Expecting a Miracle

Managing pregnancy amidst heart disease

arked by the anticipation of a new family member and profound physical changes, pregnancy is a remarkable and transformative journey. Through all the physical changes and endurances, it is vital to note that a mother's heart is put under immense pressure during this period. Join Dr. Geetha Kandavello, Senior Consultant Paediatric Cardiologist and Adult Congenital Cardiologist at Institut Jantung Negara, as she unravels the complexities of navigating through a heart disease during pregnancy.

Does pregnancy cause heart conditions?

DR. GEETHA KANDAVELLO:

It must be made clear that no pregnancy causes heart disease. A mother could either knowingly or unknowingly have an existing heart condition. What pregnancy does is increase the risk of further health complications.

Hence, if a woman with health issues like diabetes, hypertension, or coronary artery disease becomes pregnant, she has a high chance of developing cardiovascular diseases.



Can a baby inherit its mother's heart disease?

DR. GEETHA:

Healthcare providers refer to the modified World Health Organisation (WHO) cardiovascular risk stratification to determine the probability of such cases. These guidelines are also endorsed by the Malaysian Clinical Practice Guidelines on Heart Disease in Pregnancy. So, doctors will review their patients' conditions and advise them on the risks of getting pregnant or carrying the baby to full term accordingly.

Which is a safer method of delivery for women with heart disease, vaginal or caesarean delivery?

DR. GEETHA:

When it comes to the delivery of a woman with heart disease, we always opt for vaginal delivery. Primarily because there are



fewer hemodynamic changes in the body compared to cesarean delivery. Meaning the body is able to adjust itself to the normal process of labour.

Cesarean delivery tends to bring about risks of blood clots, mobilising difficulties, and infections. However, there are some conditions where vaginal delivery can pose high risks for mothers with cardiac issues.

Some examples of such conditions include:

- Mothers expecting multiple babies.
- ▼ The baby is too large or the pelvis is too small.
- ▼ The baby is in a sideways position in the uterus.

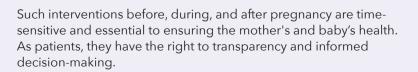
Parents can have in-depth discussions with their doctors about the mode of delivery as they enter 28 weeks of pregnancy.

What can pregnant women with heart disease do to prevent complications?

DR. GEETHA:

If there is one crucial message I can share with parents, it is that "Every pregnancy should be a planned pregnancy". Women are highly encouraged to:

- Attend pre-conception counselling with their spouses. During these sessions, a doctor will examine their weight, hypertension, and diabetes levels and help optimise their health before they conceive.
- Practice a healthy lifestyle by eating right, exercising regularly, limiting alcohol consumption, and quitting smoking.
- Review and optimise their heart health. Treatment options could vary from medication to surgery, depending on her condition.
- Complete all required immunisations, especially rubella, chickenpox, hepatitis B, influenza and whooping cough (pertussis) shots.
- Check with the doctor upon delivery whether any medication that they are given or are currently taking is safe for breastfeeding.
- Ensure that before being discharged, they are assigned to a cardiologist for their follow-up assessments.
- Consider using appropriate contraceptives. If they are unsure, speak to a doctor about family planning methods.



Doctors need to thoroughly understand a patient's health condition during pregnancy in order to provide the proper care and advice. We hope this interview with Dr. Geetha will help make the journey into motherhood safer and happier for all parents. \mathfrak{S}

