

Syncope during pregnancy

This information sheet is designed for patients affected by syncope during pregnancy. It provides information on the management of syncope and provides advice on the cautions individuals should take during pregnancy and after the birth.

Preparing for pregnancy

It is recommended that patients taking midodrine or ivabradine should not become pregnant and, in the event of pregnancy occurring accidentally, then the drug should be discontinued as soon as possible. Many mums-to-be however, report a significant improvement in their symptoms during pregnancy. If you suffer from syncope and are thinking of starting a family, it is advisable to speak to your doctor to make any necessary changes to your medication, as well as getting advice about vitamins, fluid intake, and general pregnancy guidance.

How will reflex syncope affect pregnancy?

There is no evidence that having reflex syncope (also known as vasovagal syncope/VVS) will harm you or your child during pregnancy. A study of mums-to-be with syncope concluded that syncope should not be a deterrent to pregnancy. All the mothers completed their term successfully and there were no stillbirths.

Managing syncope during pregnancy

Careful attention should be paid to non-pharmacological (non-drug) measures to treat reflex syncope, such as increasing fluid intake, following physical counter manoeuvres when experiencing pre-syncope symptoms, avoiding situations that could trigger an attack and use of full-length support stockings. Ensure that the GP, midwife and obstetrician are aware that you suffer with syncope.

If you do develop pre-syncope symptoms and you are able to lie down, then you should try to lie on your left side, especially after about 20 weeks into your pregnancy.

This is to avoid the 'supine hypotensive syndrome' caused by the unborn baby and uterus compressing the veins in the abdomen. Sometimes a pillow or foam wedge placed under your right buttock can produce a more comfortable position when lying down.

Delivery of your baby is a particularly important time if you are prone to fainting. You should ask to discuss anaesthesia options for delivery with the obstetric team or an anaesthetist. A fact sheet for dentists and anaesthetists is available to download from www.stars.org.uk. Some pain-relief medications used in labour (epidurals, fentanyl, spinal anaesthesia) can lower blood pressure which may cause syncope if not carefully managed by the medical team. Syncope is not an indication for an elective caesarean section. Ensure you discuss all aspects of your labour and delivery with the midwives and doctors looking after you so that you have a plan to follow on the day.

Are pregnancy complications more likely in reflex syncope patients?

There is no evidence that reflex syncope increases the likelihood of a miscarriage or complications.

Is a natural birth possible for a syncope patient?

There is no straightforward answer to this as there are many factors to consider, including health issues and the provision of local services. A GP and obstetrician should take the decision jointly with the mother-to-be. But yes, a natural birth is possible for patients with syncope.

How will reflex syncope affect labour?

Labour is a particularly important time if you suffer with reflex syncope. The pain of childbirth, use of needles, sight of blood or blood loss itself could trigger a syncopal episode.

You should be particularly aware of the 'supine hypotensive syndrome'. This is where blood

pressure falls when you lie on your back and occurs in about 10% of pregnancies. The drop in blood pressure caused by compression of the major veins in the abdomen by the uterus and foetus. This reduces the blood flow to the mother's heart which causes a drop-in blood pressure. It normally occurs in mid to late pregnancy and is avoided by simply lying with slight left sided tilt (the right side of the pelvis is higher than the left).

Will reflex syncope cause problems for a baby during the birth?

There is no evidence that reflex syncope adversely affects a baby during the birth. However, it is sensible to ensure that the midwives and doctors caring for a mother during the birth are aware that she suffers with syncope and so is prone to fainting.

Factsheets on both reflex syncope and PoTS are available to download from www.stars.org.uk.

What pain relief would be available to a mother with syncope/PoTS?

This is an important question and should be discussed with the midwife, obstetrician, and anaesthetist well in advance of the delivery date. STARS has an anaesthetist and dentist leaflet available and it is essential a copy of this is in the file.

It is accepted that an epidural can cause a drop-in blood pressure which could then precipitate a faint in a patient prone to reflex syncope/PoTS. It is essential the anaesthetist is briefed before he is asked to administer the epidural. Regular monitoring of blood pressure is performed during an epidural, and ensuring adequate hydration, in some cases with an intravenous drip, is important.

The anaesthetist will be able to control the extent of the epidural so blood pressure is not adversely affected. This is an important time to remember the 'supine hypotensive syndrome' as described above.

In conclusion, reflex syncope/PoTS is not a contradiction to receiving pain relief in labour in whatever form is felt appropriate.

Will reflex syncope affect a mother's recovery?

It is possible that symptoms may be more profound in the first few days following delivery. Mothers should ensure that a good level of hydration is maintained and they should continue with the non-pharmacological measures outlined above. Try to rest when your baby is sleeping. Also, be cautious when getting out of bed to standing, especially if you have been lying down for a while as standing up quickly might cause a drop-in blood pressure and subsequent syncope.

Post-natal

Very rarely, severe symptoms can necessitate care in hospital for mother and baby following the birth. This possibility should be discussed with your midwifery team so arrangements can be in place before the arrival of your baby.

Is post-natal depression more likely to occur in syncope patients?

There is no evidence to say that patients with reflex syncope/PoTS are more likely to suffer with post-natal depression.

Is reflex syncope hereditary?

Syncope can be hereditary but will sometimes skip a generation. Siblings may suffer but to a greater or lesser degrees.

Conclusion

If a woman wishes to have a child, then reflex syncope and PoTS should not be considered a contraindication to pregnancy.

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