

Pregnancy in Patients with Heart Disease: Experience with 1,000 Cases

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Summary

Background: Previously, the high maternal mortality in cardiac patients who became pregnant prompted the assertion: Women with an abnormal heart should not become pregnant. This long-standing notion needs to be revised today.

Hypothesis: The study was undertaken to ascertain the experience with a large series of pregnant women with cardiac disease cared for in the same referral center.

Methods: From 1989 to 1999, 1,000 pregnant women with heart disease were followed by the same clinical and obstetric team. The cardiac diseases included rheumatic heart disease (55.7%), congenital heart disease (19.1%), Chagas' disease (8.5%), cardiac arrhythmias (5.1%), cardiomyopathies (4.3%), and others (7.3%).

Results: Of the pregnant women studied, 765 (76.5%) experienced no cardiovascular events during the study; 235 (23.5%) patients had the following cardiovascular complications: congestive heart failure (12.3%), cardiac arrhythmias (6%), thromboembolism (1.9%), angina (1.4%), hypoxemia (0.7%), infective endocarditis (0.5%), and other complications (0.7%). Clinical treatment allowed adequate management in 161 (68.8%) patients; however, 46 (19.6%) patients underwent interventional procedures because of refractory complications. The general maternal mortality rate was 2.7%. Of the 915 (91.5%) infants who were discharged, 119 (13%) were premature.

Conclusion: Pregnancy in women with heart disease is still associated with considerable morbidity and mortality rates, which strongly correlate to maternal underlying disease. Strict prenatal care and early risk stratification during gestation are fundamental measures to improve the prognosis of pregnancy in women with heart disease.

Key words: pregnancy, heart disease, maternal outcome, fetal outcome, cardiac complication

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