

Heart Disease and Pregnancy

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Increases risk of maternal mortality
Diagnose early with ongoing treatment
Increased risk of spontaneous abortion, pre-term labor, and IUGR
Degree of disability more important than diagnosis or type of CV disease

Functional Classification of Heart Disease in Pregnancy: Class I

Asymptomatic - No discomfort/angina with ordinary activity
No limits to physical activity
Ex: mitral insufficiency
Usually normal pregnancy with few complications

Functional Classification of Heart Disease in Pregnancy: Class II

Slight limits to ordinary activity
Asymptomatic at rest but heavy physical activity = fatigue, dyspnea
Ex: h/o RHD, palpitations, anginal pain
Usually normal pregnancy with few complications

Functional Classification of Heart Disease in Pregnancy: Class III

Moderate to marked limitations
Comfortable at rest, but fatigue, dyspnea, and/or angina with less than ordinary activity
Ex: Unstable angina, coronary artery disease
At risk for severe complications; mortality can be around 50%

Functional Classification of Heart Disease in Pregnancy: Class IV

Unable to carry on any physical activity without discomfort
Symptomatic at rest: angina
Discomfort increased with any physical activity
Ex: heart tumor
At risk for severe complications; mortality can be around 50%

Antepartal care

Goal: maintain balance between cardiac reserve and cardiac workload
Diet:
Rest:
Other:
Avoid infections
Restrict weight Gain
Frequency of OB visits:

Cardiac Pharmacologic Therapy

Multivitamins with Iron -
Antibiotics -
Heparin -
Lasix and thiazide diuretics -
Digoxin and antiarrhythmics -

Intrapartum Goals & Care

Fetus: adequate O2 and blood supply to fetus (EFM)

Mother: reduce physical exertion and fatigue

Observe for signs of CHF

Position:

Oxygen by mask

Medications during labor:

Diuretics -

Antibiotics -

Analgesics -

Pushing instructions:

May need epidural and delivery assistance

Plan of care: Labor and Birth

Class I and II: Natural labor with adequate pain relief

Class III and IV: Cardiac stabilization may have labor induced: Closely monitor

Safest delivery is the goal!

- Low forceps with epidural
- C-Section for maternal/fetal complications

Post-Partum Period:

Most critical time period- 48h pp

Extravascular fluid returns to bloodstream

CO and blood volume increase

May lead to exacerbation HF

Management during post-partum period:

Extended hospital stay

Frequent assessments and monitoring

Semi fowlers position, elevated HOB

Gradually progress activity

Appropriate diet

Stool softeners

Encourage/promote breastfeeding

Address breastfeeding concerns related to medications

Discharge teaching and referrals