014; 23(5): 943–956.