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Pregnancy and neonatal complications in women with congenital cardiac disease – a long-term follow-up study

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Background: Pregnancy in women with congenital cardiac disease (CCD) become more frequently due to the progress in the field of diagnostic techniques and surgical interventions. Data regarding the pregnancy complications and neonatal outcome are limited.

Methods and Results: 267 pregnant women with partly complex CCD were analysed in one of the largest single centre cohorts in Germany. The median age was 27 years. The frequency of maternal and neonatal outcome and complications were monitored.

The main cardiac complications were arrhythmias (12%) and heart failure (10%). 29 % of these symptomatic arrhythmias were treated. 44% of the patients with complex heart diseases, but also 23 % with simple lesions lost at least one functional class. 2 % had thromboembolic events. Two mothers died within one year after delivery.

The most prevalent neonatal complications were premature birth (12%) and small for gestational age (8 %). According to the Federal statistical office of Germany the rate of prematurity was twice as high as in the normal population. 24 % of the premature babies were seen in the patients with complex cardiac diseases. Congenital cardiac defects in the neonates were seen in 5 % of all pregnancies. Additionally most women were contacted by mail and asked to fill in the health situation and medical care in/after pregnancy for a long term follow-up.

62% of the women answered the questionnaire. Fortunately most late survivors were active and had a good quality of life. With regard to the functional class of Perloff 58 % of the patients considered themselves as healthy and 30 % had a reduced functional class after pregnancy. 87% were satisfied with the medical surveillance.

Conclusion: Successful pregnancy can be achieved in most women even with congenital cardiac disease. The rate of cardiovascular morbidity and premature delivery is increased especially in patients with complex heart diseases but also in patients with simple lesions. As a result patients should be monitored closely by a multidisciplinary health care team that includes obstetricians, cardiologists, pediatric cardiologists and obstetric anaesthesiologists.