

## Types of Maternal Complications during Pregnancy

Michel Phair\*

Department of Neuroscience, University of Iowa, Hawkins, USA

### DESCRIPTION

Pregnancy-related health issues are those that develop while a woman is pregnant. Some women have health issues that occur during pregnancy, while others have health issues that could cause challenges prior to becoming pregnant. They can affect the mother's health, the health of the child. To lower their risk of pregnancy difficulties, women must obtain medical treatment before and during their pregnancies.

### Types of maternal health issues

The following are some typical maternal health issues or conditions that a woman may encounter while pregnant.

**Anemia:** Anemia is characterized by having fewer healthy red blood cells than normal. Restoring the quantity of healthy red blood cells will be made easier by treating the underlying cause of the anemia. Women who have anemia connected to pregnancy could feel weak and exhausted. Taking supplements with iron and folic acid can help with this our iron levels will be monitored by the doctor during the pregnancy [1].

**Urinary Tract Infections (UTI):** UTIs are brought on by germs if we experience pain or burning when using the restroom, it may have UTI bacteria that are the main cause of urinary tract infections, or UTIs. Experiencing pain or burning during urination can be a symptom of UTI.

- Fever, fatigue, or dizziness.
- A persistent urge to use the restroom lower abdominal discomfort
- Strong-smelling urine with a hazy or reddish appearance.
- Nausea or back pain

It will get better, usually within one or two days, with the treatment with medicines to eradicate the infection. Doctors will probably test the urine in the early stages of pregnancy to discover if this is the case and will administer antibiotics if necessary. Some women carry bacteria in their bladders without experiencing symptoms [2].

**Mental health conditions:** Pregnant women can develop postpartum depression one of the symptoms of depression is allow or gloomy mood.

- Loss of interest in enjoyable activities
- Modifications in energy, sleep, and appetite.
- Issues with decision-making, concentration, and thinking.
- Negative emotions like guilt, humiliation, or worthlessness
- Depression and Anxiety

It is likely depression when several of these symptoms co-occur and stay for longer than a week or two at a time. Depression that persists throughout pregnancy can make it difficult for a woman to take care of herself and her unborn child. Pre-pregnancy sadness increases the chance of postpartum depression Treatment is crucial for both the mother and child. If they have a history of depression, they should tell to physician. Early on in the pregnancy, it's crucial to talk about this with the doctor so that a management strategy can be developed [3].

**Hypertension (high blood pressure):** Both before and throughout pregnancy, uncontrolled chronic high blood pressure increases the risk of complications for both the expectant mother and the unborn child. It is linked to a higher risk of gestational diabetes, placental abruption (when the placenta separates from the uterine wall), and maternal problems including preeclampsia and external syringe. These women are also more likely to experience unfavourable pregnancy outcomes, such as premature delivery, having a baby who is tiny for gestational age, and infant death. The most crucial action is to talk with doctor about blood pressure issues before becoming pregnant so that you can receive the proper care and have your blood pressure under control. It's critical to receive therapy for high blood pressure before, during, and after pregnancy [4].

**Diabetes during pregnancy:** Gestational diabetes refers to diabetes that develops during pregnancy, while pre-gestational diabetes refers to diabetes that develops in some women before they get pregnant. The body of a pregnant woman can utilize glucose differently. This could exacerbate diabetes or result in gestational diabetes. An organ known as the placenta supplies a

**Correspondence to:** Dr. Michel Phair, Department of Neuroscience, University of Iowa, 200 Hawkins, USA, E-mail: Alireza.Heidari@calsu.us

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developing baby with nourishment and oxygen during pregnancy. Moreover, the placenta produces hormones. Estrogen cortisol and human placental lactogen are hormones that can inhibit insulin in late pregnancy. Insulin resistance is the condition when insulin is inhibited. Cells in the body cannot metabolize glucose. Blood glucose levels rise as a result of the glucose's persistence in the blood [5].

**Obesity and weight gain:** Recent research indicates that a woman's risk of pregnancy complications, such as pre clampsia, Gestational Diabetes Mellitus (GDM), stillbirth, and caesarean delivery, increases with her weight before she becomes pregnant. Additionally, CDC research demonstrates that obesity during pregnancy is linked to higher use of medical services and longer hospital stays for delivery. Women who are overweight or obese and who lose weight before getting pregnant are probably going to have better pregnancies.

**STD, TB, viral hepatitis, and HIV infections:** All these can be complicate during pregnancy and may have serious consequences for a woman, her pregnancy outcomes, and her baby. Numerous negative consequences can be avoided with proper screening, treatment, and vaccination against viruses' like hepatitis B and the human papillomavirus.

**Maternal morbidity:** The most severe pregnancy complications generally referred to as Severe Maternal Morbidity (SMM), affect more than 50,000 women annually, and this burden has been steadily rising. Maternal morbidity includes physical and psychological conditions that result from or are aggravated by pregnancy and have a negative effect on a woman's health.

The first three months of pregnancy are the most common times when "morning sickness," or nausea and vomiting, affects many women. Pregnancy-related nausea and vomiting are thought to be brought on by the placenta's release of the hormone known as HCG (human chorionic gonadotropin), which causes blood levels of the hormone to rise quickly. On the other hand, hyperemesis gravidarum, on the other hand, is more extreme than "morning sickness" and happens when it is severe, with continuous nausea and vomiting while pregnant. This may need thorough treatment and cause weight loss and dehydration.

## REFERENCES

1. Baron TH, Ramirez B, Richter JE. Gastrointestinal motility disorders during pregnancy. *Ann Intern Med.* 1993;118(5):366-75.
2. Loebstein R, Lalkin A, Koren G. Pharmacokinetic changes during pregnancy and their clinical relevance. *Clin. Pharmacokinet.* 1997;33(5):328-43.
3. Brocklebank JC, Ray WA, Federspiel CF, Schaffner W. Drug prescribing during pregnancy: a controlled study of Tennessee Medicaid recipients. *Am. J. Obstet. Gynecol.* 1978;132(3):235-44.
4. Yeomans ER, Gilstrap III LC. Physiologic changes in pregnancy and their impact on critical care. *Crit. Care Med.* 2005;33(10):S256-8.
5. Whittaker PG, Macphail S, Lind T. Serial hematologic changes and pregnancy outcome. *Obstetrics & Gynecology.* 1996;88(1):33-9.