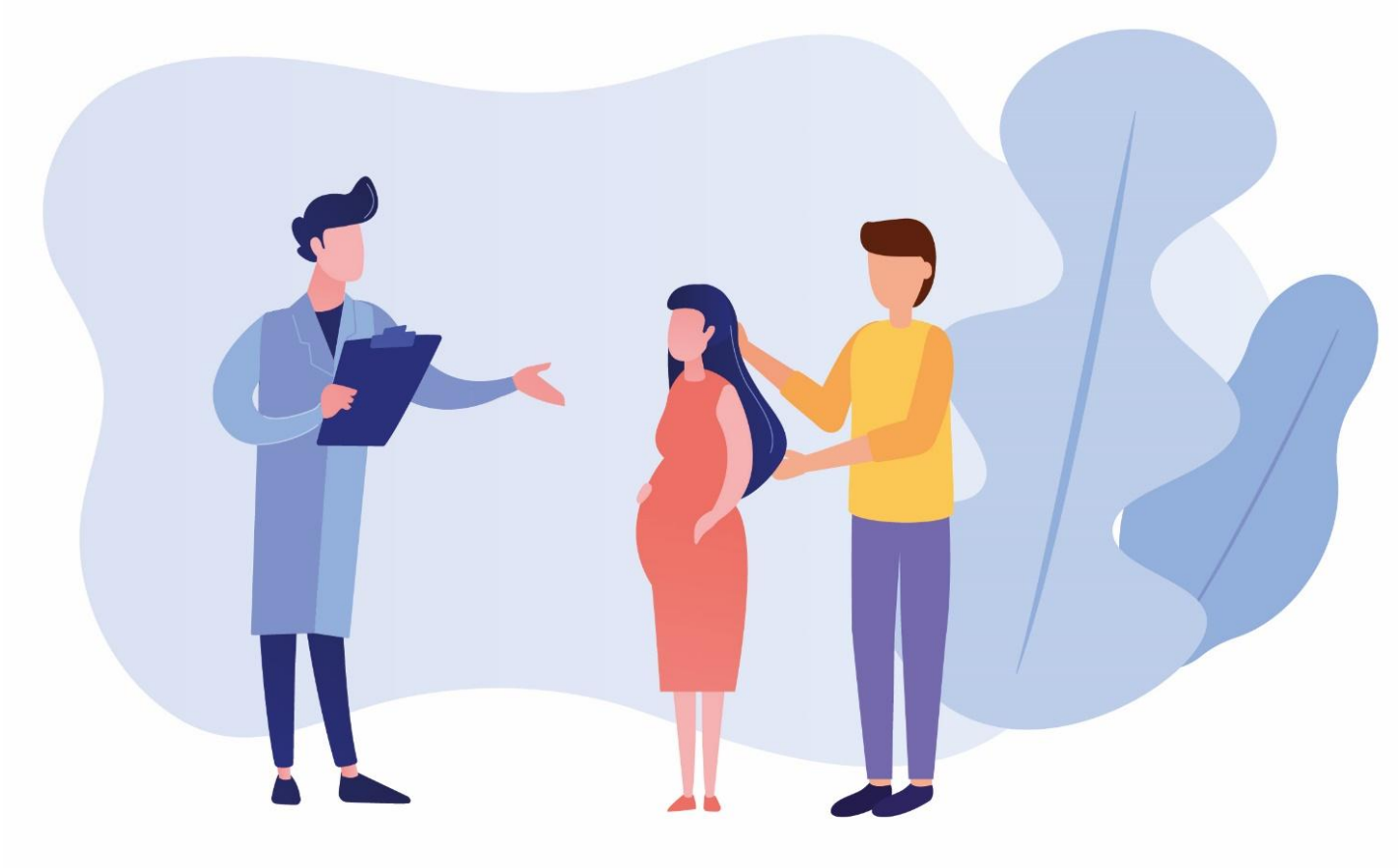
Symptoms in pregnancy – What is normal and what is not?



SOCN
SCOTTISH OBSTETRIC CARDIOLOGY NETWORK

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Pregnancy and the heart

During pregnancy there are a lot of changes to your body to help support your growing baby. There are changes in the amount of blood your heart must pump, the hormones you produce, your blood vessels, and how you process medications. There are extra demands on your body around the time of giving birth, which can place even greater stress on the heart and circulation. Many women with a heart condition can cope with these changes well. For a small number of women, these changes can increase the risk of complications. These complications vary depending on the heart condition but can include arrhythmia (abnormal heart rhythms), heart failure, or complications with main blood vessels. For an even smaller number of women, pregnancy can uncover an underlying heart condition.

Knowing what symptoms of pregnancy are normal helps you to identify symptoms that you need to see your midwife or doctor about.

After pregnancy it takes some time for your body to return to normal. The symptoms described below can also happen after pregnancy and you should follow the advice below.

Breathlessness

Normal

Feeling breathless is common in pregnancy. There are a few reasons for this. During pregnancy there is an increase in the hormone progesterone, which can make you feel you are breathing more deeply. Also, as your baby gets bigger and takes up more space, it can put pressure on your diaphragm (the muscle below the lungs). This means there is less space for the lungs to do their job. It happens due to the changes in your body to make room for your growing baby. You should be able to climb a flight of stairs without stopping (if you could do this before you were pregnant).

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Not normal

It is not normal if you:

- have difficulty completing sentences because you are breathless;
- are breathless when you are not moving about much, or resting;
- become breathless suddenly;
- wake up breathless at night;
- feel breathless lying flat;
- need more pillows at night to help you breathe more comfortably; or
- have chest pain with the breathlessness.

If you experience any of these, you should phone 111 or go to the maternity assessment unit.

Chest pain

Not normal

It is not normal to have chest pain (not heartburn) in pregnancy.

Phone 999 or go to A&E if:

- you have chest pain or discomfort that does not go away (it may feel like pressure, tightness or squeezing). You may also:
    - have pain going down your left arm, or both arms, or in your neck, jaw, back or stomach;
    - feel sick, sweaty, light-headed or short of breath;
    - have severe sudden chest pain or chest pain that goes through to your back (it may feel like tearing);
    - have pain that comes on when you are resting or while exercising which eases when you rest; or
    - cough up blood.

When you get to hospital, you will have an ECG (a tracing of your heart) and a blood test. You may also have a chest x-ray, ultrasound of your heart, or a CT scan.

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Palpitations

Normal
Palpitations are heartbeats or extra beats that are more noticeable. They are more common in pregnancy due to hormonal changes and they can feel stronger due to the extra blood pumped by the heart. Anaemia is common in pregnancy and can also cause palpitations.

Palpitations are often described as heart flutters, pounding, or irregular beats.

You can sometimes feel these sensations in your neck or throat.

Not normal
Most women who have palpitations in pregnancy do not need any treatment.

But it is not normal to:

- feel faint;
- feel dizzy;
- lose consciousness;
- have chest pain; or
- be breathless;

when having palpitations.

If you have palpitations with any of these symptoms, you must get urgent medical attention. If the palpitations last for a long time but you still feel well, it is still important to see a doctor.

Dizziness

Normal
During pregnancy, hormonal changes cause blood vessels to relax, which helps more blood flow to the baby. These changes cause your blood pressure to drop. As the baby grows, it can press on the blood vessels that bring blood back to the heart. These changes mean that dizziness is common in pregnancy. Having anaemia can also make you feel dizzy.

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To avoid dizziness, do not stand for long periods and take your time when getting up. Make sure you drink plenty of fluids and eat regular, sensible meals.

Not normal
Dizziness with:

- chest pain;
- palpitations;
- vaginal bleeding or abdominal pain; or
- blurred vision or headache;

needs urgent medical attention.

If you have a blackout, you must go to A&E.

Tiredness

Normal
Feeling tired is common at different stages in pregnancy. Tiredness can start from very early on in pregnancy due to hormonal changes. As your pregnancy progresses, the extra weight carried as the baby grows can also make you feel tired. The baby's growth can also affect how comfortable you are at night or how often you feel you need to go to the toilet, which can all disrupt your sleep. It is important to rest when you can during pregnancy.

Not normal
If you do not have the energy to do everyday tasks this is not normal, and you should get medical advice.

Heartburn

Normal
Normal hormonal changes in pregnancy can cause the valve between the stomach and the oesophagus (the tube that passes food from the throat to the stomach) to relax. This can lead to acid leaking into the oesophagus, causing heartburn. Speak to your midwife about how to treat heartburn in pregnancy.

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Baby's movement

Normal

You should feel your baby start to move sometime between 16 and 24 weeks of pregnancy. At first you may notice a fluttering feeling.

By the end of the second trimester (at around six months), you should feel your baby kicking and jabbing and these movements should be more frequent. It is important to keep track of these movements once they have become established.

Not normal

If you have a heart condition you should pay extra attention to your baby's movements. If you notice a change from the normal pattern, ring the emergency maternity assessment number you have been given. A change in the baby's pattern of movement can be a sign that something is wrong, but for most women who get checked everything is OK.

Contact your local maternity assessment unit if you are concerned about a change in the baby's movements.

Swelling

Normal

The changes in pregnancy already described, such as changes in hormones, increased volume of blood and the baby pressing on blood vessels, can cause some swelling.

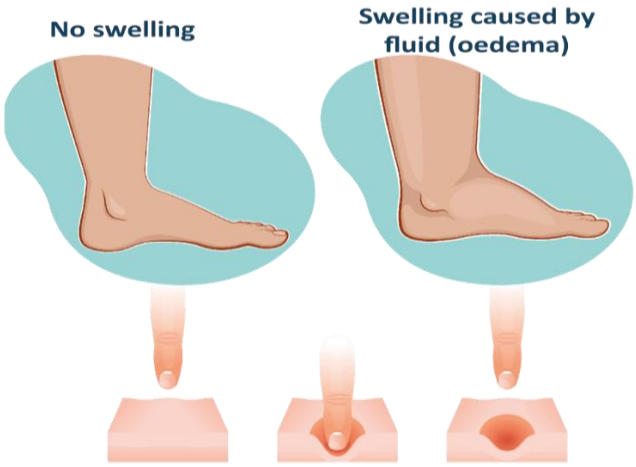
It is common for your feet, ankles and hands to swell during pregnancy. This usually happens as the day goes on or if you have been standing for a long time. It can also happen as a result of hot temperatures. Try to avoid standing for long periods, and put your legs up when resting. You may find compression stockings useful.

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Not normal
If you notice:

- swelling that happens suddenly or is much worse than you have had before;
- your feet or ankles are swollen and the swelling does not go away when you put your legs up;
- swelling that is pitting (leaves dents when you press it) – see the image;
- increased breathlessness (as described above) with the swelling; or
- your face is swollen;

you should get medical attention.



Pitting oedema: Excess build-up of fluid in the body is called oedema. When pressure is applied to the swollen area it leaves an indentation, or a 'pit'.

If you notice swelling in only one leg (this could be caused by a blood clot and be painful, red or warm), go to your nearest A&E.

What happens when I get to the hospital?

If you go to hospital because of any of the symptoms listed above, you will see a midwife or doctor. They will ask you questions about:

- how long you have had the symptoms;
- your medical history and any health procedure you have had;
- your pregnancy history;
- any family history of heart problems or blood clots; and
- medications you take.

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They might want to do some tests, including:

- blood tests, including some to do with the heart;
- ECG (heart tracing);
- chest x-ray;
- CT scan; or
- ultrasound.

Pregnant women can have tests such as chest x-rays and CT scans. The doctor will speak to you about the very small doses of radiation in these tests and the tiny effect of radiation on the baby. It is important that the benefits of the tests are considered against any risk. Being able to diagnose a heart complication in pregnancy is important and allows the doctors to start monitoring or treatment to prevent serious complications. The very small risk to the baby of a chest x-ray or CT scan will almost always be outweighed by the importance of making a diagnosis for the mother. If the mother is not well the baby will not be well.

Useful contacts

Ambulance: 999 NHS 24: 111

Maternity assessment unit:

Other:

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If you need this leaflet in an alternative format (such as large print), please:

- **email psd.contact-us@nhs.scot;**
- **phone 0131 275 6000; or**
- **contact Scotland BSL at www.contactscotland-bsl.org**

Crystal Mark 24189
Clarity approved by Plain English Campaign

This document has been prepared by Public Services Delivery Scotland (PSD Scotland) on behalf of the Scottish Obstetric Cardiology Network (SOCN). Accountable to Scottish Government, PSD Scotland works at the heart of the health service providing national strategic services to the rest of NHS Scotland and other public sector organisations to help them deliver their services more efficiently and effectively. SOCN is a collaboration of stakeholders involved in obstetric cardiology care, who are supported by a PSD Scotland Programme Team to drive improvement across the care pathway.

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