Acute Presentation of Cardiovascular Disease in Pregnancy

Considerations for discussion or referral to Golden Jubilee National Hospital (GJNH)

Maternal presentation with acute cardiovascular (CV) cause in pregnancy

- Univentricular circulation
- Pulmonary vascular disease
- Severe systemic ventricular failure
- Severe symptomatic right heart failure
- Unstable coronary disease
- Prosthetic valve thrombosis, aortic dissection
- Rapidly dilating aorta
- Acute severe valve failure
- Severe aortic coarctation
- Severe left heart obstructive lesions
- Other CV presentation causing significant concern or haemodynamic compromise

Local MDT: Consultant clinicians relevant to the case (obstetrician/cardiologist/acute medicine/obstetric anaesthetist)

Decision that patient may require advice and/or advanced interventions (see below) available at GJNH and that potential to transfer to GJNH is in maternal interest with consideration that there is no obstetric or neonatal expertise on site

Consultant to consultant referral Contact consultant cardiologist on-call for Scottish Adult Congenital Cardiac Service at GJNH via switchboard 0141 951 5000

Advanced interventions include:

- Cardiac critical care
- Advanced cardiac monitoring
- Advanced pulmonary vasodilator therapy
- Intra-aortic balloon pump
- Transcatheter interventions including percutaneous coronary intervention
- Mechanical circulatory support
- Cardiac surgery

Where one of these interventions is available in a location closer to the patient, consideration will be given to optimal place of care balancing maternal & fetal interest.

Please note: the decision to transfer any pregnant woman to the GJNH (a non-obstetric site) is made in conjunction with the obstetric team at the Queen Elizabeth University Hospital who provide obstetric support to GJNH. No transfer will be made without discussion with QEUH by the GJNH cardiologist.

SOCN SCOTTISH OBSTETRIC CARDIOLOGY NETWORK

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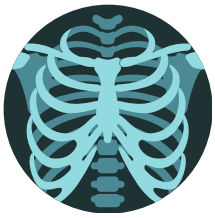
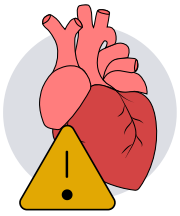
Considerations in the management of acute CV presentations in pregnancy



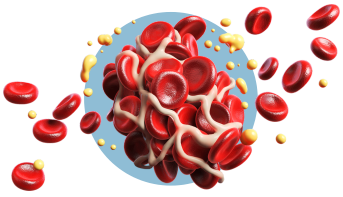
Imaging

Imaging techniques involving radiation exposure e.g. X-ray and computed tomography (CT) should not be withheld from a pregnant woman if they are the most appropriate or readily available investigation for the diagnosis in question.



Cardioversion

Electrical cardioversion is safe in all phases of pregnancy. Immediate electrical cardioversion is recommended for any woman with a tachycardia with haemodynamic instability and for pre-excited atrial fibrillation



Thrombolysis

Neither pregnancy, caesarean section birth or the immediate postpartum state are absolute contraindications to thrombolysis.

Knight M, Bunch K, Tuffnell D, Shakespeare J, Kotnis R, Kenyon S, Kurinczuk JJ (Eds.) on behalf of MBRRACE-UK. Saving Lives, Improving Mothers' Care - Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2015-17. Oxford: National Perinatal Epidemiology Unit, University of Oxford 2019.

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