

## Shortness of breath and breathing changes in pregnancy



### Why breathing can feel different in pregnancy

Pregnancy places new demands on the respiratory and cardiovascular systems. Oxygen consumption rises to support maternal metabolism, the placenta, and fetal growth. To meet that demand, ventilation increases, largely through deeper breathing rather than a dramatically faster respiratory rate. Many pregnant people therefore feel more aware of each breath, even when oxygen levels are normal.

Progesterone is a major driver. This hormone increases sensitivity to carbon dioxide in the brain's respiratory centers, encouraging you to breathe a little more deeply. The result can be a sensation of needing more air, sometimes described as air hunger, sighing more often, or noticing breathing while speaking. This may occur in the first or second trimester, before the uterus is large enough to physically crowd the diaphragm.

Later in pregnancy, mechanics matter more. As the uterus enlarges, it elevates the diaphragm and can reduce the space available for full lung expansion. Lung function usually adapts well, but the subjective effort of breathing may increase. Some people feel this most when lying flat, bending forward, after meals, or during exertion. The experience can overlap with other pregnancy

discomforts such as heartburn, bloating, and rib pressure.

### **What is usually considered normal**

Typical pregnancy-related breathlessness is generally mild to moderate, gradual in onset, and most noticeable with activity. You might find that stairs require more pauses, that brisk walking feels harder, or that you prefer sleeping propped up. Many people can still speak in full sentences, recover with rest, and do not have chest pain, fever, wheezing, fainting, or bluish discoloration.

Normal breathing changes may fluctuate from day to day. They can be more noticeable when you are tired, anxious, congested, constipated, or experiencing reflux. A full stomach can push upward and make diaphragmatic movement feel restricted, particularly in the third trimester. For related digestive contributors, heartburn and acid reflux in pregnancy can sometimes intensify the sensation of chest tightness or breath discomfort.

Some people experience improvement near the end of pregnancy when the baby's head settles lower in the pelvis, often called lightening. This can reduce pressure under the ribs and make breathing feel easier, though bladder pressure may increase at the same time.

### **Early pregnancy versus late pregnancy breathlessness**

In early pregnancy, breathlessness is more often hormonal and circulatory than mechanical. Blood volume begins to expand, the heart pumps more blood per minute, and progesterone alters respiratory drive. The sensation may be subtle: you may feel unusually winded during a workout that previously felt easy, or you may notice deeper breathing at rest.

In the second trimester, the body often continues adapting. Some people feel better as nausea and fatigue improve; others notice breathlessness more as blood volume and cardiac output rise. Dizziness and lightheadedness in pregnancy can also occur in this period, and when present alongside breathlessness should be discussed with a clinician, especially if episodes are recurrent or severe.

In the third trimester, the expanding uterus becomes a prominent factor. The

diaphragm is pushed upward, rib cage dimensions shift, and posture changes. Breathlessness may be more obvious when lying on your back, carrying weight, climbing stairs, or talking while walking. It is still important not to assume every new breathing symptom is normal solely because pregnancy is advanced.

### **Practical ways to ease mild breathlessness**

If breathlessness is mild, gradual, and not accompanied by warning signs, small adjustments may help you feel more comfortable. These strategies are supportive rather than curative, and they should not replace assessment if symptoms are new, worsening, or worrying.

**Change position.** Sit upright, lift the chest, and avoid slumping. When resting, try side-lying or propping your upper body with pillows.

**Pace activities.** Break tasks into smaller steps, pause on stairs, and avoid rushing while carrying loads.

**Use gentle breathing techniques.** Slow nasal inhalation and relaxed exhalation may reduce the panic that can accompany air hunger. Do not force deep breathing if it makes you dizzy.

**Stay active within your clinician's guidance.** Regular, moderate movement can support cardiovascular conditioning, but intensity should be individualized.

**Address contributing discomforts.** Smaller meals, reflux management advice from a clinician, constipation prevention, and avoiding tight waistbands may reduce upward pressure and chest discomfort.

**Rest when needed.** Fatigue can make breathlessness feel more intense. A lower threshold for rest is not a failure; it is often an appropriate response to increased physiologic demand.

If you have asthma, heart disease, a history of blood clots, severe anemia, high blood pressure disorders, or a multiple pregnancy, ask your maternity team what level of breathlessness is expected for you and what action plan to follow if symptoms change.

### **Medical causes that can resemble normal pregnancy breathlessness**

Because breathlessness is common, it can be tempting to dismiss it. However, several treatable or urgent conditions can present with shortness of breath in pregnancy. A clinician may consider the pattern of onset, oxygen saturation,

heart rate, blood pressure, lung exam, medical history, and associated symptoms.

Anemia is a frequent contributor. When hemoglobin is low, oxygen delivery is reduced, and exertion may cause disproportionate breathlessness, fatigue, palpitations, dizziness, or pallor. Testing and treatment decisions should be made by a healthcare professional.

Asthma can worsen, improve, or remain unchanged during pregnancy. Wheezing, chest tightness, coughing at night, or needing a reliever inhaler more often should prompt medical review. Good asthma control is important for both maternal and fetal oxygenation.

Respiratory infections, including viral illnesses and pneumonia, may cause fever, cough, chest discomfort, or rapid breathing. Pregnancy can increase the impact of some infections, so it is reasonable to seek advice early if symptoms are significant.

Venous thromboembolism and pulmonary embolism are uncommon but serious. Pregnancy increases clotting tendency. Sudden breathlessness, pleuritic chest pain, coughing blood, fainting, or one-sided leg swelling or calf pain requires urgent assessment.

Cardiac conditions can also appear or become more noticeable in pregnancy because cardiac output rises. Breathlessness at rest, inability to lie flat, waking gasping for air, chest pain, marked palpitations, or swelling that is sudden or severe should not be ignored.

### **Breathlessness, anxiety, and the mind-body loop**

Breathlessness can be frightening, and fear can amplify the sensation. Pregnancy is also a time when many people become more vigilant about bodily signals. Anxiety may cause chest tightness, tingling, rapid breathing, or a feeling that you cannot get a satisfying breath. These sensations are real, not imagined.

Still, anxiety should be considered only after safety has been addressed. New or significant breathlessness deserves medical attention before assuming it is stress-related. If a clinician has ruled out urgent causes and anxiety is

contributing, support can include grounding techniques, paced breathing, counseling, and treatment options that are appropriate for pregnancy. Mood swings and emotional changes in pregnancy may coexist with physical symptoms and are valid reasons to seek support.

### **What to expect at a clinical assessment**

If you report shortness of breath, your healthcare professional may ask when it started, whether it is worsening, what triggers it, and whether you have chest pain, wheeze, cough, fever, palpitations, dizziness, fainting, leg symptoms, or reduced fetal movements later in pregnancy. They may check oxygen saturation, pulse, blood pressure, temperature, respiratory rate, and listen to your heart and lungs.

Depending on the situation, tests may include a blood count for anemia or infection, asthma assessment, electrocardiogram, chest imaging, or evaluation for blood clots. Not everyone needs testing; the goal is to distinguish expected pregnancy adaptation from conditions that require treatment. If you feel your breathing is not right, it is appropriate to say so clearly and to ask what warning signs should lead you to seek urgent care.