

Pregnancy and Your Heart Health

Pregnancy can be a very exciting time! It's also a time to make your health a priority. You can start by seeing a healthcare provider who can talk to you about your overall health, including your risks for heart problems. When possible, try to see your provider before you become pregnant.



Most women in the United States have healthy pregnancies. However, some serious illnesses and health problems are becoming more common, especially among women of color. Compared to white women, for example, Black women have a 2 to 4 times increased risk for high blood pressure-related pregnancy problems. Studies also show that American Indian, Asian, Hispanic, and Pacific Islander women are more likely to experience a variety of health problems during pregnancy.

Two potentially serious conditions can affect your heart health during pregnancy:

- **Preeclampsia**, a type of high blood pressure that occurs only during pregnancy. It occurs in women after the 20th week of pregnancy. People who have it also have signs of liver or kidney damage.
- **Gestational diabetes**, a type of diabetes that occurs only during pregnancy. It causes your blood sugar to spike, but it also can greatly raise your risk of developing preeclampsia.

High Blood Pressure During Pregnancy

Your healthcare provider should check your blood pressure to monitor for preeclampsia. This is very important if you have diabetes, obesity, or certain other health conditions. While uncommon, preeclampsia can quickly become serious.



Preeclampsia During Pregnancy

You're at increased risk of preeclampsia if you:

- Are older than age 40
- Are pregnant for the first time
- Had preeclampsia during a previous pregnancy
- Have chronic (long-term) high blood pressure, chronic kidney disease, or both
- Are pregnant with multiple babies (such as twins or triplets)
- Became pregnant using in vitro fertilization
- Have a family history of preeclampsia
- Are Black or African American
- Have type 1 or type 2 diabetes prior to pregnancy
- Have obesity
- Have lupus (an autoimmune disease)
- Have a history of a condition called thrombophilia that increases the risk of blood clots



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How do I know if I have preeclampsia?

Pay attention to your body. Women who have preeclampsia often don't feel sick. However, they may have some mild symptoms, such as:

- Swelling in the hands or face
- Sudden weight gain over 1 to 2 days
- Weight gain of more than 2 pounds a week

Symptoms of severe preeclampsia include:



Headache that doesn't go away or becomes worse



Trouble breathing



Pain on the right side, below the ribs, or in the right shoulder



Peeing less often than normal



Nausea and vomiting



Feeling lightheaded or faint



Vision changes, including blurry vision, seeing spots or changes in eyesight

The risk for preeclampsia remains for up to 6 weeks after you give birth. If you experience any symptoms, contact your healthcare provider right away.

How do you treat preeclampsia?

Preeclampsia treatment can vary depending on how serious it is.

- Your healthcare provider may ask you to track your blood pressure with a home blood pressure monitor. Contact your provider if your blood pressure reads higher than typical for you, or if you have signs of preeclampsia.
- You may need to go to the doctor more often. Your doctor will check your baby's growth rate and heart rate. They may order blood and urine tests to see how well your organs are working.
- You may need to stay in a hospital for care. If you do, your doctor will monitor you and your baby closely and give you medications to control your blood pressure.
- If you have preeclampsia, you may have a baby that is born early or underweight, or you may have a miscarriage or a stillbirth (birth of a baby who has died).

Is it true I can have a stroke with preeclampsia?

Having preeclampsia increases your risk of having a stroke. Preeclampsia causes long-term changes in the blood vessels. Women who have preeclampsia during their first pregnancy have more than 2 times the risk of developing high blood pressure in the 2 to 7 years that follow. High blood pressure can lead to stroke, making it important to know the signs of one and what to do.

Call 9-1-1 immediately if any of the following problems come on suddenly – either while you're pregnant, right after having your baby, or any time afterward:

- Numbness or weakness in the face, arm, or leg, especially on one side of the body
- Confusion, trouble speaking, or difficulty understanding speech
- Trouble seeing
- Trouble walking, dizziness, loss of balance, or lack of coordination
- Severe headache with no known cause

With preeclampsia, you'll need to take extra care of yourself after pregnancy. Then throughout your life, be sure to tell all your healthcare providers that you had this condition.

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Diabetes During Pregnancy

Gestational diabetes causes your blood sugar (blood glucose) to get too high. This can happen even if you didn't have blood sugar problems before pregnancy. **It also makes it more likely that you will develop preeclampsia.** **Gestational diabetes** goes away after the baby is born. Women with it usually don't have symptoms. If you do have symptoms, they may be mild, like being thirstier than normal or having to pee more often.

Am I at risk for gestational diabetes?

You're at increased risk if you:

- Are older than age 25
- Are overweight
- Are Black or African American, Hispanic, American Indian, Alaska Native, Native Hawaiian, or Pacific Islander
- Have family members with type 2 diabetes
- Had gestational diabetes during a previous pregnancy
- Had a baby who weighed more than 9 pounds
- Have a condition called **polycystic ovary syndrome** (PCOS)

Do I need to get tested and treated for gestational diabetes?

Your healthcare provider should do a blood test to check for gestational diabetes, usually between 24 and 28 weeks of pregnancy. If you have an increased chance of developing gestational diabetes, your provider may test during the first visit after you become pregnant.

If you have gestational diabetes, controlling your blood sugar levels will help you protect yourself and your baby. If not treated, gestational diabetes can increase the risk of your baby having health problems or of you having a miscarriage or a stillborn baby.

Having gestational diabetes increases the chance that you will develop type 2 diabetes later in life. Over time, having too much glucose in your blood can cause heart disease and other health problems.

Making Your Heart Health a Priority

You can take action to reduce your chances of getting preeclampsia and gestational diabetes. Before and during your pregnancy, try to eat **heart-healthy** foods and **be physically active**. If you're planning a pregnancy and your healthcare provider says you need to lose weight to be healthier, try to do so before you get pregnant. Pregnant women shouldn't try to lose weight. Also, ask your provider about how much weight you should gain during pregnancy since it's different for every woman.

Take care of your heart by keeping your appointments with your healthcare provider. Talk to your provider about anything that doesn't feel right. Doing so can help keep you and your baby healthy. For more information, see **Heart Health and Pregnancy**.



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How to Accurately Check Your Blood Pressure

Before

- Avoid exercising, drinking caffeine, or smoking for 30 minutes prior.
- Go to the bathroom.
- Uncover your arm for the cuff.
- Sit and relax for at least 5 minutes.

During

- Put your feet flat on the floor.
- Don't talk.
- Rest your arm on a table so it's supported and at the level of your heart.



Questions to Ask Your Doctor

Take the time to tell your doctor about any changes or symptoms you notice. Here are questions to discuss with your doctor:

- Are my blood pressure numbers normal?
- Am I at risk for developing heart-related problems during or after pregnancy?
- If I am at risk, will this affect my pregnancy care or birthing plan?
- What can I do to lower my risks for heart-related problems during pregnancy?
- Is there a test I can take to rule out a serious problem?
- At what point should I consider going to the emergency department or calling 9-1-1?
- If I have heart problems during pregnancy, will that affect my baby? How does that affect my heart health in the future?
- What should I be aware of after delivery?
- Will any heart health problems during this pregnancy affect future pregnancies?



Notes



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