MEDIBEATS
The Medical Bulletin

In Cardiology

Heart disease Risk in Pregnancy

- ***Low risk (may come to notice during pregnancy, if not known) :-***
  - Small left to right shunt.
  - Repaired lesion without cardiac dysfunction
  - Isolated mitral valve prolapses without significant regurgitation.
  - Biscuspid aortic valve without stenosis.
  - Mild to moderate pulmonary stenosis.
  - Valvular regurgitation with normal ventricular systolic function.
- ***Intermediate risk (easily come to notice during pregnancy even if for the first time) :-***
  - Unrepaired or palliated cyanotic congenital heart disease.
  - Large left to right shunt.
  - Uncorrected coarctation of aorta.
  - Mitral or aortic stenosis.
  - Mechanical prosthetic valves.
  - Severe pulmonary stenosis.
  - Moderate to severe systemic ventricular dysfunction.
  - History of peripartum cardiomyopathy with no residual ventricular dysfunction.
- ***High risk*** (refer regional center, consider antepartum intervention, multidisciplinary care, anticipate vaginal delivery unless there is obstetrical contraindication, early epidural anaesthesia, postpartum monitoring in ICU) :-
  - NYHA Class III/IV symptoms
  - Severe pulmonary hypertension
  - Marfan syndrome with aortic root or major vulvar involvement
  - Severe aortic stenosis
  - History of peripartum cardiomyopathy with residual ventricular dysfunction

- ***Pregnancy is prothrombotic. Drugs used (when required) :-***
  - Warfarin (usually not recommended in pregnancy) :-
    - Less than 5 mg requirement can be used in 1st trimester.
    - Risk of embryopathy is 10% if used in 1st trimester.
    - INR to be kept 2.5-3.5
- ***LMWH (Drug of choice):-***
    - Risk of thromboembolism.
    - Anti Xa level peaks (<1.6 U/ml) and trough >0.6 U/ml.
- ***UFH :-***
    - Tedious to maintain on ambulatory basis.
    - APTT >2X
- NOAC: - not approved.

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