

## Varicose veins in pregnancy: how to handle them

Varicose veins commonly occur during pregnancy, and while they won't cause any harm, they can be unsightly, painful and itchy. Here, we explain why they occur and what can be done to minimise them throughout pregnancy and beyond.

aricose veins are a common occurence in pregnancy. This is because a number of changes to the body designed to help the baby grow also increase the risk of them developing.

Hormones produced during pregnancy relax the walls of the veins, making them dilate and preventing the valves within the vein from closing properly. This allows the backflow of blood which pools in the veins, making them swollen, enlarged and visible through the skin.

Progesterone has this effect early in pregnancy, while in the later stages, the hormone relaxin, which prepares the body for birth, causes the veins to dilate.

The volume of blood in the body is also increased to supply nutrients to the developing baby during pregnancy. This extra blood volume puts further

strain on the veins, causing them to relax and widen further.

As the baby and uterus grow, the weight puts extra pressure on the veins in the pelvis, causing them to dilate.

All of these factors unfortunately contribute to the development of varicose veins in women who are pregnant.

In most women, varicose veins significantly improve following birth and when pregnancy hormone fluctuations return to normal. However, the risk of varicose veins remaining increases with each pregnancy.

Compression, exercise, elevation and maintaining a healthy weight will all help to minimise the appearance of varicose veins and symptoms such as swelling, aching and itching during gestation.

Compression is an easy and effective way to provide support to the veins.



Graduated compression garments provide the most pressure at the ankle and decrease in pressure as they rise. This helps to encourage blood flow upwards towards the heart; this effect is increased when the leg muscles contract and relax during exercise.

The compression garment must be supportive but not too tight, and should be removed if any pain occurs.

The garment can be worn after pregnancy too, until your circulation and hormones return to normal. If varicose veins remain following pregnancy, seek advice from a healthcare professional on how best to manage them. They may be treatable by surgery, or compression may be needed in the long-term.

## Tips to ease the discomfort

- Avoid standing for long periods but if not possible, alternate standing on each leg to give a change of position and flex your ankles to improve blood flow
- Avoid crossing your legs
- Sit with legs elevated as often as possible
- Sleep with your legs higher than the rest of your body
- Do gentle antenatal exercise that improves circulation such as swimming, walking and light stretches.

'After 5 months of my first pregnancy my foot and ankle started swelling everyday. I found it unsightly and very uncomfortable!

After getting my hosiery from Daylong my leg stopped aching so much and the swelling went away. I would definitely wear compression hosiery during pregnancy if you can'.

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To find out more about varicose veins in pregnancy and how to manage them, visit: www.daylong.co.uk