

[< Back](#)

Parents.com

Bed Rest Q&A

By Denise Schipani

Even if you've been put on bed rest, you may not know the answers to some common questions -- like the logic behind it, or how you might feel at the end of it. Fluff up that pillow, settle in, and read on.

Why are moms told to go on bed rest?

A. Preventing preterm labor is a top reason, says Robert Atlas, MD, chief of ob-gyn at Mercy Medical Center, in Baltimore. Other conditions that may lead to a bed-rest prescription: preeclampsia; cervical changes, such as incompetent cervix or effacement (when the cervix starts to thin and stretch prematurely); a history of miscarriage, stillbirth, or premature birth; gestational diabetes; and placental complications. Moms carrying multiples also often spend time in bed. What kind of bed rest you'll need, for how long, and with what restrictions largely depends on your doctor's assessment and biases; there are no official guidelines.

The principle behind restricted activity is that lying down takes pressure off the cervix (if you are having preterm labor or have cervical issues) and allows increased nutrients to flow to the baby. Often, says Dr. Atlas, it's a form of backward logic: "Some studies suggest that women who work on their feet for 12 hours a day may be at a higher risk of preterm birth, so we make the leap that the opposite is true -- that if you stay off your feet when the pregnancy seems to be at risk, you'll keep it longer."

What does bed rest really mean?

A. At its simplest, bed rest may mean just staying off your feet as much as possible by reducing your work schedule, say, or by not driving. Or, you may be put on modified bed rest, where you'll be told to lie down, in bed or on the couch, getting up only to shower and use the bathroom. Strict bed rest means no getting up for any reason, so get acquainted with sponge baths and bedpans. And if your doctor is particularly worried, or wants to closely monitor you, he'll ask you to check into the hospital.

Does prolonged bed rest have any risks?

A. Yes, and they're not insignificant, especially if you're put on strict bed rest. Lying motionless for even a few weeks puts pregnant women at risk for deep vein thrombosis (DVT). This is a blood clot in the leg, caused by sluggish circulation. It's potentially fatal if it travels to the lungs. Half of all cases of DVT have no noticeable symptoms, but if you develop pain or swelling in your legs, ankles, or feet; redness and warmth over certain areas of your legs; chest pain; shortness of breath; or dizziness; or if you cough up blood, you should contact

your doctor immediately. Another, more common risk: "Bed rest also causes muscular atrophy and cardiovascular deconditioning -- which is a fancy way of saying you'll lose muscle strength and get out of shape quickly," says Judith Maloni, PhD, RN, professor of nursing at Case Western Reserve University, in Cleveland, who has done several studies on the physical and psychological effects of bed rest.

There are ways to prevent some of these side effects (which can also make it tough to care for your newborn later). If you're prescribed bed rest, ask your doctor whether you can have a physical therapist who specializes in pregnant women visit you at home or in the hospital.

What exercises can I do in bed?

Does bed rest really help?

A. That's a tough question. Some new research suggests that the answer is no. A review of bed-rest studies done by The Cochrane Library, a database that compiles medical research, showed there is not enough evidence that bed rest improves pregnancy outcomes. Other studies go further, making the case that bed rest may actually do more harm than good. A 2004 study by Dr. Maloni and the National Institutes of Health found that bed rest contributes to weight loss in mothers at a later stage of pregnancy, when weight gain is critical for fetal growth. On the other hand, there are studies that suggest bed rest does the job of extending a pregnancy in peril long enough to produce a healthy outcome, such as in cases of preterm labor. And, with the many serious health problems that preemies can face, many obstetricians would rather be safe than sorry.

What exercises can I do in bed?

A. One way to avoid complications of bed rest is to get moving. But the very word "exercise" often scares doctors -- and the high-risk women they treat, says Jean Irion, EdD, professor of physical therapy at the University of South Alabama, in Mobile. "Your goal is to maintain enough muscle conditioning that you won't injure yourself after the birth," she says. Here's what a physical therapist may do with you.

- **Help you navigate your own bed.** The therapist may show you how to move, sit, or even get up (if that's allowed in your case) without using your abs or straining muscles.
- **Offer posture tips.** It's likely you'll be reading, watching TV, and using a computer. The therapist can teach you proper "bed ergonomics" so you don't end up with extra aches and pains in your neck, back, and arms.
- **Work on energy-conservation skills.** It doesn't seem like lying in bed or on the couch all day would be tiring, but it is. You'll learn how to move without putting more stress on your pregnancy, and without wasting energy.
- **Help you exercise.** A therapist might move your arms and legs to work on your range of motion. She'll also focus on ankle work to get blood flowing and reduce the risk of a clot.

Copyright © 2008. Used with permission from the June 2008 issue of Parents magazine.

All content on this Web site, including medical opinion and any other health-related information, is for informational purposes

only and should not be considered to be a specific diagnosis or treatment plan for any individual situation. Use of this site and the information contained herein does not create a doctor-patient relationship. Always seek the direct advice of your own doctor in connection with any questions or issues you may have regarding your own health or the health of others.

© Copyright 2009 Meredith Corporation. All Rights Reserved.