

## PALPITATIONS IN PREGNANCY OPD setting

- Red Flags**
- Acute onset of persistent tachycardia
  - Limiting daily activities
  - FHx cardiac disease/sudden death
  - Personal Hx of cardiac disease /surgery
  - Association with
    - Breathlessness
    - Chest pain
    - syncope/presyncope

- Normal pregnancy**
- Hx Awareness of heartbeat
  - Ex HR increase by 10-20bpm to 112bpm
  - Bloods Hb (105-140), WCC ( 4-16 x10<sup>9</sup>/L  
Electrolytes, Mg and Ca Adult range
  - ECG sinus tachycardia ( 112bpm in 3<sup>rd</sup> trimester)  
left axis deviation  
T wave inversion in lead , V1, III & aVF  
Non-specific ST changes eg depression  
small Q waves
  - ABG mild, fully compensated respiratory alkalosis
  - CXR Prominent vascular markings  
raised diaphragm  
flattened left hemidiaphragm

**Refer to ED/ acute medicine**

- Red Flag Hx and
- **Abnormal ECG**

- \*ACUTE symptoms **or**
- Persistent tachycardia

**Take History and examine Pt**

- NO acute symptoms **BUT**
- Red flag Hx **or**
- **Abnormal ECG**

**Basic Investigations**  
 FBC, U+Es, Ca +Mg, TFT (maternal)  
 12 lead ECG

- NO Red Flags**
- Reassurance
  - Advice if red flags to seek medical help
  - Arrange for basic Investigation +/-FU by MM\*\*

- D/W cardiology for advice
- Refer to Maternal Medicine

- Order 24 hr Holter +/-
- Echocardiogram

- Abnormal blood tests**
- Anaemic Request haematinics and Follow guidelines for treatment
  - Abn electrolytes Replace and lx cause – refer to appropriate speciality
  - Abnormal TFT Refer to Endocrine

## Resources

- Physiological changes in pregnancy
  - [CVS physiological changes in pregnancy | Oxford Academic \(oup.com\)](#)
- Managing acute medical problems in pregnancy
  - [acute-care-toolkit-15\\_act\\_pregnancy\\_nov19\\_0.pdf \(rcp.ac.uk\)](#)
- MEWS Chart
  - [F3.large.jpg \(970×1280\) \(bmj.com\)](#)
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