

Pregnancy and delivery in women with congenital heart disease after cardiac surgery

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Abstract

Introduction: Women with congenital heart disease (CHD) are the majority of pregnant cardiac patients. Pregnancy and delivery care in these patients is still an important clinical issue. The aim of the study was to analyse the course of pregnancy and modes of labour in patients with congenital heart diseases, as well as the incidence of congenital heart diseases in their children.

Material and methods: Data of 78 pregnant women with CHD (83 gestations) observed between 1995-2005 were analysed.

Results: Fifty-four percent of the studied group had undergone cardiac surgery due to simple shunt defects, while the rest had presented with complex CHD. Spontaneous labour was achieved in 57% pregnancies, in 38% it was completed by Caesarean section, in 5% natural abortion was observed. Multiple gestations took place in 27% of followed-up patients. Cardiac complications occurred in 15 women, most often left ventricular outflow tract surgery. In this group, there was one death at 27th week of pregnancy during urgent prosthesis replacement. Hypertension was observed in women after correction of the coarctation of the aorta, decreased physical capacity in patients after surgery due to transposition of the great vessels, double outlet right ventricle, physiologically single ventricle (after Fontan surgery). The others presented arrhythmias. Inherited heart disease was noted in 10.1% of the newborns.

Conclusions: In the majority of women with CHD, pregnancy and delivery are not essentially disturbed, but should be carefully monitored by experienced cardiologists and obstetricians with appropriate expertise. Patients with a significant left ventricular outflow tract obstruction form the highest risk group. CHD are transferred in 10.1% of cases.

Key words: congenital heart disease in adults, pregnancy, labour, cardiac surgery.

Introduction

The dynamic development of paediatric cardiology and cardiosurgery allows most of the patients with congenital heart diseases (CHD) to live to reproductive age [1-5]. Women with CHD are the majority of pregnant cardiac patients nowadays [2, 6]. These women form a special population requiring specific cardiac care during pregnancy and delivery. Conception in this group is also sometimes difficult [2]. A successful conduction through the difficult time of gestation and labour requires an excellent knowledge

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