How Atrial Fibrillation Affects Pregnancy

by LANA BARHUM

Coping With AFib and Pregnancy

Atrial fibrillation (AFib) is a heart rhythm disorder, causing an arrhythmia (an irregular heartbeat). AFib generally goes undiagnosed until something goes wrong.

Pregnant women living with AFib must pay special attention to their heart rates in order ensure a healthy pregnancy. Essentially, you need to make sure your heart rate stays at a normal level, which is 60 to 100 beats per minute.

Pregnant women are generally at a higher risk for blood clots of the heart during pregnancy. Pregnancy also increases the risk for blood clots in the legs.

If you have AFib, your doctor may prescribe blood thinning medications to reduce your chance of a clot. It is also possible for you to develop AFib during pregnancy.

Heart Changes During Pregnancy

When you are pregnant, your blood volume increases by up to 50%, which means your heart has to work much harder to pump blood throughout your body. As result, increases in heart rate — up to 25% — are not unusual, even in healthy women.

Blood volume and heart rate increases may trigger palpitations (when the heart beats too fast or irregularly). This is one symptom of an arrhythmia. Other symptoms include lightheadedness, shortness of breath and anxiety.

For healthy women or women with no previous history of arrhythmia, symptoms are generally harmless. But if you have had a previous abnormal heart rhythm or other heart conditions, an arrhythmia should be treated seriously, as it may be a sign of a bigger problem.

If you have already been diagnosed with AFib, any arrhythmia symptoms, especially palpitations, need immediate medical attention.

New Onset AFib During Pregnancy

Developing AFib during pregnancy without a previous history of it is rare, but there have been some reported cases. AFib is present in 8% of women at the onset of pregnancy, but new onset only occurs in 2.5% of pregnant women according to researchers out of the Madre Giuseppina Vannini Hospital in Rome, Italy.

Certain factors, such as maternal age, race and heart disease (sometimes undiagnosed due to lack of symptoms), increase your odds of developing AFib during pregnancy.

The Rome researchers also note that when healthy women develop AFib during pregnancy, it is important for their doctors to evaluate them for congenital heart disease, rheumatic vascular disease, alcohol use, electrolyte imbalances and hyperthyroidism. While these conditions or scenarios must be ruled out, AFib generally ends up being a lone condition.

One case, reported by the University of Texas in Austin, Texas, focused on a 40-year-old African American woman who was 23 weeks pregnant with twins and who developed new onset AFib. The pregnant woman had an incomplete cervix, requiring stitches to keep the cervix closed to prevent it from opening early and causing preterm labor. She came to the hospital by ambulance and experienced persistent shortness of breath and palpitations for six hours. She was treated for her symptoms in the ambulance. Upon arrival to the hospital, her shortness of breath had resolved but the palpitations continued. The patient denied alcohol and caffeine use, dehydration, sleep issues, illness, or other factors that could have contributed to her symptoms.

After various tests, she was officially diagnosed with new onset AFib and treated with medication to decrease her heart rate, which eventually returned to a normal sinus rhythm. She was sent home with instructions to follow up with cardiology.

A similar case was reported by researchers from Dublin, Ireland, involving a 37-year-old woman who was 33 weeks pregnant with twins and with no previous history of AFib or other cardiac issues. She came to the emergency room complaining of sudden onset palpitations. She was being treated for a urinary tract infection but was otherwise healthy.

The Irish patient was treated with beta blockers, and when these did not help she underwent cardioversion, an electric procedure using low-dose anesthesia, involving an electric shock outside the chest wall. Sinus rhythm was obtained and the patient showed no further symptoms for the rest of her pregnancy.

Treatment of AFib in Pregnant Women

According to the Journal of Atrial Fibrillation, management of AFib for pregnant women is generally the same as for non-pregnant women. However, intervention is a little more progressive, especially when it comes to heart rate monitoring and cautious use of blood thinning medications.

AFib treatment during pregnancy aims to restore healthy heart rates in a way that does not pose any harm to the mother and fetus. Often, that involves certain medication, such as beta blockers that control heart rate, or cardioversion.

Your doctor may want you to wear a special monitor during pregnancy to keep track of your heart rate. You should also pay attention for symptoms that may indicate your heart rate is not beating in a regular pattern.

Symptoms to watch out for are:

- A racing, rapid, pounding, slow, or fluttering pulse.
- Palpitations and shortness of breath.
- Confusion.
- Dizziness and/or lightheadedness.
- Fainting.
- Extreme fatigue or feeling lethargic.

Managing a Healthy Pregnancy With AFib

While it is your doctor’s responsibility to monitor your heart rate and help you to find treatments to manage AFib, it is your responsibility to make lifestyle changes to keep your heart rate down and promote a healthy pregnancy.

Lifestyle changes to manage AFib during pregnancy include eating a healthy diet low in bad fats (saturated, trans and cholesterol) and rich in whole grains, fruits and vegetables. You should keep moving, avoid alcohol and

smoking and control your blood sugar if you have diabetes or develop it during pregnancy.

In Conclusion

If you have a history of AFib, the best time to discuss a pregnancy plan is before getting pregnant, though that is not always possible.

The good news for most pregnant women is arrhythmias during pregnancy can safely be managed medically with treatments that cause little or no risk to the mother and fetus. While some medications should be avoided during the first trimester, most blood-thinning medications can be effective even at their lowest possible dosages.

Your doctor will monitor your heart rate carefully throughout your pregnancy and, if necessary, in an emergency, cardioversion can be safely administered.