Haemorrhoids during pregnancy: Why do they occur, and what can you do?

Haemorrhoids are one of the most common - and least talked about - complaints during pregnancy and the postnatal period. Up to 25-35% of all pregnant women experience symptoms in the third trimester, and the incidence increases further in the first few weeks after childbirth [1,2]. The good news: most cases resolve on their own, and almost all can be treated without surgery.

Why do pregnant women get haemorrhoids more often?

Three factors work together:

- **Increased pressure in the pelvic veins.** The growing womb presses on the vena cava and pelvic veins, making it harder for blood to flow back from the vessels in the rectum [3].
- **Hormonal changes.** Progesterone relaxes the blood vessel walls and slows down the bowel, which increases the risk of constipation [4].
- **Pressure during childbirth.** A vaginal delivery, especially with a longer pushing stage or a large baby, increases the risk of both internal haemorrhoids and thrombosed external haemorrhoids [2,5].

Symptoms to be aware of

- Fresh, bright red blood on the toilet paper or in the toilet bowl
- Itching, burning, or a feeling of "something bulging out"
- A tender lump at the anal opening (typically thrombosed haemorrhoids)
- Discomfort when sitting down, especially after childbirth

In cases of heavy bleeding, fever or severe pain, you should always contact a doctor to rule out other causes such as an anal fissure or an abscess.

Safe treatment during pregnancy and breastfeeding

The first choice is always lifestyle changes and local treatment - and almost all procedures can be postponed until after childbirth.

What works best:

- **Fibre and fluid:** 25-30 g of fibre daily and 2 litres of water. Psyllium (HUSK) is well-documented and safe during pregnancy [6].
- **Lactulose** can be used as a mild laxative if diet is not enough [7].
- **Local anaesthetic ointments** (lidocaine) used for a short time are safe, while corticosteroid ointments should only be used after consulting a doctor.
- **Sitz baths** in warm water for 10-15 minutes 2-3 times a day relieve both itching and pain.
- **Avoid straining** and do not spend more than 3-5 minutes on the toilet.

What about surgery?

Surgery is rarely recommended during pregnancy. An acute thrombosed external haemorrhoid can be evacuated under local anaesthetic within the first 48-72 hours, which provides rapid pain relief [8]. Formal surgical treatment for haemorrhoids or McGivney banding treatment is typically not offered until 6-8 weeks after childbirth, once hormones and the pelvic floor have returned to normal.

Prevention after childbirth

- Continue with a high-fibre diet and plenty of fluid - especially if you are breastfeeding
- Use stool softeners for the first 2 weeks after delivery (lactulose or psyllium)
- Pelvic floor exercises benefit both continence and venous return
- Avoid heavy lifting for the first few weeks

Most pregnancy-related haemorrhoids resolve spontaneously within 6-8 weeks postpartum [2]. If your symptoms persist, you are welcome to contact the clinic - treatment on an outpatient basis is quick, gentle and covered by public health insurance.

References

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