

# Ob/Gyn Care for Patients with Congenital Heart Defects

## Point-of-Care Tool

### OVERVIEW

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Pregnancy may pose significant health risks for patients with CHD.

- ♥ Educate parents and ultimately the patient about the potential risks of pregnancy and other women's health concerns.
- ♥ Emphasize effective contraceptive management during adolescence and early adulthood.
- ♥ Well in advance of pregnancy, refer for prepregnancy consult with Pregnancy Heart Team or congenital cardiology and maternal-fetal medicine (MFM) physicians.

### CONTRACEPTION AND GYNECOLOGIC HEALTH

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- ♥ Provide early patient education about potential impact of pregnancy on cardiac health.
- ♥ Advise patient about importance of contraception and facilitate selection of a method. Long-acting reversible contraceptive (LARC) methods have high effectiveness, few contraindications and high patient acceptance.
- ♥ The Centers for Disease Control and Prevention's US Medical Eligibility Criteria for Contraceptive Use ([https://www.cdc.gov/reproductivehealth/contraception/pdf/summary-chart-us-medical-eligibility-criteria\\_508tagged.pdf](https://www.cdc.gov/reproductivehealth/contraception/pdf/summary-chart-us-medical-eligibility-criteria_508tagged.pdf)) provides guidance on contraceptive selection based on medical risk factors.
- ♥ Ensure that adolescent and young adult patients receive appropriate immunizations including HPV (<https://www.cdc.gov/vaccines/schedules/easy-to-read/adolescent-easyread.html>).

### PREPREGNANCY HEALTH CARE

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The early phase of prepregnancy health care consists of ensuring that patients understand the potential risks of pregnancy in patients with CHD and that pregnancy should always be a planned event. Many resources exist to guide counseling:

- ♥ European Society for Cardiology 2018 guidelines (<https://academic.oup.com/eurheartj/article/39/34/3165/5078465>) (which includes the WHO classification system)
- ♥ CARPREG II (<https://assets.radcliffcardiology.com/s3fs-public/article/2020-12/table1-carpreg-ii-risk-predictors.png>) risk scoring system

Preconception health care begins in earnest when a patient decides they are actively ready to become pregnant.

- ♥ Comprehensive review of medical history and physical exam
- ♥ Updated cardiology evaluation, which may include EKG and echocardiogram and other studies as clinically indicated.



- ♥ Detailed review of medication list to assess for potential teratogens; should include non-cardiac medications which the patient is taking
  - Cardiac Medications With Potential Effects on Pregnancy or Lactation
    - The FDA “Pregnancy Drug Categories” A-X were discontinued in 2015 and are no longer utilized.
- ♥ Establish plan for discontinuing or substituting cardiac medications before conception or in early pregnancy; in some cases, these medications may be continued after consultation with congenital cardiologist and maternal-fetal medicine. Patients with CHD should not be advised to stop medications without first consulting their cardiologist.
- ♥ Review and administration of immunizations
- ♥ Cervical cancer screening beginning at age 21 and other age-appropriate preventive health screenings
- ♥ Tobacco/nicotine cessation, alcohol avoidance, cessation of drug use including marijuana
- ♥ Daily intake of 400 mcg folate

## SPECIALIZED PREGNANCY CARE

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Patients with CHD should establish care early with their Ob/Gyn. A detailed assessment performed before pregnancy will have determined the appropriate level of care needed.

- ♥ All patients with CHD are at increased risk to have a child with CHD. Perform fetal echocardiography at 18-22 weeks.
- ♥ Low risk lesions - low risk of cardiac events and death during pregnancy. Congenital cardiologist and MFM physician may clear for delivery at a local hospital where appropriate backup resources are available.
  - Repaired lesions such as atrial septal defect (ASD), ventricular septal defect (VSD), patent ductus arteriosus (PDA), total anomalous pulmonary venous return (TAPVR)
  - Unrepaired ASD, VSD; repaired Tetralogy of Fallot without residual lesion
- ♥ High risk lesions - increased risk of cardiac events and death during pregnancy; ideally managed during pregnancy, delivery and post-partum care in centers with a multidisciplinary Pregnancy Heart Team.
  - Marfan syndrome / other hereditary thoracic aortic disease
  - Patients with Fontan circulation, systemic right ventricle, and unrepaired cyanotic CHD
  - Systemic right ventricle with diminished function; dilated aortic root; severe coarctation
- ♥ Pregnancy Heart Team includes members from cardiology, maternal-fetal medicine, obstetrics, obstetric anesthesia, pharmacy, and nursing and focuses on risk stratification and multidisciplinary care planning.
- ♥ Levels of Maternal Care (<https://www.acog.org/programs/lomc>)

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