

# **Lymphoedema and Pregnancy**

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## **Introduction**

Expecting a baby is usually a wonderfully exciting and apprehensive time. However, when the mum-to-be has an underlying medical condition like lymphoedema, the apprehension can often take over.

Very little research has been carried out regarding the effects of pregnancy on lymphoedema so expectant mums usually only have their lymphoedema therapists to turn to for help and advice. According to a study published in 2009, the main concerns of a mum-to-be are whether their lymphoedema will get worse during pregnancy and whether their child will inherit the condition.

It is important to remember that if you suffer from Secondary Lymphoedema (e.g. after cancer treatment or from an injury or infection, etc.) that it is unlikely your child will suffer from the condition. However, if you have Primary Lymphoedema then there is a risk that your baby will also suffer. (See the section on Lymphoedema and Genetics at the end of this article).

The following information may prove helpful to any mum-to-be who also suffers from lymphoedema:

## **Healthy Eating & Exercising**

We know that physical changes, in particular weight gain, place a considerable strain on a woman's body. The old adage "eating for two" is no longer encouraged; you only actually need an extra 200 to 300 calories a day! An average woman will gain between 9-14kg with the most rapid gain between weeks 24 and 32. This, coupled with fatigue and an expanding girth, can reduce the amount of exercise a woman may feel capable of and as the level of movement and exercise slows down, so does the drainage of lymph. The movement of lymph is dependent on the muscle activity in the body so any exercise, however gentle, will always be beneficial to you and your baby. Eat as healthily as possible; a balanced diet with plenty of fruit and vegetables and taking regular gentle exercise such as Aqua Natal, Pilates or Yoga for Pregnancy classes will also help support you and your growing baby. Your lymphoedema therapist will also show you some gentle exercises that you might find beneficial.

## **Lymphoedema and Skin Care**

Weight gain can mean stretch marks. Ideally, you should already be keeping your skin well moisturised to keep it in good condition and free from infection. Use a non-perfumed moisture cream and inspect your affected limb(s) carefully every day. Fungal infections can develop quickly between swollen toes; treat it promptly with diluted tea tree oil or a preparation recommended by your pharmacist. Some expectant mothers like to use a massage oil that is infused with essential oils. There is very little evidence for the safety of essential oils in pregnancy, in fact NICE guidelines published in 2003 on antenatal care advise that they should be used "as little as possible". To be safe, find a midwife who has undergone the appropriate maternity aromatherapy training who can advise and guide you. If you suspect that you have an infection (Cellulitis) in your affected limb (signs to look out for are redness, increased swelling and pain in the affected area +/- 'flu'-like symptoms) then consult your GP straight away for antibiotics. Although you may be worried about taking medication during pregnancy, advice from the Department of Health for expectant Mums is not to be concerned about taking antibiotics during their pregnancy. Your GP will know what is safest for you to take (though the LSN does have a fact sheet on the best way to manage Cellulitis). One final note about skin care, the trend these days among mums to be is to have a full leg and bikini wax done prior to the EDD (estimated delivery date), this of course is not advisable if you have leg or genital swelling, an electric razor is less likely to damage

your skin and cause further problems with Cellulitis.

If you were already having Manual Lymphatic Drainage (MLD) sessions prior to becoming pregnant then do remember to inform your therapist as the usual MLD techniques may have to be adapted during the pregnancy. Ask for a lesson in Simple Lymphatic Drainage (SLD), which is a simplified version that you or your partner can perform at home. If you would like to find an MLD therapist near you, then do consult the LSN who has a list of qualified therapists.

### **Lymphoedema and Compression Hosiery**

It's not just your waistline that grows during pregnancy; the cardiovascular system also expands. When you are pregnant your body carries 50% more blood than usual and all blood vessels enlarge, often leading to varicose veins in the legs and/or the vulva. This in turn can make any existing oedema worse as fluid from the blood is pushed into the surrounding tissues.

It is vital that you continue to wear your prescribed compression garments! Most of the lymphoedema garment companies make maternity tights that provide compression for your legs with a comfortable panel over your growing tummy (though not all are available on prescription). Your therapist, however, will guide you as to what is best for you at this time and will re-measure you regularly for hosiery as you gain weight and your body shape changes. You may like to ask for some extra appointments so that your lymphoedema therapist can monitor you more closely. Towards the end of your pregnancy you may find thigh high garments preferable and these should be worn in the delivery room and as much as possible after delivery. Putting hosiery on and taking it off can get trickier as your pregnancy progresses. Your lymphoedema clinic will have aids that can help you such as the Ezy-As Applicator and Medi Butler Doffing Aid. Try to wear your hosiery all the time while you are in hospital, and remember to keep up with your gentle lymphoedema exercises. Also try to elevate your legs when sitting and feeding your baby.

Make sure that your midwife is aware of your lymphoedema by writing a paragraph highlighting your lymphoedema in your Birth Plan. That way everyone involved in your care is aware of your needs, especially should you need an emergency caesarean section or have a very long labour. Either of these scenarios could make any leg or pelvic swelling worse. If you are planning to have an injection to help your body expel the placenta more quickly then ask to have it in your unaffected leg or your bottom. The LSN sells plastic hospital style Medical Alert wristbands that you can wear as a visual reminder. If your midwife has any questions or concerns regarding your lymphoedema she/he should contact your therapist or the LSN directly for support and further information.

### **Lymphoedema and Genetics**

If you suffer from primary lymphoedema, your therapist may have explained that this is due to a developmental (congenital) abnormality in the lymphatic system. Sometimes (but not always), this condition is also hereditary or inherited (and you may also know of other family members who suffer from lymphoedema). This type of lymphoedema is described as "autosomal dominant inheritance". A baby has a 50% chance of inheriting that altered gene and although an ultrasound scan may detect an abnormality, it is more often only detected at birth.

Several types of primary lymphoedema have now had their genetic mutation identified, such as Milroy's Disease, which is usually evident at birth and typically affects the lower limbs. The affected gene, known as VEGFR3 or Vascular Endothelial Growth Factor Receptor 3 is responsible for the development of the lymphatic vessels in the baby and genetic testing is now available to determine whether your child may be at risk of developing the same condition.

Another identified form of genetic mutation is a condition known as Lymphoedema-Distichiasis. This type of lymphoedema is not present at birth but often develops as the child reaches puberty and is sometimes accompanied by an extra set of eyelashes, found

on the inside of the eyelids. People with distichiasis have fully formed lymphatic systems but unfortunately the lymphatics do not work efficiently. There are now at least 7 mutations known to cause lymphoedema.

Should you suffer from primary lymphoedema and worry that your baby will inherit the condition, remember that your baby will be much more likely to get early and more appropriate treatment than you did as we have far more knowledge and information now about how best to treat it effectively.

Research continues into primary lymphoedema with genetic testing in parents and children at St George's Hospital in London led by Professor Peter Mortimer and his team.

### **A Final Note**

Every mum-to-be worries about whether she is doing the best for her growing baby, you wouldn't be normal if you didn't! Rest assured that you will have help from professionals who are there to advise you. Nine months is such a short space of time in the scheme of things, so try to enjoy your pregnancy, spend time looking after yourself and look forward to the most exciting and fulfilling time of your life.

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