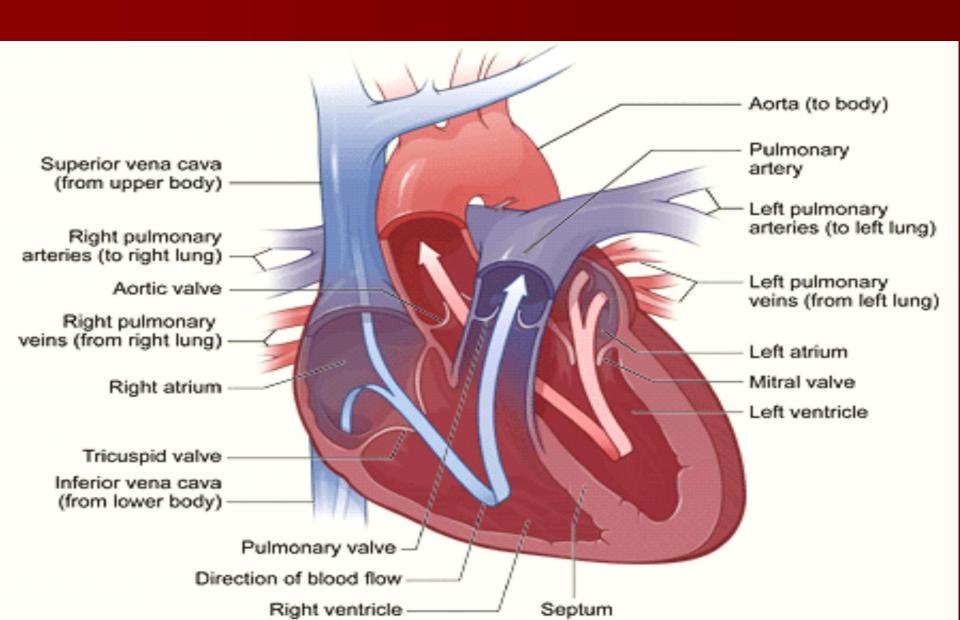


Normal heart



- Objectives:
- Incidence
- Types
- Hemodynamic changes in normal pregnancy.
- Symptomes & signs of normal pregnancy may mimic heart diseases.
- Effect of pregnancy on heart diseases
- Effects of heart diseases on pregnancy.
- Management of pregnant cardiac patient.
- Patients with prosthetic valve
- Patients with peripartum cardiomyopathy.

• Incidence:

- Range from 0.1-4%
- Overall incidence is about 1%
- Hospital statistics in industrialized countries have shown \in the incidence from 0.9% to 0.3%.
- Sharp decline in the incidence of rheumatic heart disease.
- †survival of patients with congenital heart disease to reproductive age.

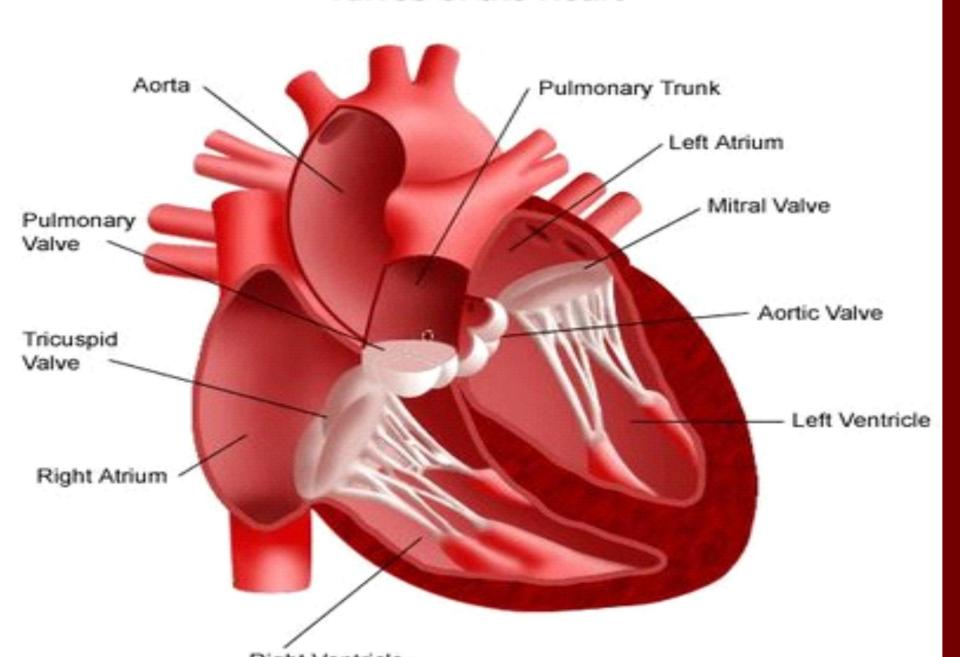
• Types:

 Rheumatic heart disease: → 90% of cases (MS is the commonest).

• Congenital heart disease: \rightarrow 5% of cases.

 Others: hypertensive heart disease, coronary heart disease, thyrotoxic heart disease and cardiomyopathy →5%

Valves of the Heart



- Haemodynamic changes:
- A- During pregnancy:
- ↑ blood volume 30-50% by 20-24 weeks
- ↑ COP 30-50% by 32 weeks
- J PVR
- J blood pressure (mid trimester)

- B- Intrapartum cardiovascular changes:
- First stage
- Second stage
- C-Postpartum cardiovascular changes:
- Immediately
- Few days later
- Later

Symptomes & signs of normal pregnancy that may mimic heart disease:

1-Symptomes

2-Signs

3-Auscultatory findings.

4- X-ray chest.

5- ECG





Effect of pregnancy on heart disease:

- 1- Congestive heart failure
- † danger of decompesnation
- A- 28-32 weeks
- B- 1st and 2nd stage of labour
- C- Immediately postpartum
- D- 45 dayes postpatrum
- 2-Pulmonary oedema
- 3-Maternal mortality

 Statistics have demonstrated a decline in maternal mortality from cardiac disease since 1950 from 5.6 to 3 per 1000000 births.

Effects of heart disease on pregnancy:

1- Fetal morbidity

Prematurity

IUGR

Congenital heart disease

2- Fetal deaths (20%)

Management (Obstetrian & Cardiologist)

- 1-Preconceptional counceling
- Contraindications to pregnancy

Absolute

Relative

2-Antepartum management

History(NYHA classification)

Examination

Investigations

TTT

-Indication for termination

- 3-Intrapartum management
 - -First stage
 - -second stage
 - -Third stage
- 4-Postpartum management

Treatment of congestive heart failure

-Treatment of pulmonary edema

- Management of pregnant patient with prosthetic valve
- Pregnancy outcome depends on:
 - 1-Type of valve
 - 2-Site & number of valve
 - 3-Functional capacity of the valve (NYHA)
- Anticoagulant therapy
 - 1-Warfarin
 - 2-Heparin

Peripartum cardiomyopathy

- Definition: It is a rare form of CHF that is intimately related to pregnancy
- Incidence:
- 1/4000-5000 live births
- 20-35 years
- Etiology: Idiopathic
- Clinical pictures
- Complications
- TTT
- Prognosis