

Pregnancy and Hand Conditions

Carpal tunnel and de Quervain's are common in pregnancy and after birth, and usually settle with simple measures.

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Aches, pins-and-needles and a sore thumb are remarkably common in pregnancy and in the first months of looking after a new baby. They can be miserable at a time when your hands are busier than they have ever been, but the reassuring news is that almost all of these problems are **temporary**, driven by the changes of pregnancy and early motherhood, and the great majority settle on their own with simple measures and time. Surgery is rarely needed.

This page explains the two conditions we see most often, and the simple things that help. It is a companion to our pages on [carpal tunnel and nerve compression](#) and [de Quervain's tenosynovitis](#), and on [numbness and tingling in the hand and arm](#); here we focus on what is different when these problems come along with pregnancy and a new baby.

Why the hands get sore in pregnancy

Pregnancy changes the body in ways that fall hard on small structures in the wrist. You carry more fluid in your tissues, and hormonal shifts soften and swell the linings around tendons and nerves. The wrist is a crowded place (nerves and tendons run through tight tunnels there), so even a little extra swelling can press on something that was perfectly comfortable before. Add the brand-new, repetitive job of lifting and feeding a baby, and it is easy to see why hands and wrists complain.

The key thing to hold on to is that the cause is usually **passing**: as the fluid and hormone changes of pregnancy resolve after birth, and as your body recovers, the pressure comes off and symptoms tend to fade.

Carpal tunnel syndrome in pregnancy

The carpal tunnel is a narrow channel at the front of the wrist that carries the **median nerve** to the hand. In pregnancy, fluid retention swells the tissues inside that tunnel and squeezes the nerve. The result is **numbness and tingling in the thumb, index and middle fingers** (and half the ring finger), often described as pins-and-

needles, and classically worst at night, sometimes waking you to shake the hand out. Some women notice it most in the last few months of pregnancy.

The encouraging part is how it behaves after delivery: **for most women the symptoms ease within weeks of the birth**, once the extra fluid clears. Because of that, treatment in pregnancy is almost always simple and aimed at getting you comfortable while nature takes its course:

- **Night wrist splints** are the mainstay. A splint that holds the wrist straight keeps the tunnel as open as possible while you sleep and is often the single most helpful thing.
- **Activity adjustments:** easing off positions and tasks that bend the wrist for long periods, and taking breaks.
- **Hand therapy** for advice on splinting, posture and gentle techniques.
- A **steroid injection** into the carpal tunnel is occasionally used if symptoms are severe and not settling, to buy comfort until after delivery.

Surgery is rarely needed during pregnancy, precisely because the problem so often resolves once the baby arrives.

De Quervain's tenosynovitis ("mummy thumb")

De Quervain's tenosynovitis is a painful swelling of the tendons on the thumb side of the wrist, where they pass through a tight tunnel near the wrist bone. The pain sits over the thumb-side of the wrist and is brought on by gripping, lifting and turning the wrist, and it often radiates a little into the thumb and forearm.

It earns its nickname "**mummy thumb**" because it is so strongly linked to the repeated lifting and scooping of a baby, loading the wrists dozens of times a day, often in awkward positions, when you pick up, carry and feed an infant. Hormonal changes around pregnancy and breastfeeding play a part too. Unlike carpal tunnel, which often peaks before birth, de Quervain's commonly appears or worsens after delivery, during the months of caring for a newborn.

It usually settles, and the treatment is again largely simple:

- **A thumb (spica) splint** that supports the thumb and wrist while leaving the thumb tip free: this rests the irritated tendons and is the cornerstone of treatment.
- **Changing how you lift the baby:** scooping from underneath with the wrist kept straight and the forearms doing the work, rather than gripping with thumb and wrist outstretched. A hand therapist can show you simple technique changes that make a real difference.
- Where pain is stubborn, a **steroid injection** into the affected tendon tunnel works well and is often curative.

Many cases ease as the demands of the early months pass, and in breastfeeding mothers the condition frequently settles once breastfeeding has finished.

Other aches that can come and go

A few other hand and wrist niggles can show up around this time, all common and usually temporary:

- **General wrist and hand aching and swelling**, from the same fluid retention, which tends to be worse later in the day and eases after birth.
- **Trigger finger**: a finger or thumb that catches, clicks or locks as it bends, from swelling around a tendon. It can appear in pregnancy or the postpartum months and often settles, with a splint, hand therapy or, if needed, a steroid injection.

What's safe in pregnancy and breastfeeding

A common worry is whether anything can safely be done while pregnant or nursing. The good news is that the **first-line treatments are also the safest ones**:

- **Splints, hand therapy and activity changes** carry no risk to you or your baby and are where we almost always start. They are often all that is needed.
- **Steroid injections and surgery** are held in reserve for the minority of cases that don't settle, and are discussed with you individually, weighing the timing against your pregnancy or breastfeeding so that any decision is made with full information and is right for your situation.

Because so many of these conditions resolve on their own after birth, the usual plan is to keep you comfortable with the gentle measures and let time do the rest.

When to see someone

Please get in touch with us, or see your GP, midwife or our team, if:

- The numbness or tingling becomes severe or constant, rather than coming and going at night.
- You notice weakness in the hand, a weak grip, or **wasting (thinning) of the muscle at the base of the thumb**: these can be signs that a nerve needs more attention.
- Symptoms are not settling in the months after your baby is born, when you would expect them to be improving.
- The pain or weakness is affecting your ability to care for your baby (feeding, lifting or carrying) and simple measures aren't keeping up.

Reaching out early means we can fit a proper splint, arrange hand therapy and, if it's ever needed, talk through the small number of other options, so that a common and usually short-lived problem doesn't get in the way of enjoying your new baby.

In more depth

This section goes further than you need for your own treatment decisions. Hand conditions in pregnancy are worth the extra reading because the association is real and now quantified in very large numbers – and because one modifiable factor stands out as raising the risk of both of the common problems.

PREGNANCY IS A GENUINE RISK FACTOR, NOT A COINCIDENCE OF TIMING

Carpal tunnel syndrome and de Quervain's tenosynovitis both cluster around pregnancy and the months after it, and it is easy to attribute that to the demands of caring for a newborn. A study of **715,337** patients establishes it more firmly: **pregnancy is a significant risk factor for hand conditions**, associated with increased odds of de Quervain tenosynovitis [1].

That scale matters because it separates an association from an impression. The fluid retention and hormonal changes of pregnancy plausibly raise pressure inside the carpal tunnel and swell tendon sheaths, and lifting a growing infant loads the thumb repeatedly. The data confirm the pattern without needing to settle the mechanism.

GESTATIONAL DIABETES RAISES THE RISK OF BOTH

The same dataset identifies **gestational diabetes as a significant risk factor for both carpal tunnel syndrome and de Quervain tenosynovitis** [1].

This is the most useful item here, because it links a hand problem to something already being monitored in pregnancy. It also fits what is known outside pregnancy: diabetes is an established risk factor for both conditions, and the connective tissue changes that drive that appear to operate over a shorter timescale than expected.

WHICH PREGNANCIES CARRY THE HIGHER RISK OF DE QUERVAIN'S

For postpartum de Quervain's specifically, the gestational risk factors identified were **first pregnancy** and a **long pregnancy of more than 40 weeks**. Notably, the child's birthweight and the number of babies were **not** shown to increase risk [2].

The two negative findings are as informative as the positive ones. A heavier baby does not predict it, and twins do not predict it – which argues against a simple “more lifting causes it” explanation and points back towards the hormonal environment. First pregnancy may reflect unfamiliarity with handling technique, or simply that the condition, once experienced, changes how someone lifts subsequently.

WHAT THE EVIDENCE DOES NOT YET PROVIDE

Treatment guidance is where the literature thins out considerably. A review of carpal tunnel syndrome in pregnancy found reported prevalence varying substantially with the diagnostic criteria and study design used, and – importantly – **a paucity of high-quality evidence addressing optimal treatment strategies during and after pregnancy**, with the authors calling for well-designed trials [3].

So the risk is well established and the treatment pathway is not. In practice this supports a conservative approach through pregnancy and the early postpartum period, because many cases settle as the physiological changes reverse – but it should be understood as reasoning from natural history rather than from trial evidence.

Two practical consequences follow. Symptoms persisting well beyond the postpartum months are less likely to resolve on their own and deserve reassessment rather than continued waiting. And because these conditions are common, real and time-limited in most people, they are worth mentioning at routine antenatal or postnatal review rather than tolerated silently as an inevitable part of new parenthood.

REFERENCES

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