Key notes on: Cardiac Disease and Pregnancy

- Cardiac disease in pregnancy is a leading cause of maternal mortality in Australia.
- Changing profile of cardiac disease in pregnancy – more women with congenital heart disease are surviving to have children & increasing number of childbearing age women with ischaemic heart disease.
- Pre-conception counselling should be offered to all women with cardiac disease.
- Normal physiological adaptations of pregnancy can ‘unmask’ previously undiagnosed cardiac conditions.
- Large range of cardiac conditions with variable effects on maternal and perinatal outcomes – and cardiac status can change unpredictably.
- Mechanical heart valves pose a significant risk and challenge regarding prevention of thrombosis and haemorrhage.
- Some standard cardiac medications are contraindicated in pregnancy e.g. ACE inhibitors.
- Multidisciplinary and collaborative management should be the aim for maternity care – and include the woman and her partner in decision making.
- Multidisciplinary planning for labour and birth should be done well in advance of term; mode of birth is usually guided by obstetric indication.
- Most research has been about medical management – little evidence to guide nursing and midwifery care.

Key resources/recommended reading

Electronic references/Guidelines:


Articles of interest:


**Congenital Heart Disease**
Lindley KJ, Conner SN, Cahill AG. Adult Congenital Heart Disease in Pregnancy. Obstetrical & Gynecological Survey. 2015;70:397-407.


**Acute Myocardial Infarction and Ischaemic Heart Disease**


**Valvular Disease**


**Peripartum cardiomyopathy**


**Arrhythmias**

