



It's Time for Bed Rest

While it isn't always prescribed by gynaecologists, bed rest is sometimes recommended as a safeguard. **MH** helps you understand why it's necessary and what you can do to cope.

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Your doctor has prescribed bed rest, but as welcoming as it may sound, it certainly comes with its very own challenges. While that means having someone practically wait on you hand and foot, lying in bed and not being able to move about as much as you would like to can get tiring fast.

While it isn't always prescribed by gynaecologists, it is sometimes recommended as a safeguard. As most of the treatments for high-risk or problem pregnancies are highly individualised, bed rest may be used as a preliminary treatment until the source of your problem is identified. So it might help to understand why it's necessary and what you can do to cope.

Have A Rest

There are two types of bed rest. At the most extreme level, complete rest in bed (CRIB) means resting in bed in a horizontal position or a head down position with toileting down on the bed as well, and occasionally being allowed to sit up for meals, explains Dr Tony Tan, specialist in Obstetrics and Gynaecology and consultant, Raffles Women's Centre. This is sometimes employed for up to a few days maximum especially after some types of operation where the doctor feels that it would benefit the patient. The other type of bed rest is simple bed rest with variable degrees of "privileges" allowed such as "toilet privileges" where the patient is allowed to go to the toilet to urinate and defaecate, or "break privileges" where the patient is allowed to be sitting

or walking for a limited duration of time during the day. Simple bed rest is more commonly prescribed and for conditions where bed rest is thought to be useful.

Bed rest in pregnancy refers to the practice of confining pregnant women to bed. This may be simply periodic resting at home to full bed rest and monitoring in a hospital. Bed rest is commonly prescribed by doctors, affecting one in five women in the United States, in the hope of alleviating certain pregnancy complications.

When It's Needed

CRIB may be indicated for a few days for those with active antepartum haemorrhage from placenta praevia, and post-operatively especially for surgeries like cervical cerclage for cervical incompetence. Simple bed rest is more commonly prescribed and for many conditions like pre-eclampsia, placenta praevia without active antepartum haemorrhage, multiple pregnancies, past history of preterm labour, explains Dr Tony Tan.

Bed rest may be prescribed for a pregnant woman who experiences complications such as vaginal bleeding, premature labour, a short or incompetent cervix, placental complications (such as bleeding from a low-lying placenta), poor foetal growth and multiple pregnancies.

A traditional practice that has been passed anecdotally down generations of doctors, it is believed that bed rest may take pressure off the cervix and increase circulation to the uterus, thereby providing additional oxygen and nutrients to the baby, explains Dr Tan Eng Loy, consultant, Department of Obstetrics & Gynaecology, Singapore General Hospital.

Some doctors hope that by asking a pregnant woman to take it easy, the risk of preterm birth and pregnancy complications can be lowered.

Staying in Bed

Many probably wonder what bed rest really means and if staying in bed the entire day is completely necessary. Well, it depends on the doctor and the type of complication that is being treated. Bed rest may simply mean taking it easy at home with reduced activity or frequent rest breaks in bed, says Dr Tan Eng Loy. On the other extreme end, bed rest may mean being confined to a hospital bed strictly – even activities like bathing and going to the toilet are restricted, with the pregnant patient allowed only to have sponge baths in bed and to use only a bedpan for toilet hygiene, Dr Tan Eng Loy further explains.

Reaping the Benefits

There is very little scientific evidence that bed rest helps to improve pregnancy outcomes. Most doctors practice it more out of caution and from anecdotal experience, thinking that it is harmless. They reasoned that bed rest may take pressure off the cervix and increase circulation to the



A WORD OF ADVICE



If your doctor has prescribed bed rest, it may help to have a relaxing environment. So listen to some calm music and remember that mental rest is as important as physical rest.



uterus. The evidence for this can best be described as flimsy, explains Dr Tan Eng Loy.

According to Dr Tan Eng Loy, a study involving more than 600 women with a short cervix (who are at risk of premature labour) published in the June 2013 issue of the *Journal of Obstetrics and Gynaecology*, it was concluded that bed rest did not decrease the likelihood of preterm delivery before 37 weeks. In the same issue of the journal, two editorials called for an end to this practice.

Possible Challenges

It is no doubt that bed rest is often accompanied with various challenges but it could also lead to some possible complications such as deep vein thrombosis, bed sores and boredom, explains Dr Tony Tan. Pregnant women are generally at higher risk of developing blood clots in their legs, a condition known as deep vein thrombosis (DVT). This is made worse by prolonged bed rest since restricted mobility is one

of the triggering factors for DVT. Prolonged inactivity can also lead to demineralisation of bone and atrophy of the muscles required for standing and walking.

Psychologically, prolonged confinement to bed can lead to depression, anxiety and family stress, explains Dr Tan Eng Loy. At the same time, prolonged bed rest may lead to financial worries especially if the pregnant women have to stop working.

Coping with Bed Rest

It may be necessary to discuss with your doctor and to obtain clear answers as to why bed rest is being ordered in the first place, advises Dr Tan Eng Loy. Your doctor should be willing to explain his or her reasoning. If bed rest is ordered, consider changing your position from side to side frequently to avoid discomfort and backache.

Keeping your circulation going

with light exercises such as squeezing “stress balls”, turning your arms and feet in circles, tensing and relaxing your arm and leg muscles may help to prevent DVT. Keeping yourself occupied while resting in bed – think reading more about your pregnancy complication, planning for baby such as coming up with baby names and allowing your family and friends to help may relieve some of the anxiety and stress of prolonged bed rest.

Focus on baby! We want baby to get as close to full term as possible, so every day is a plus! Don't get too depressed about not being able to get out of the house and go about your day as usual. Organising the rest area to provide for lots of entertainment options will help! And remember, patience is key. Being well hydrated and periodically going to toilet will help avoid risks of deep vein thrombosis. In addition, bed rest does not mean total immobilisation. Wiggling toes and ankles and exercising the legs while lying down also prevent blood clot risks.

Bed rest is not fun at the best of times, nor is it an absolute cure for any high-risk problem. The emotional adjustment to bed rest may be very difficult, especially if you lead an active life or if you're working fulltime at home. Becoming dependent when you are used to being independent is never easy, and you may find that the smaller things in life, like phone calls and the mail delivery, will become the highlights of your day.

Keeping busy is often difficult for the bed ridden mother-to-be. Listening to calm music is good for both you and your baby. Mental rest is as important as physical rest for the high-risk mother. You should have a relaxing environment with quiet diversional activities.

Most importantly, remember that you are in bed not because you are sick but because you are awaiting the birth of your child. 