

PREGNANCY & HEART DISEASE

Risk Factors for Pregnancy Complications

- Pre-existing conditions, such as hypertension, diabetes and heart disease
- Women with congenital heart disease reaching childbearing age
- Advanced maternal age



Complications during pregnancy, such as gestational diabetes, preeclampsia, eclampsia, hypertension or preterm delivery (before 37 weeks), increase heart disease risk later in life.

more than 1 in 3

of pregnancy related deaths in the US were due to heart disease and stroke, making it the leading cause of maternal mortality. Yet, only 6% of those women had previously been diagnosed with a heart condition.

Pregnancy-Related Heart Disease:

PPCM

Peripartum Cardiomyopathy — A rare syndrome when weakened heart muscle is unable to pump blood normally to the body leading to heart failure.

Symptoms include **shortness of breath, swelling in the legs and extreme fatigue.**



African American women are at higher risk for PPCM, compared to all other racial/ethnic groups.



TREATMENT: About 70% of women recover their normal heart function in one year with medication, and about 13% of women have persistent severe heart weakening or poor outcome. Patients with severe heart failure may also benefit from **percutaneous ventricular assist devices approved by the FDA for the indication of PPCM.** These

devices allow the heart to rest and potentially recover. Ask your doctor about the best treatment for you.

SCAD

Spontaneous Coronary Artery Dissection — An uncommon emergency condition caused by a sudden tear in a coronary artery resulting in compromised blood flow to the heart.

SCAD is the **number 1 cause of heart attacks** in women under age 50.



Symptoms may include **severe chest pain**, especially while pregnant, exercising or emotionally stressed.

SCAD occurring during or shortly after pregnancy tends to be more severe and **can lead to worse outcomes and a high rate of maternal and fetal mortality.**



TREATMENT: Patients are treated with medicine and observation. Sometimes stents or bypass operations are required. **Cardiac rehabilitation is a critical component** of healing. Ask your doctor about the best treatment for you.





PREGNANCY & HEART DISEASE

Heart disease can impact women before, during and after pregnancy, and is the number one cause of maternal mortality. Chronic conditions, such as diabetes and hypertension, put women at increased risk for pregnancy complications, as do pre-existing heart disease and advanced maternal age. Conditions developed during pregnancy, like preeclampsia and gestational diabetes, also increase women's long-term risk for heart disease. It is important for women who want to become pregnant or are already pregnant to understand their risk for complications and heart disease during pregnancy and beyond.



WOMENHEART

THE NATIONAL COALITION FOR
WOMEN WITH HEART DISEASE



WOMENHEART

THE NATIONAL COALITION FOR
WOMEN WITH HEART DISEASE

1100 17th Street NW • Suite 500 • Washington, DC 20036

P 202.728.7199 • F 202.728.7238

womenheart.org



WOMENHEART: The National Coalition for Women with Heart Disease is the nation's first and still only patient centered organization serving millions of American women living with or at risk for heart disease — the leading cause of death in women. WomenHeart is solely devoted to advancing women's heart health through advocacy, community education, and the nation's only patient support network for women living with heart disease. WomenHeart is both a coalition and a community of thousands of members nationwide, including women heart patients and their families, physicians, and health advocates, all committed to helping women live longer, healthier lives. To learn more or to donate visit womenheart.org.

SOURCES

Centers for Disease Control and Prevention. (2017, October 27). At A Glance 2016, Maternal Health: Advancing the Health of Mothers in the 21st Century at a Glance 2016. Retrieved from <https://www.cdc.gov/mmwr/volumes/68/wr/pdfs/mm6818e1-H.pdf>

Elkayam, U., Goland, S., Pieper, P.G., & Silversides, C.K. (2016). High-Risk Cardiac Disease in Pregnancy. *Journal of the American College of Cardiology*, 68(4), 396–410.

Hayes, S. N., Kim, E. S., Saw, J., Adlam, D., Arslanian-Engoren, C., Economy, K. E., . . . Wood, M. J. (2018). Spontaneous Coronary Artery Dissection: Current State of the Science: A Scientific Statement From the American Heart Association. *Circulation*, 137(19), 523–557.

Kassebaum, N. J., Barber, R. M., Bhutta, Z. A., Dandona, L., Gething, P. W., Hay, S. I., . . . Murray, C. J. (2016). Global, regional, and national levels of maternal mortality, 1990–2015: A systematic analysis for the Global Burden of Disease Study 2015. *The Lancet*, 388(10053), 1775–1812.

Petersen, E. E., Davis, N. L., Goodman, D., Cox, S., Mayes, N., Johnston, E., . . . Barfield, W. (2019). Vital Signs: Pregnancy-Related Deaths, United States, 2011–2015, and Strategies for Prevention, 13 States, 2013–2017. *Morbidity and Mortality Weekly Report*, 68(18), 423–429.