

Increased heart rate and palpitations during pregnancy



Why the heart often feels faster in pregnancy

Pregnancy places extra physiologic demands on the cardiovascular system. Blood volume rises, cardiac output increases, and the autonomic nervous system adapts to support the uterus, placenta, and developing fetus. For many people, that translates into a resting pulse that is higher than it was before pregnancy and a greater awareness of the heartbeat during routine activities or even at rest.

Palpitations are the perception of heartbeat rather than a diagnosis by themselves. Some people describe a fluttering sensation, a skipped beat, a thump in the chest, or a sudden awareness of the heart beating harder than usual. This can happen even when the rhythm is normal. Mayo Clinic, Cleveland Clinic, and the American Heart Association all note that pregnancy-related hormone changes are a common contributor to this sensation.

It is also worth remembering that a noticeably faster pulse is not always dangerous. Mild tachycardia can occur with walking, emotional stress, pain, fever, or after a stimulating drink. The important question is whether the pattern is short-lived and explainable, or whether it is persistent, severe, or linked to other symptoms.

Common triggers that can make palpitations worse

Pregnancy often amplifies triggers that would otherwise be easy to ignore. Dehydration is a frequent one: even modest fluid loss can lower circulating volume and make the heart work harder. Similarly, anemia can lead to compensatory tachycardia because the blood carries less oxygen, so the body responds by increasing cardiac output. Thyroid disease, especially hyperthyroidism, can also present with a rapid heartbeat, tremor, heat intolerance, or restlessness.

Stimulants are another common factor. Caffeine, nicotine, and some over-the-counter cold or decongestant products can make the pulse feel fast or irregular. Exercise, especially if you are deconditioned or overheated, can bring on noticeable pounding. Fever and infection raise metabolic demand and may increase heart rate as well. In addition, medications that alter blood pressure, asthma therapy, or certain supplements may contribute.

Stress and anxiety deserve special mention because they can produce both a physical and a perceptual effect. Anxiety can increase adrenergic tone, making the heartbeat faster, while pregnancy-related anxiety can also heighten your awareness of normal cardiac sensations. That does not make the symptoms imaginary; it means the nervous system and heart are interacting in a very real way.

How to notice patterns without jumping to conclusions

When palpitations happen, the details matter. Try to notice whether the episode began at rest or after exertion, whether it followed caffeine, missed meals, poor sleep, or a stressful event, and whether it resolved after hydration or rest. The timing, duration, and associated symptoms help your clinician decide whether the pattern is more consistent with a physiologic response or something that needs further workup.

If you are comfortable doing so, you can check your pulse during an episode and compare it with how you feel. A heart rate that is merely higher than usual is different from a rhythm that feels irregular, chaotic, or abruptly very fast. Keep in mind that some people feel pronounced palpitations with only mild changes in rate, while others have a high pulse and relatively few symptoms.

A symptom log can be useful. Note the date, approximate duration, what you were doing, any triggers, and whether you had dizziness, chest discomfort, shortness of breath, or faintness. This information is especially helpful if the episodes are intermittent and no longer happening by the time you are seen in clinic.

When a racing heartbeat needs prompt medical assessment

Seek prompt medical advice if palpitations are new, persistent, worsening, or accompanied by symptoms that suggest reduced circulation or a rhythm disturbance. Examples include chest pain, significant shortness of breath, fainting, near-fainting, marked dizziness, blue lips, or a sensation that the heartbeat is sustained and very rapid. A new irregular rhythm should also be discussed promptly, especially if you have a personal history of heart disease or arrhythmia.

Pregnancy also requires extra caution when palpitations occur alongside symptoms that raise concern for hypertensive disorders. Headache, visual changes, swelling, upper abdominal pain, or elevated blood pressure are reasons to contact your obstetric team, because these may overlap with preeclampsia warning signs. Even when the heartbeat itself turns out to be benign, the associated symptoms may still matter.

Fever, dehydration that you cannot correct, vomiting, bleeding, or a feeling of being unwell should not be dismissed. The safest approach is to have new or concerning symptoms reviewed by a healthcare professional rather than assuming they are simply a normal part of pregnancy.

What clinicians may check during evaluation

The initial evaluation is usually straightforward. A clinician will typically review your symptoms, medical history, medications, supplement use, caffeine intake, and any prior heart or thyroid problems. Vital signs matter, especially pulse, blood pressure, temperature, and oxygen saturation. An electrocardiogram, or ECG, may be done to look at the heart rhythm at that moment.

Blood tests are often used to look for reversible causes. A complete blood

count can assess for anemia, and thyroid function tests can identify thyroid overactivity or underactivity that may contribute to a rapid heartbeat. Depending on the story, clinicians may also check electrolytes, hydration status, or other studies. If episodes are sporadic, ambulatory monitoring such as a Holter monitor may be considered to capture the rhythm during an event.

The reassuring part is that evaluation is often about sorting common causes from the less common ones. Many pregnant patients have benign palpitations that improve once dehydration, caffeine, stress, or anemia is addressed, but it is still appropriate to confirm that assumption rather than making it blindly.

Practical ways to stay comfortable while you arrange care

While you are waiting to be assessed, focus on simple, low-risk measures that support cardiovascular stability. Drink enough fluids for the day, avoid overheating, and try not to skip meals if low blood sugar seems to worsen the episodes. If caffeine or other stimulants appear to be a trigger, reduce or avoid them unless your clinician has told you otherwise. Rest, slow breathing, and changing position gradually can help if the palpitations are being amplified by stress or standing up quickly.

It can also help to prepare a short summary for your appointment: when the symptoms started, how often they occur, how long they last, and what else you felt at the time. If you already know you have pregnancy-related anxiety, say so plainly. Addressing the emotional component does not minimize the symptom; it often improves care because clinicians can consider both cardiovascular and psychological contributors.

If the episodes are frequent or distressing, do not wait for a routine visit if you feel unsafe. In pregnancy, reassurance is valuable, but so is timely evaluation.