Treatment of Dysautonomia during Pregnancy and Breastfeeding

During pregnancy, the treatment is the same as when not pregnant, but with more frequent check-ups. It includes the so-called "general measures," which are: Increase fluids, salt, activity, and use of compression stockings. These measures are to raise blood pressure. We recommend about 2 liters of fluids per day, 6 grams of salt, one electrolyte drink, such as Powerade or Gatorade, or any other, per day, compression stockings preferably all day, removing them at night. Activity is required—moving around, not sitting or lying down for long periods, and if possible, doing exercises such as Yoga, Pilates, stationary biking, or walking, about 30 minutes, 3 times per week.

We have used Fludrocortisone (Florinef, Lonikan, Astonin) without problems. Gynecologists are cautious, because it is a corticosteroid, but with prudence, there is no problem. Usually, 1 tablet of 0.1 mg per day. Midodrine (Gutron, Hypodrin), which is a vasoconstrictor, is not used during pregnancy.

If you feel you are going to faint or experience a near-fainting spell, you should lie down, elevate your legs, and drink half a glass of water mixed with 2 teaspoons (6 grams) of salt. Remain in this position and rest for about 10 minutes.

During breastfeeding, the general recommendations remain the same. Florinef should not be used, as it is a corticosteroid and can be harmful to the baby; however, Gutron may be used.

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