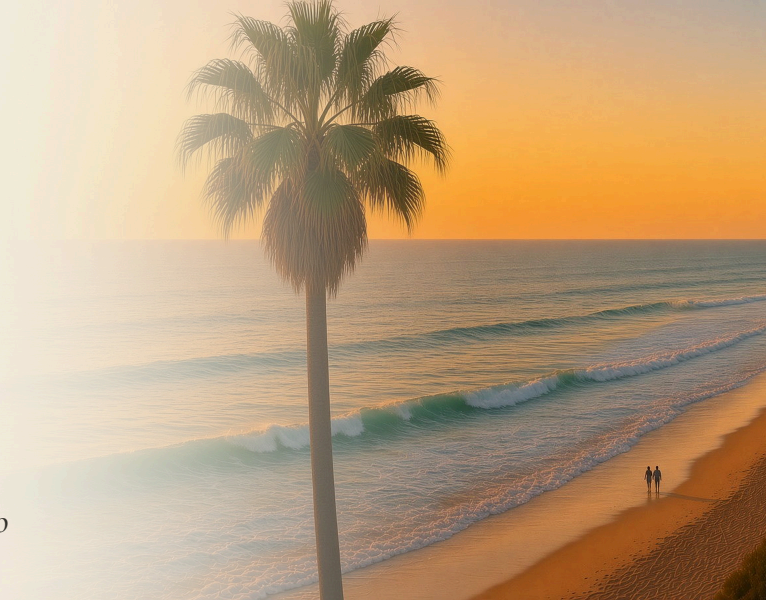
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Pregnancy and Your Heart

What a normal pregnancy asks of your heart, the conditions to know about, and how heart medicines are handled.

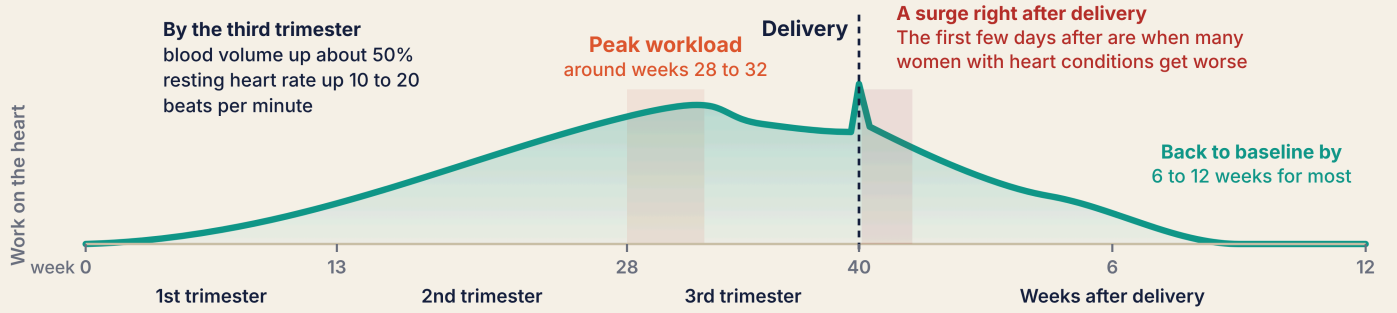
~50%
more blood volume by the third trimester of a healthy pregnancy

5–8%
of pregnancies are complicated by preeclampsia

~2×
lifetime heart disease risk, roughly, after preeclampsia

A NORMAL PREGNANCY

A major cardiovascular event, even when healthy



Schematic, not to scale

A healthy heart handles this fine. A pounding heart on the stairs or extra skipped beats are common and usually harmless. The same changes can strain a heart with a leaky or tight valve, a thickened muscle or a previous repair. If you don't feel back to baseline by 6 to 12 weeks after delivery, bring it up.

CONDITIONS TO KNOW BY NAME

Three pregnancy heart problems

Peripartum cardiomyopathy
Heart failure in the last month of pregnancy or the first five months after delivery. Early signs look like normal late pregnancy or new-mom exhaustion. If you've had a baby in the last five months and they feel out of proportion, ask for an echocardiogram.

Preeclampsia
High blood pressure in the second half of pregnancy, usually with protein in the urine or signs of organ stress. Your lifetime heart risk roughly doubles afterward, so tell every doctor you see.

SCAD
A tear in the wall of a heart artery that causes a heart attack, including in women who otherwise look low-risk. The first few weeks after delivery are one of the highest-risk windows.

Plan ahead

Don't stop a heart medicine on your own. Some need to be replaced before pregnancy, and some are fine to continue. Most heart conditions can be managed safely in pregnancy with the right substitutions, and that work happens before pregnancy.

HEART MEDICINES AND WARNING SIGNS

What's OK, what isn't, and when to get help

AVOIDED OR HELD IN PREGNANCY

ACE inhibitors and ARBs	Lisinopril, losartan, valsartan and similar are off the table. They can damage the baby's kidneys in the second and third trimester and are associated with birth defects. Most women switch to labetalol, nifedipine or methyldopa before trying to conceive or as soon as a pregnancy is recognized.
Statins	Usually held. In 2021 the FDA removed the blanket pregnancy warning from statin labels, and most people still pause for the pregnancy and resume after delivery, or after breastfeeding. Talk to your cardiologist before stopping. Very high-risk cases are handled individually.
Spironolactone, amiodarone	Spironolactone is avoided. Amiodarone affects the baby's thyroid and is usually avoided unless nothing safer is working.
Newer blood thinner pills	Apixaban, rivaroxaban, dabigatran and edoxaban are not approved in pregnancy, and shouldn't be used with a mechanical valve regardless.

USED WITH CARE OR RECOMMENDED

Beta-blockers	Usually acceptable. Labetalol and metoprolol are the most commonly used. Atenolol has been linked to slower fetal growth and is usually avoided.
Diuretics	Furosemide and similar are used carefully, only when the benefit clearly outweighs the risk. They can affect the placenta. Women in heart failure may still need them.
Low-dose aspirin	81 mg is now recommended for women at increased risk of preeclampsia, started in the late first trimester. If you have risk factors and it hasn't come up, ask.
Mechanical valve	Warfarin works well for the valve but crosses the placenta and can harm the baby, especially in the first trimester. Heparin injections (LMWH) don't cross the placenta but are harder to dose to fully protect the valve. There's no perfect option, so plan at a center that does this regularly.

SEEK EVALUATION

in pregnancy or the months after delivery

Breathing	Shortness of breath at rest or that wakes you up at night. Trouble lying flat without feeling like you can't breathe. A cough that won't clear, especially at night.
Heart and chest	Chest pain or pressure, especially with sweating, shortness of breath, or jaw or arm pain (call 911). Fainting or near-fainting, especially with exertion. A racing or irregular heartbeat that won't settle.
Other signs	Swelling in your legs or face that's new or worsening. A severe headache that doesn't respond to usual measures, especially with high blood pressure or vision changes. Sudden severe abdominal pain in late pregnancy.

CALL 911

Sudden chest symptoms	If you're pregnant or recently postpartum with a sudden onset of chest pain, pressure, jaw or arm pain, severe shortness of breath, or a cold sweat, take it seriously. Don't talk yourself out of it because you're young or your symptoms feel atypical.

BREASTFEEDING

Most common heart medicines are compatible with nursing, including metoprolol, propranolol and labetalol. Atenolol is usually avoided, and amiodarone is avoided. If you're told to stop breastfeeding for a heart medicine, get a second opinion first.

READ THE FULL ARTICLE

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For education only, and not a substitute for advice from your own physician. Sources include the 2018 ESC pregnancy guidelines, ACOG Practice Bulletin No. 212, the 2020 and 2021 AHA scientific statements on pregnancy, the 2018 AHA statement on SCAD and the LactMed database.

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