



## Heart Health Fact Sheet

# Let's Chat Pregnancy and Heart Disease



Pregnancy is a time in a woman's life where she may experience many changes with her body, health and wellbeing. In fact, the physical changes experienced with pregnancy mean that it really is the ultimate stress test for your heart health. This factsheet aims to let you know a little more about the role pregnancy plays in heart disease.

### What happens to your heart and body during pregnancy?

During pregnancy, it is normal for your body to work harder, placing extra stress on your heart; this is often why we think of pregnancy as a stress test on your heart. Here are some of the normal potentials for your heart during pregnancy:

- Your heart rate could potentially increase between 10 - 15 beats per minute
- An increase in the volume of your blood, typically around 40 - 50%
- Increased cardiac output (amount of blood pumped out by your heart) of around 30 - 40%
- Symptoms such as fatigue, shortness of breath as well as fluid retention

### Heart diseases linked to pregnancy

There are some heart diseases that have been linked to pregnancy:

**Peripartum Cardiomyopathy:** A form of heart failure during the systolic phase of pumping i.e. the heart pumping with force to circulate blood in the body. PPCM typically presents at late-stages pregnancy and in the early post-partum (after birth) period, if there are no other causes for heart failure found. Blood can build up in areas of the body such as the lungs, leading to less oxygen for you and can have a noticeable effect such as breathlessness and extreme fatigue.

**Spontaneous Coronary Artery Dissection (SCAD):** The coronary arteries which supply blood to your heart can develop a tear in their inner layer. Blood can then seep into the different layers of your arteries, resulting in a potential blockage, which can slow down and block the flow of blood to your heart. This tear can be problematic as it may result in heart conditions including rhythm issues, chest pain/angina, heart attack as well as death.

**Arrhythmias:** Also known as abnormal heart beat, this may occur even if you have never had an arrhythmia before pregnancy. It is very common to have an arrhythmia; you may require treatment depending on the arrhythmia type as well as your symptoms.



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### The pregnancy journey: heart disease prevention

#### Before pregnancy

There are many lifestyle interventions a woman can take to not only ensure she has a healthy pregnancy, but also to look after her heart health before she becomes pregnant. These interventions include quitting smoking, not drinking alcohol, eating a healthy and balanced diet with plenty of folate (found in supplements and foods such as green leafy vegetables), not carrying excess weight, regularly exercising, as well as having a health-check with your doctor.

- If you already have a heart disease, please consult your doctor to develop a plan to reduce your risk of having any further heart complications during your pregnancy. Women who already have a heart disease are more likely to have a complicated pregnancy, a cardiac event during pregnancy and their baby is more likely to suffer neonatal complications.

#### During pregnancy

- It is important to look after your health and wellbeing during pregnancy in order to prevent pregnancy-related conditions such as gestational diabetes, hypertension (high blood pressure) and pre-eclampsia. If you develop any of these conditions during your pregnancy, you are at greater risk of heart disease than women who did not have these conditions in their pregnancy.
- To reduce your risk of developing these conditions, you could follow a healthy diet consisting of vegetables, legumes, fresh fruit, protein; meat, poultry, fish, and meat substitutes, dairy e.g. yoghurt and milk as well as long-acting breads, cereals and grains.
- Ensure you work with your doctor to develop an exercise plan for pregnancy; exercise doesn't have to be intense or strenuous, plus it can help you prepare your body for childbirth. Exercise is a great way to reduce your risk of heart disease.

#### After pregnancy

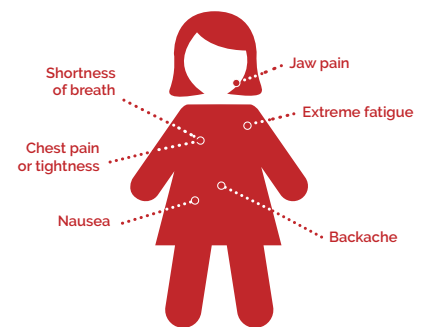
- Attend all your follow-up appointments with your obstetrician or midwife who was involved in your pregnancy. This is important as the majority of heart-related complications can occur in the first four weeks postpartum.
- If you experienced syncope (fainting) during your pregnancy, it is important to follow-up with your treating doctor for the 1st year postpartum, as you may be at an increased risk of further syncopal episodes and heart arrhythmias (abnormal heart rhythms).  
If you continue to experience fainting please speak to your doctor and request a heart health check.



90% of Australian women have one risk factor of heart disease.

### Heart Attack Signs in Women

Warning signs differ between men and women. Women's symptoms include chest discomfort which radiates up to the throat, jaw and through to the back and shoulder blades, extreme fatigue, shortness of breath, heart fluttering, light-headedness and nausea.



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