

How to care for your heart during a pregnancy

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Pregnancy triggers many changes to the body, but there's one that may surprise many women.

A hidden change is that the [heart](#) has to pump, on average, nearly 50% more blood by the end of pregnancy than it did before pregnancy, and then it has to quickly go back to "normal operations" after delivery. While most pregnant women's hearts tolerate these changes well, pregnancy can serve as a "[stress test](#)" on the heart that can cause new heart disease in patients who have not had heart problems previously, and can make existing heart issues more difficult to manage.

What types of heart conditions may arise?

The most common heart conditions seen in pregnancy are related to high blood pressure conditions in pregnancy (preeclampsia and gestational hypertension), irregular heart rhythms (arrhythmias), and the [heart muscle](#) not squeezing strongly enough ([heart failure](#)). At the [Duke Birthing Center](#), doctors care for patients who enter pregnancy with high blood pressure, heart defects that were present since birth and acquired heart disease (people who have developed heart disease such as an irregular rhythm or heart attacks).

What do these conditions may mean in the long-term?

While heart conditions can make pregnancy more complex to manage, high-quality care from experts in caring for pregnant people with heart disease can make all the difference in ensuring a safe, happy ending for mother and baby. After pregnancy, people who have experienced heart-related pregnancy complications are oftentimes at higher risk of heart issues later in life. Knowing this risk can help a patient receive [preventive care](#) after pregnancy, to reduce the risk of [heart problems](#) for decades to come.

Tip #1: If you have had heart problems and are thinking about pregnancy, speak to your health care provider and consider meeting with a cardiologist and a maternal-fetal medicine specialist before becoming pregnant.

Many patients who become pregnant with an existing heart condition can have safe, successful pregnancies, but meeting prior to pregnancy with experts will allow them to review any potential complications with pregnancy, ensure that the medications you take would be recommended in pregnancy, and preview how your pregnancy care might proceed.

Tip #2: Ask your health care provider if low-dose aspirin therapy is right for you.

For many patients with risk factors for [high blood pressure](#)-related complications of pregnancy such as preeclampsia, taking a baby aspirin every day has been shown to prevent complications. Your health care provider can review your health history with you and recommend whether low-dose aspirin should be part of your pregnancy care plan.

Tip #3: If you are pregnant and concerned about your heart, let your health care provider know!

Symptoms of pregnancy and symptoms of heart disease sometimes overlap—for example, many pregnant people experience shortness of breath and swollen legs at the end of pregnancy. While most patients who have symptoms during pregnancy do not have [heart disease](#), it is important to let your [health care provider](#) know about new symptoms and concerns, so that they can help you decide together whether further treatment is needed. Some symptoms to look out for include suddenly worse fatigue, fainting, [chest pain](#), shortness of breath, trouble breathing when lying down, palpitations and sudden swelling in the legs.

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