

# Coping with cough in pregnancy

Cough can be a real nuisance while you are pregnant. It may come frequently and not all over the counter drug are safe to treat cough at this stage. When you are pregnant, your immune system needs to protect your developing baby rather than warding off everyday illnesses. This means you are more susceptible to all germs that cause not only coughs, but colds too.

**Will unborn baby be affected by cough?**

When you cough, your tummy moves up and down, which your baby may feel. But s/he will not be physically affected by your coughing. If you find that it is uncomfortable when you cough and you feel as if you are straining your tummy muscles, use a hand to support your lower abdomen.

**Natural remedies for cough:**

- Keep hydrated by drinking lots of fluids, preferably water but also fruit juices.

- Lemon juice with honey and boiling water was really good to sip at to reduce the coughing spasms.
- Maintain a healthy diet, trying to up your intake of fruit and vegetables, and try to keep oily and spicy food off your menu.



- Rest when you need to and make sure you have a good night's sleep and do not strain your throat.
- Try hot water gargle.
- Try lozenges containing honey or glycerol to coat the throat. These are the safest option to reduce coughing during pregnancy.
- Ginger tea or a spoonful of

grated ginger juice can also help in providing much relief to sore throat.

**Ways to prevent or minimise coughs in pregnancy?**  
Essentially, there is no such effective way to prevent cough. But there are ways you can minimise coughs, like any adult person. The following ways will help you minimise:

- Follow good hygiene by washing your hands regularly with soap and hot water or by using antibacterial hand drops, which are safe to use during pregnancy.
- Cough into a tissue or your hand (and then wash it) so as not to spread germs.
- Keep in mind that you don't strain your abdomen while

blowing your nose or spitting off cough.

**Coughing and your pelvic floor**  
Many women experience a weakened pelvic floor in pregnancy. The strain of coughing may consequently cause a little leak or two. While this is entirely normal, it is a reminder that you need to work hard on developing the strength of your pelvic floor muscles.

**When to consult a doctor:**

- Cough usually caused by a viral infection and should clear up within two weeks, but if you have a persistent cough (more than 2 weeks in duration), you should see your doctor.

- You have a temperature, are coughing up green/yellowish mucus, finding it harder to breathe than normal and generally feel unwell. Together, these symptoms could indicate that you have a chest infection. Your doctor may prescribe antibiotics. If your chest infection is left untreated, it may affect your unborn baby.

**The write up is compiled by Dr Mohammad Azizur Rahman, Assistant Professor, Department of Respiratory Medicine, MH Samorita Medical College & Hospital, Dhaka. E-mail: mohammadrahmandr@gmail.com**

## DID YOU KNOW?



## 76 m older excluded from vital healthcare

STAR HEALTH DESK

Seventy six million older people around the world are being excluded from vital healthcare, with life expectancy at 60 decreasing or static in 38 out of 194 countries, says HelpAge International's campaigning network Age Demands Action.

The results show the urgent need for universal healthcare for older people and the extent to which their healthcare needs are being neglected.

Progress has been made to improve life expectancy globally but the gains made exclude 76.8 million people aged 60 and over - close to 10% of the global population of older people across 194 countries.

Using data from the World Health Organisation, results reveal average life expectancy at birth has increased by six years but life expectancy at 60 has increased by only two years between 1990 and 2011 across the same countries.

In 38 countries, life expectancy at 60 has been static or fallen, ranging from 'young' countries like Gambia, Senegal, Tajikistan. "The populations within many of these 'young' countries will become old, in time, so there is a real chance now to provide universal access to health care and improve outcomes in later life," said an official in a press release.

Expert urges that Governments need to provide access to primary healthcare where illnesses like diabetes can be managed, access to essential medicines provided and ensure that trained health care workers are able to respond to the needs of older people.

## HEALTH bulletin



## Obesity primes the colon for cancer — study

Obesity, rather than diet, causes changes in the colon that may lead to colorectal cancer, according to a study appeared in the journal Cell Metabolism. Researchers from the National Institutes of Health, USA pointed out that the finding bolsters the recommendation that calorie control and frequent exercise are not only key to a healthy lifestyle, but a strategy to lower the risk for colon cancer.

## After hip fracture, home exercise programme may boost recovery

A home exercise program provided added benefit to people recovering from a hip fracture, a new study published in the Journal of the American Medical Association reveals.

Researchers have found that hip fracture patients who had completed a standard rehab program had better physical function if they continued with a home workout regimen that included exercises such as climbing steps or standing from a chair.

## Domes, the deceased and the dangerous connection

DR MASUM A PATWARY

In modern society, many people live a lifetime and never see a dead body. Perhaps we prefer to deny death, we no longer expect to deal with the deceased. Thus, the mortuary is a separate and isolated place, detached from common experience. Just like mortuary, the workers here called dome are also isolated and detached from society. Not just in cultural and social marginalisation, domes in Dhaka are exposed to hazardous sources of medical waste that can cause some serious infections.

In observing them and speaking with them, two questions are obvious: why do they do it and how do they cope? The answer to the first question seems to be that they accept their position, more through extreme fatalism than any sense of reward or worth. The answer to the second seems to lie partly in their relationship with the dead bodies, to which they attribute powers and motives, and partly in resorting to alcohol, linked to an apparent immunity from the normal restrictions placed on alcohol consumption in Bangladesh.

In the West at least, those who do choose mortuary or funeral work as a career may find it rewarding. Nevertheless, those working with death can be seen as "less than human," or on the edge of society. They may suffer from work-related emotional and psychological disturbance, and may adopt emotional beliefs relating to the relationship between themselves and the deceased in order to cope.

Mortuary workers in the sub-



continent tend to be drawn from poor or disadvantaged communities. These groups may be known as dalits (literally: downtrodden, crushed). It is recognised that individuals in these groups are subject to significant pressures, whatever their profession, which may result in psychological problems. For example, individuals from scheduled castes are more likely to be regular alcohol users.

In order to cope with their livelihood activity, people adapt pragmatically to the present situation and emotionally by adopting several beliefs. It is not surprising, therefore, that domes resort to alcohol, even in the face of official restrictions. Again, those who already use alcohol take up work as

domes because of the relative lack of restriction, or because they are already desensitised.

Like others in their profession around the world, dome suffers the compounded stress of social ostracism and a uniquely unpleasant job. This can lead to dehumanisation. Superimposed on this are the privations and exclusions associated with their position as dalits, so they find few rewards among the living and seek rewards in their relationships with the dead or through alcohol abuse.

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## Icddr,b stops oral saline produced by its staff co-operative

Icddr,b has instructed its hospitals and treatment centres to stop using glucose and rice-based saline obtained from the icddr,b Employees' Multipurpose Co-operative Society, an independent registered entity, separately managed by icddr,b employees, says a press release.

The decision has been taken by icddr,b management, pending the co-operative's registration with the Bangladesh Directorate-General of Drug Administration, which regulates oral saline under the Drug Act of 1982.

"We have no concerns about the quality of ORS produced by the co-operative," said icddr,b's Executive Director, Professor John D. Clemens," but we have contracted an alternative supplier until this matter is resolved." Chairman of the staff co-operative, Dr Anwar Hossain, confirmed the decision.

"The co-operative has stopped production and sale of all formulations of oral saline effective immediately, and we are now in the process of obtaining registration," he said.

Icddr,b management has confirmed that patient care will not be interrupted during this transition. ORS was developed by icddr,b (formerly the Cholera Research Laboratory) in the late 1960's, and since then, is estimated to have saved at least 50 millions lives worldwide.



/StarHealthBD

## Knowing for better living

If you have **diabetes**, you can have a **heart attack** without realizing it !

Control your diabetes

Maintain a healthy diet

Control your body weight

Avoid smoking

Exercise regularly

Consult your Doctor



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