

Breathlessness in Pregnancy

Up to 75% women experience a level of breathlessness during pregnancy. As gestation progresses physiological breathlessness becomes more common. Nevertheless, there are many other causes of breathlessness that should be considered when reviewing a pregnant woman with 'shortness of breath'.

No red flags:

Breathless at rest or while talking. Symptoms somewhat improved on exertion. Likely **physiological breathlessness of pregnancy.**

Red flag features of breathlessness:

- Sudden onset
- Orthopnoea or paroxysmal nocturnal dyspnoea
- Accompanying chest pain or syncope or tachycardia
- Respiratory rate >20bpm
- Oxygenation saturations <96% at rest or on exertion

Presence of red flags:

- Investigations:
- Bloods: FBC, U&Es, Liver profile, CRP and Clotting
- Chest X-Ray
- ECG
- Consider an ABG if saturations <96%

History & Examination

Othropnoea +/- PND

Likely findings:
Sinus tachycardia
Type 1 respiratory failure
Evidence of oedema clinically and on CXR

Further Investigations:
NTProBNP (use normal values)
Echocardiogram

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To assess for **valvular disease and cardiomyopathy**

Fever & Cough

Consider infection

Follow local policy for antibiotic choice for pneumonia

Send viral tests for influenza and SARS-CoV2 +/- atypical screen

Consider **asthma.**

Further Investigations:
Peak Expiratory Flow Rate BD

Treat as you would if not pregnant.

Acute severe asthma requires continued fetal monitoring.

Chest Pain

Cardiac cause:
The woman may have a relevant past medical and family history.

Likely findings:
Ischaemic changes on ECG (check serial ECGs minimum x3)
Add on Troponin
If considering **acute coronary syndrome*** involve cardiologists early.

Respiratory cause:

Likely findings:
Sudden onset pleuritic pain.
Sinus tachycardia
Type 1 respiratory failure
CXR may show **pneumothorax*** or **pneumomediastinum.**

If CXR normal consider imaging for **pulmonary embolism.**

* If confirmed needs a bed with cardiac monitoring immediately