Pregnancy and Associated Foot Pain

I have walked through the first 6 months of my first pregnancy with ease and minimal and discomfort. However, after this last weekend’s activities, my bliss is coming to an end, and my feet hurt. Pregnancy causes a tremendous amount of change to the body that can produce significant lower extremity swelling, discomfort, and pain while ambulating. For the active mother or career person, sitting down and taking break to elevate your legs may not always be an option. Many of the causes of foot and leg discomfort during pregnancy can be reduced and minimized with the proper support.

Swelling in the lower extremities during pregnancy can be significant. The pregnancy will require increased fluid for blood volume and support of the baby’s amniotic environment. As the baby gets larger it will interfere with the blood’s return to the heart, causing lower extremity swelling. This extra fluid is found in the tissues and veins. Veins transport deoxygenated blood back to the heart and are structurally different from arteries, which pump blood out to the extremities. Veins are primarily elastic in nature and do not have muscular components like arteries do. These vessels transfer blood through a valve system with each muscular contraction. With decreased activity, increased fluid volume and the baby sitting on the large veins in your belly reducing flow, the elastic veins enlarge and the valve system is compromised. This results in an increased fluid collection, fatigue, varicose veins, and increased risk for deep vein thrombosis.

Luckily, there are a variety of ways you can reduce the amount of swelling in the legs. Periodic walks contract the leg muscles, creating an increased venous circulation, and periodically elevating your legs allows fluid to shift to your central core via gravity. If you are active or up on your feet most of the day, I strongly recommend compression hose. Compression hose are not the same as control type pantyhose. They are more durable and designed to maintain a specific pressure and don’t become more elastic with use, as do pantyhose. They come in knee-highs, thigh, and pantyhose styles and there are also now designer materials available that come in a variety of colors for the career woman. Compression hose should be put on first thing in the morning before gravity takes hold and swelling occurs.

There is a specific way to put on compression hose easily. You can not put compression hose on like normal socks or nylons. You need to turn the compression hose inside out with the exception of the forefoot of the compression hose. Slide it over your foot to the heel, and then slide the rest of the compression hose up your leg. If you would like a demonstration, feel free to come by our office.

Ingrown toenails can also be caused by swelling of the lower extremities. These can be treated while pregnant with an avulsion of the offending nail. A small amount of local anesthetic is used to numb the toe and aid in removal of the nail, which is safe during pregnancy and alleviates this painful condition immediately. If this is a chronic condition, a permanent (chemical) procedure will not be performed until after childbirth.
Heel pain, foot fatigue, muscular soreness, and tendonitis can also occur. A chemical called relaxin is produced to increase the flexibility of the joints and allow for the baby’s growth and extrusion through pubic bones during birth. This chemical also increases the flexibility of the joints in the foot, increasing strain on the plantar fascia (a ligament across the bottom of the foot). When you combine increased weight gain and fluid retention with joint laxity, your ligaments and tendons will get sore and fatigued, resulting in pain while ambulating. To support these joints and tendons, wear good tennis shoes that lace up and have an arch support. As your belly gets larger, you may have to recruit assistance with getting your shoes on. Be sure the shoes fit properly, as your feet may get larger during pregnancy, and are large enough in the front to accommodate the end of the day swelling. Slip on shoes, clogs, and slippers, although easy to slide on, provide no support. High-heeled shoes should be avoided after your second trimester. Your center of gravity is changing and heeled shoes can cause back discomfort and can reduce your ability to balance increasing your risks for falls. If you have to have a sandal type shoe, stick with a Birkenstock style that has a significant arch for support. Custom orthotics, if obtained early in pregnancy, are the best way of controlling the biomechanics of your foot to relieve pain and can easily be switched from shoe to shoe.