The Heart Rate in the Pregnant Woman

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Introduction
Meta-analysis looked at the heart rate increases in the pregnant people. The study also found that the average heart rate rises steadily through pregnancy stage. At tenth week the average heart rate was around 78 BPM. By fourth week, the average rate was 87 BPM. A person’s heart rate during pregnancy may be higher or lower than these figures it means the rate increases and decreases by sometimes if their prepregnancy heart rate is higher or lower. Brief heart palpitations and slight changes are occurring in pregnancy heart rate are very common. The study trusted source emphasizes that while these changes in the heart rate can signal a heart problem in rare cases most are nontoxic.

During pregnancy stage, the woman’s heart must work harder than normal because as the fetus grows and the heart must pump more blood to the uterus. By the end of pregnancy time, the uterus is receiving one fifth of the woman’s prepregnancy blood supply. During pregnancy, the amount of blood pumped by the heart cardiac output increases by the 40-60 percentage. After delivery, the cardiac output gradually decreases at first then more slowly. It come back to the prepregnancy level about sixth week after delivery. Activity of the kidneys are normally increasing when a person lies down and decreases when a person stands. This difference is amplified during pregnancy-one reason a pregnant woman needs to urinate frequently while trying to sleep. In the late pregnancy, lying on the side place particularly the left side, increases the kidney activity more than lying on the backside. Lying on the left side eases the pressure range that the enlarged uterus puts on the main vein that carries the blood from the legs. As a result, the blood flow develops and kidney activity increases. The uterus presses on the bladder area, reducing its size so that it fills with the urine more quickly than usual change. This pressure also makes a pregnant woman need to urinate the more often and more urgently.

Conclusion
The cardiovascular system undergoes significant structural and hemodynamic changes during pregnancy. There are major increases in cardiac output and a decrease in maternal systemic vascular resistance; the renin-angiotensin-aldosterone system is significantly activated; and the heart and vasculature undergo remodeling. These adaptations allow adequate fetal growth and development, and maladaptation has been associated with fetal morbidity. Understanding the normal cardiovascular changes in the pregnancy is essential to caring for patients with cardiovascular diseases.