

POTS & PREGNANCY

Healthy Mom. Healthy Baby. Informed Care.

Pregnancy is usually possible and well tolerated in people with Postural Orthostatic Tachycardia Syndrome (POTS). With the right care, most patients have successful pregnancies and healthy babies.



Guided by Evidence. Driven by Compassion.

KEY TAKEAWAY

POTS does not usually prevent a successful pregnancy. Individualized care and teamwork make the difference.

HOW PREGNANCY CAN AFFECT POTS

Pregnancy causes major changes in blood volume, heart rate, and blood vessels. Symptoms can fluctuate.

1 ST TRIMESTER	2 ND TRIMESTER	3 RD TRIMESTER & POSTPARTUM
Symptoms may worsen due to nausea, vomiting, decreased intake and dehydration.	Many patients stabilize or improve as blood volume increases.	Symptoms may improve, stay the same, or worsen again postpartum.

COMMON SYMPTOMS

Tachycardia • Dizziness/Lightheadedness • Palpitations • Fatigue
Exercise Intolerance • Nausea • Heat Intolerance • Brain Fog
Presyncope/Syncope

Always evaluate for other causes: anemia, thyroid disease, dehydration, arrhythmia, PE, infection, and hypertensive disorders.

EVIDENCE-BASED RECOMMENDATIONS

HYDRATION

Aim for at least 2.5 L of fluids daily, unless restricted for a medical reason.

SALT INTAKE

Aim for ~7 g of salt per day, if appropriate. Reassess if you develop hypertension, preeclampsia, edema, renal disease, or other conditions requiring salt/fluid restriction.

COMPRESSION

Wear waist-high maternity compression garments to reduce blood pooling.

EXERCISE

Stay active with gentle, progressive exercise like recumbent cycling, swimming, and walking.

POSITIONING

Avoid prolonged flat on your back, especially in later pregnancy. Left-side position is usually preferred when symptomatic.

ONGOING CARE

Work closely with your obstetric and POTS care teams. Keep follow-up visits and update your care plan as needed.

POTS MEDICATIONS & PREGNANCY

Medication decisions balance the benefits of symptom control with potential risks. Do not stop medications without medical advice.

Beta-blockers (e.g., metoprolol, propranolol)	May be continued at the lowest effective dose. Labetalol can be useful if hypertension is present. Monitor fetal growth and neonatal heart rate/glucose as appropriate.
Fludrocortisone	May be continued if needed. Monitor blood pressure and electrolytes.
Pyridostigmine	Has been used in pregnancy (e.g., for myasthenia gravis) and can be considered when appropriate.
Midodrine	Limited pregnancy experience. Generally reserved for severe symptoms not controlled with other options.
Ivabradine	Generally avoided / not recommended during pregnancy.

All medication decisions should be individualized in collaboration with your POTS clinician and obstetric provider.

LABOR & DELIVERY

- POTS alone is not an indication for cesarean delivery. Vaginal delivery is usually appropriate.
- Pain and anxiety can trigger autonomic activation and tachycardia. Early anesthesia (epidural) is often helpful.
- IV hydration before/with epidural may reduce low blood pressure. Fluids should be individualized to avoid overload.
- Continuous maternal monitoring may be appropriate in more symptomatic patients.

POSTPARTUM CONSIDERATIONS

- Expect possible symptom flare due to blood volume shifts, sleep deprivation, hormones, and physical demands.
- Maintain hydration, use compression, and mobilize gradually.
- Plan medications & breastfeeding with your care team.
- Build support—ask for help and prioritize rest when possible.

SAFETY PEARLS

- Drink consistently throughout the day.
- Increase salt as advised by your care team.
- Compression makes a big difference.
- Heat can worsen symptoms—stay cool.
- Seek urgent care for chest pain, shortness of breath, severe headache, fainting, or decreased fetal movement.
- You don't have to do this alone. We're here for you.



Dr. Shabib Alhadheri, MD
Advanced Pediatric Cardiology,
Dysautonomia Clinic

1478 W Elliot Rd, Suite 102
Gilbert, AZ 85233
480-855-1339

*Compassionate Care.
Specialized Expertise.
Better Outcomes.*