Heart Diseases & Pregnancy

Knowing how to manage is vital

While pregnancy is a beautiful experience for most expectant parents, it can be challenging for women with pre existing heart disease, especially if the pregnancy is unplanned, leading to possible complications for both the mother and her baby.

Senior Consultant Paediatric and Adult Congenital Cardiologist, **Dr. Geetha Kandavello** at IJN, says it is important to have comprehensive and holistic strategies to improve preconception counseling, antenatal and postpartum care for pregnant women with heart disease.

"Often, there is a delay in diagnosis or referral. Occasionally, the treatment is inadequate or suboptimal and this may be worst if it is an unplanned pregnancy," she adds.

Based on their cardiac obstetric combined clinic registry, a large percentage of women with heart disease who became pregnant lack preconception counselling and planning.

"These women should have a comprehensive cardiac and risk assessment before embarking on a pregnancy," she says.

PRECONCEPTION COUNSELING

Dr Geetha emphases the importance of preconception counselling in patient's with known heart disease or are at risk of heart disease. This should be introduced during puberty and re-emphasised again when they are young adults, prior to marriage and at least 3 to 6 months before pregnancy.

It should involve the patient, partners and families.

She adds that it is important to get a comprehensive medical assessment, review important past medical and obstetric issues, as well as medications as some medicines can be unsafe to the baby.

The modified World Health Organization (mWHO) cardiovascular risk stratification, which is also endorsed by the Malaysian Clinical Practice Guidelines on Heart

Disease in Pregnancy, classifies heart disease in pregnancy into four risk groups.

If one falls into mWHO cardiovascular risk one or two, the risk is generally low and the outcome of the pregnancy good.

If one, is in mWHO cardiovascular risk four, the risk for maternal death may be up to 30% or more and pregnancy is not recommended.

Dr Geetha says the majority of patients who fall into mWHO risk group three, which has a maternal mortality of between 5 and 15% and a high risk of complications both to mother and baby need to be reviewed and managed by a cardio obstetric team with expertise in managing high risk pregnancies.

Fetal loss can be between 15 and 30% in some heart defects.

Risk of prematurity and fetal growth restriction , may be significant in patients with artificial metal valves, on blood thinners, cyanotic heart defects, and in those with poor heart function.

Women with congenital heart disease have an increased risk of transmission of the congenital heart disease to their offspring. Hence it is important to screen the fetal heart at 18-22 weeks gestation.

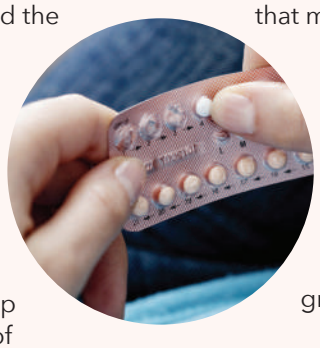
Some syndromes like Marfan and Di George syndrome have a 50% risk of the baby being affected.

She recommends an individualised “care plan” for patients with pre-existing heart disease.

This includes determining the level of care, important management considerations as well as potential complications and delivery plan.

This care plan should be disseminated to all healthcare personnel involved in the care of the mother and should include the name of the doctors to be contacted if problems occurred.

This is meant to remove the barriers of referral and communication that might arise with regards to patient care.



CONTRACEPTION AND HEART DISEASE

At the IJN - Hospital Tunku Azizah (HTA) cardiac obstetric combine clinic (IJN-HTA COCC), contraceptive advice is provided to women with heart disease who are in the childbearing age group to enable them to plan their pregnancies.

"Oral contraception and barrier methods (condoms) may not be the best of options for all patients. In fact, the standard oral contraceptive pills may not be suitable in many women with heart diseases."

The advice of geneticists, neonatologists and cardiothoracic surgeons are also sought when indicated.

The IJN-HTA Cardio obstetric service has also expanded to include caesarian sections in IJN supported by the obstetrician and obstetric anaesthetist from HTA for high risk patients who need close intensive care monitoring.

The IJN-HTA COCC has provided combined cardiology and obstetric services to women with heart disease since 2008.

"We hope that our resources and combined expertise can help support hospitals and health care personnel throughout Malaysia," she says.

"We also work closely with obstetricians and physicians from the government and private hospitals throughout Malaysia so that these women can deliver in their hospital of choice whenever possible without compromising care."

"Our mantra is 'planned pregnancy for safer outcomes' and we continue to endeavour towards making every pregnancy safe, especially in mothers with heart diseases."

For further information refer to:
www.ijn.com.my/pchc/services/combine-cardiac-obstetric/
www.ijn.com.my/pchc/services/foetal-cardiac-clinic/