

# How to have a heart-healthy pregnancy before you even conceive

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Taking good care of your health, especially your heart, is important

during pregnancy. But preconception care—the care you get before becoming pregnant—can be just as critical for both mom and baby.

"There are demands that get placed on the [heart](#) during pregnancy," said Dr. Maria Sophocles, an OB-GYN and medical director of Women's Healthcare of Princeton in New Jersey. "Women contemplating pregnancy should optimize their cardiac health before conception to prepare for this."

That's true for every woman who gets pregnant. But good heart care prior to conception is particularly important for those who have conditions such as obesity, diabetes, [high blood pressure](#) or familial hypercholesterolemia, an inherited condition that keeps cholesterol levels high and increases cardiovascular risk.

These conditions, Sophocles said, also put women at higher risk for pregnancy complications, from pre-term labor to a potentially fatal condition called preeclampsia, characterized by high blood pressure and protein in the urine. It can harm the placenta and the mother's kidneys, liver and brain.

"If you're a diabetic going into your pregnancy, you're at higher risk for complications," she said. "And, it's additive. If you're a diabetic and a smoker and have high blood pressure, each of those things makes it that much harder for the heart to pump extra blood through your circulatory system."

Cardiovascular disease is now the leading cause of maternal death during pregnancy and the postpartum period, constituting 26.5% of pregnancy-related deaths, according to the American College of Obstetrics and Gynecologists. Women of color and those with lower incomes experience the highest mortality rates.

In May, ACOG issued guidance to doctors on screening, diagnosing and managing [heart disease](#) from prepregnancy to the postpartum period, emphasizing the need to assess women for heart disease before they become pregnant.

That doesn't mean a woman with cardiovascular risk factors shouldn't get pregnant, said Dr. Melinda Davis, assistant professor of cardiovascular medicine and part of a maternal heart team at the University of Michigan. But it does mean taking extra precautions.

"If a woman has any medical conditions, she should make sure they are optimized prior to pregnancy, so she can be in the best health possible and also be aware of any potential risks that could arise, for both mom and baby," she said.

Good preconception heart care involves managing weight, cutting back on alcohol and not smoking, Sophocles said.

Weight should be managed by eating plenty of fruits, vegetables and fiber and regular exercise, "even if that's just walking 20 minutes a day," Sophocles said. "The [human body](#) can adapt seamlessly to pregnancy, but if you are out of shape or a smoker, you will struggle more with pregnancy-related changes to your cardiovascular health."

Women with heart conditions or [cardiovascular risk](#) factors should consult with both a cardiologist and an OB-GYN before trying to get pregnant to find out what precautions they might need to take, Davis said. For example, a woman at risk for preeclampsia might be counseled to take baby aspirin or blood pressure-lowering medication if she is not currently doing so.

It's also important to discuss with a health care provider any medications you are taking to ensure they don't pose a risk to the fetus, she said.

Experts also cite the rising age of first-time mothers as one factor in the increase in maternal mortality in the United States, where [pregnant women](#) have a higher risk of death than in any other industrialized nation.

A growing number of women in the United States are waiting until they are well into their 30s or even their 40s to have children.

"Women who are older at the time of pregnancy may be more likely to have other medical conditions, such as high blood pressure or diabetes," Davis said.

Reviews of maternal deaths in Illinois and California found that 1 in 4 deaths could have been prevented. Davis co-authored a recent perspective article about the need for a new field of "cardio-obstetrics" that would involve [women](#) with high-risk pregnancies having their care managed by a team that includes cardiology, maternal-fetal medicine, obstetrics, anesthesiology and nursing.

"If you have heart disease, you should already be under the care of a cardiologist, and this [pregnancy](#) needs to be co-managed," Sophocles said. "Don't just check in with your OB-GYN and hope everything goes well."

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