

Rheumatic Heart Diseases in Pregnancy

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Abstract

Acute rheumatic fever and rheumatic valvular disease remain prevalent in many parts of the world, and are probably the most common cause of heart disease in pregnancy. Mitral stenosis is the most frequently encountered rheumatic valvular lesion. A variety of pregnancy-associated cardiovascular changes often exacerbate the signs and symptoms of valvular lesions. Pregnancy should not be allowed to proceed, if possible, in patients with uncorrected severe valvular lesions or mechanical heart valves requiring anticoagulation, as maternal and fetal morbidity and mortality are high. For those with milder disease, pregnancy is best undertaken after the valvular lesion has been rectified or stabilised. Recent advances in the management of valvular disease include the use of beta-blockers for patients with mitral stenosis, vasodilators in those with aortic and mitral regurgitation, and percutaneous balloon valvuloplasty for mitral and aortic stenosis. Application of these therapies in the pregnant patient is as yet unclear, and management decision needs to be individualised, weighing the risk and benefit to ensure maternal survival and to promote fetal well-being.

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