**NAME: BELEMA SUCCESS**

**DEPARTMENT: NURSING**

**MATRIC NO: 18/MHS02/054**

**COURSE CODE: PHS 212**

**ASSIGNMENT TITLE: PREGNANCY**

**QUESTION**

Elucidate the physiological adaption of the female to pregnancy.

Maternal physiological changes in pregnancy are the adaptations during pregnancy that a woman's body undergoes to accommodate the growing embryo or fetus. These physiologic changes are entirely normal, and include behavioural (brain), cardiovascular (heart and blood vessel), hematologic (blood), metabolic, renal (kidney), posture, and respiratory (breathing) changes. Increases in blood sugar, breathing, and cardiac output are all expected changes that allow a pregnant woman's body to facilitate the proper growth and development of the embryo or fetus during the pregnancy. The pregnant woman and the placenta also produce many other hormones that have a broad range of effects during the pregnancy.

**CHANGES IN PHYSIOLOGICAL SYSTEMS**:

1**. Blood**: The blood volume increases by about 20% or about 1 L. This increase is mainly because of increase in plasma volume, it causes hemodilution. Because of great demand for iron by the fetus, the mother usually develops anemia. It can be rectified by proper prenatal care and iron replacement.

2**. Cardiovascular System**: Cardiac output generally, cardiac output increases by about 30% in the first trimester. After the 3rd month, cardiac output starts decreasing and reaches almost the normal level in the later stages of pregnancy. Blood pressure Arterial blood pressure remains unchanged during the first trimester. During the second trimester, there is a slight decrease in blood pressure. It is due to the diversion of blood to uterine sinuses. And, hypertension develops if proper prenatal care is not taken.

3. **Respiratory System**: Overall activity of respiratory system increases slightly. Tidal volume, pulmonary ventilation and oxygen utilization are increased.

4. **Excretory System**: Renal blood flow and GFR increase resulting in increase in urine formation. It is because of increase in fluid intake and the increased excretory products from fetus. The urine becomes diluted with the specific gravity of 1,025. In the first trimester, the frequency of maturation increases because of the pressure exerted by the uterus on bladder.

5**. Digestive System**: During the initial stages of pregnancy, the morning sickness occurs in mother. It involves nausea, vomiting and giddiness. This is because of the hormonal imbalance. The motility of GI tract decreases by progesterone and constipation is common. Indigestion and hypochlorhydria (decrease in the amount of hydrochloric acid in gastric juice) also occur.

6. **Endocrine System**:

 I. Anterior pituitary: During pregnancy, the size of anterior pituitary increases by about 50%. And secretion of corticotropin, thyrotropin and prolactin increases. However, the secretion of FSH and LH decreases very much. It is because of negative feedback control by estrogen and progesterone, which are continuously secreted from corpus luteum initially and placenta later on.

ii. Adrenal cortex: There is moderate increase in secretion of cortisol, which helps in the mobilization of amino acids from the mother’s tissues to the fetus. Aldosterone secretion also increases. It reaches the maximum at the end of pregnancy. Along with estrogen and progesterone, aldosterone is responsible for the retention of water and sodium.

iii. Thyroid gland: The size and the secretory activity of thyroid gland increase during pregnancy. The increased secretion of thyroxine helps in the preparation of mammary glands for lactation. It is also responsible for increase in basal metabolic rate.

iv. Parathyroid glands Parathyroid glands also show an increase in the size and secretory activity. Parathormone is responsible for maintenance of calcium level in mother’s blood in spite of loss of large amount of calcium to fetus.

7. **Nervous** **System:** There is general excitement of nervous system during pregnancy. It leads to the psychological imbalance such as change in the moods, excitement or depression in the early stages of pregnancy. During the later months of pregnancy, the woman becomes very much excited because of anticipation of delivery of the baby, labor pain, etc.

8. **Gastrointestinal**: Changes in the gastrointestinal (GI) system during pregnancy are caused by the enlarging uterus and hormonal changes of pregnancy. Anatomically, the intestine and stomach are pushed up from their original positions by the enlarging uterus. While there aren't any intrinsic changes in the sizes of the GI organs, the portal vein increases in size due to the hyperdynamic state of pregnancy. Elevated levels of progesterone and estrogen mediate most of the functional changes of the GI system during pregnancy. Progesterone causes smooth muscle relaxation which slows down GI motility and decreases lower esophageal sphincter (LES) tone. The resulting increase in intragastric pressure combined with lower LES tone leads to the gastroesophageal reflux commonly experienced during pregnancy.

The increased occurrence of gallstones during pregnancy is due to inhibition of gallbladder contraction (as result of increased smooth muscle relaxation mediated by progesterone) and reduced biliary transportation of bile (mediated by estrogen) which results in cholestasis of pregnancy.

Nausea and vomiting of pregnancy, commonly known as “morning sickness”, is one of the most common GI symptoms of pregnancy. It begins between the 4 and 8 weeks of pregnancy and usually subsides by 14 to 16 weeks. The exact cause of nausea is not fully understood but it correlates with the rise in the levels of human chorionic gonadotropin, progesterone, and the resulting relaxation of smooth muscle of the stomach. Hyperemesis gravidarum, which is a severe form of nausea and vomiting of pregnancy can lead to nutritional deficiencies, weight loss, electrolytes imbalance and is one of the leading causes of hospitalization in the first trimester of pregnancy

Most apparent among the many reactions of the mother to the fetus and to the higher levels of hormones of pregnancy is the increased size of the various sexual organs. For instance, the uterus increases from about 50 grams to 1100 grams, and the breasts approximately double in size. At the same time, the vagina enlarges and the introitus opens more widely. Also, the various hormones can cause marked changes in a pregnant woman’s appearance, sometimes resulting in the development of edema, acne, and masculine or acromegalic features.