

INTRODUCTION

- The aim of the Combined Cardiology clinic service is to provide a gold standard care to enable women with pre-existing cardiac conditions, or a cardiac condition which arise during pregnancy, to achieve a successful pregnancy and birth.
- Its a Multi-disciplinary clinic led by Consultant Cardiologists and Obstetricians.
- The pregnancy outcome of the patients managed in this clinic were evaluated over a period of one year.

METHODOLOGY

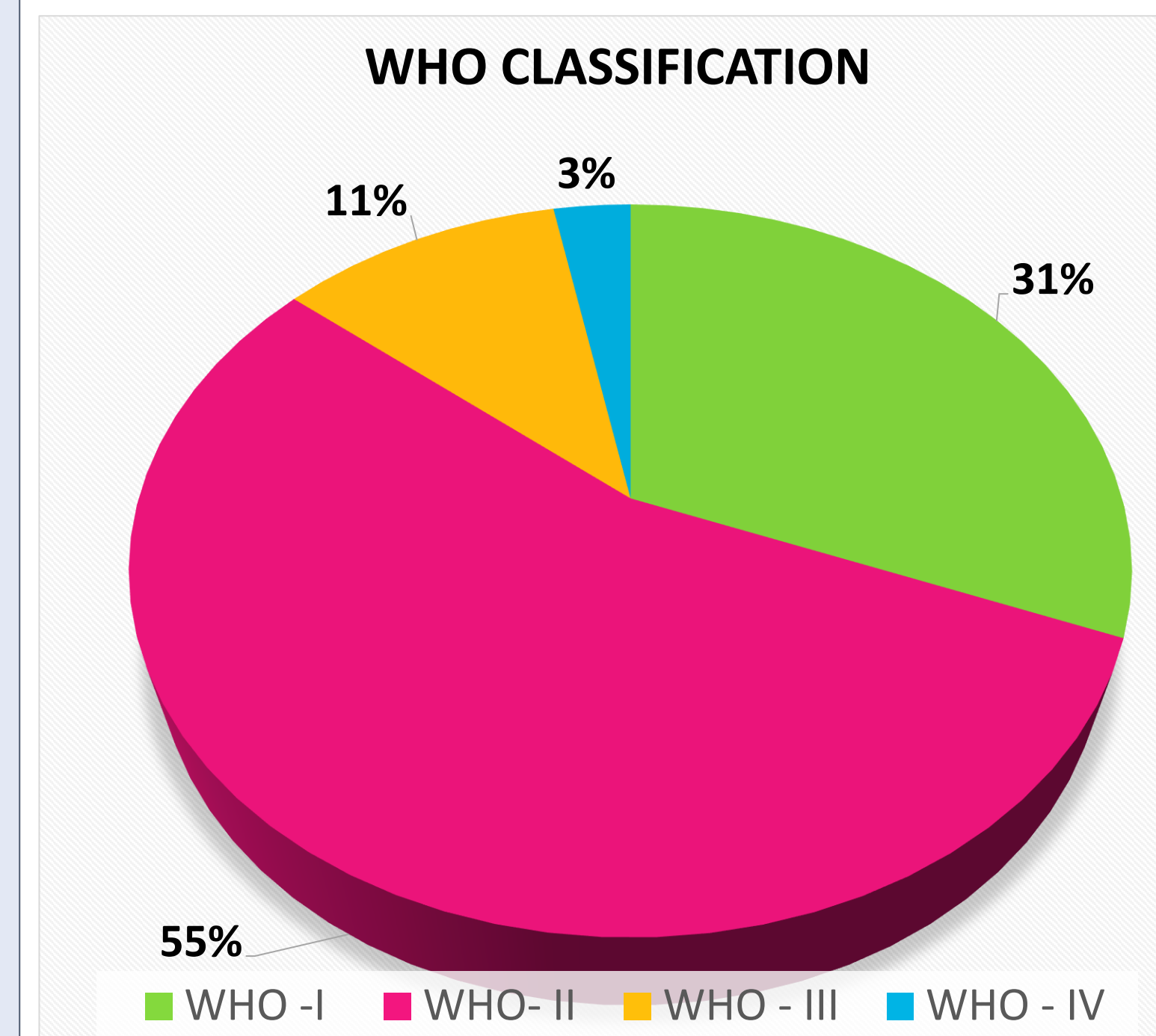
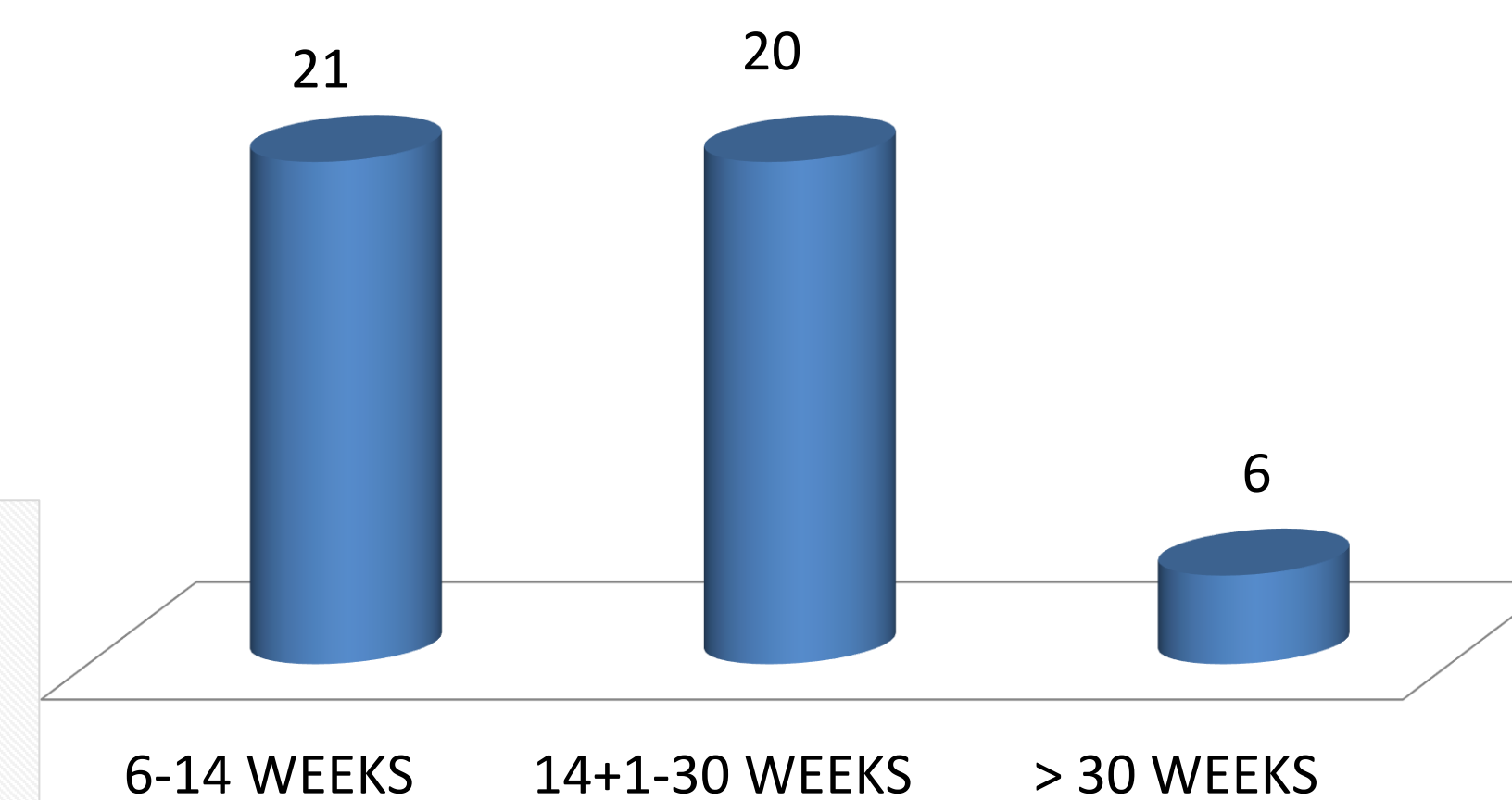
- ❖ A Prospective longitudinal study was conducted on pregnant women attending antenatal clinic from 2020 and only patient who delivered in the year 2021 were included.

COMBINED CLINIC

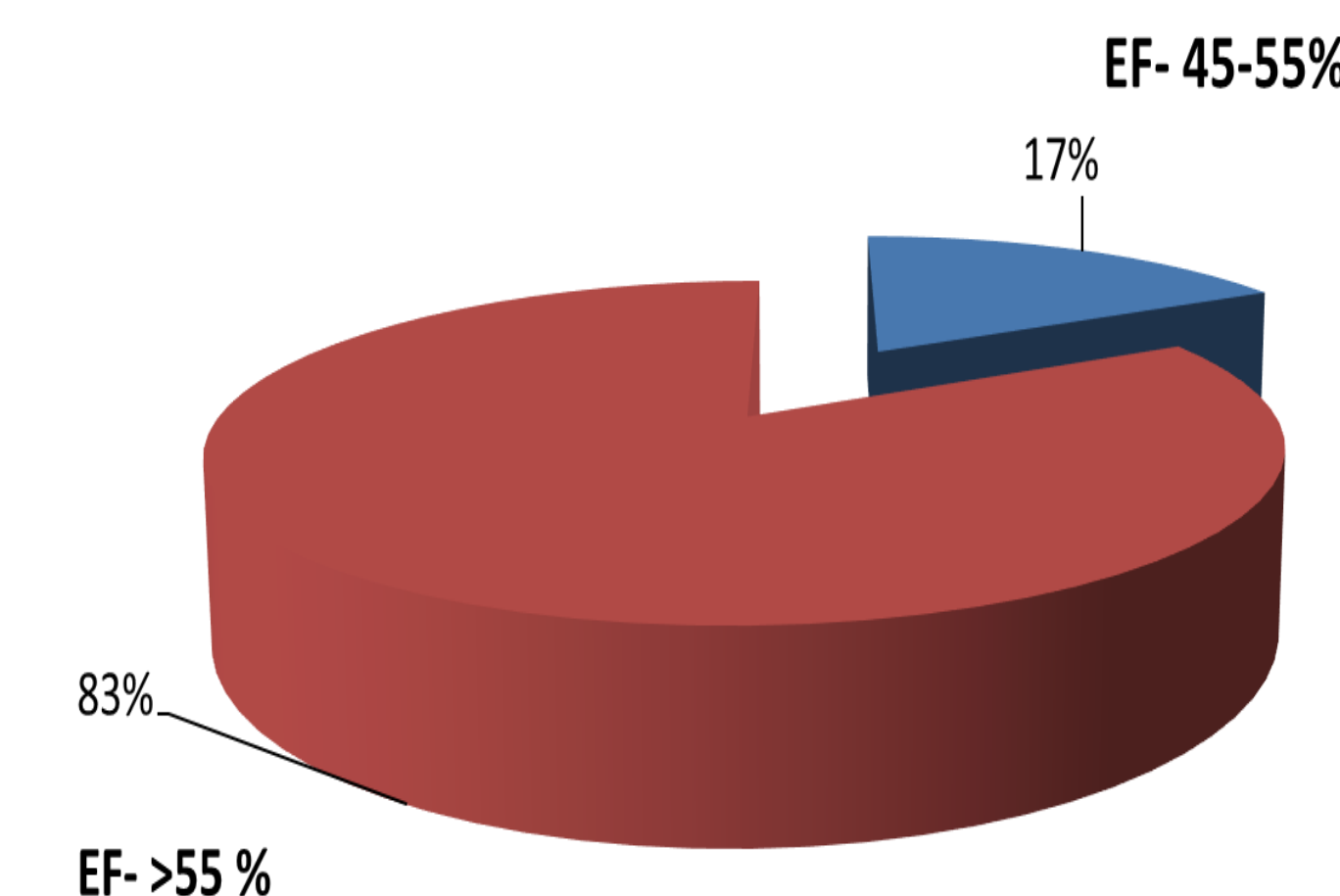
- ❖ **17 joint obstetric cardiology clinics since Sept 2020.**
- ❖ **95 women** seen in **122 appointments** in the joint obstetric/cardiology service
- ❖ 84 seen Face to face in the joint clinic
- ❖ 29 women discussed via email
- ❖ 11 were seen in cardiology clinic
- ❖ Out of 4565 deliveries in JCUH in the year 2021,
47 PATIENTS HAD CARDIAC CONDITIONS -
- ❖ **47% - arrhythmia**
- ❖ **32% - Valvular heart disease**
- ❖ **8% - Inherited cardiac conditions**
- ❖ **8%- Others**
- ❖ **5% - cardiomyopathy**

FINDINGS

GESTATION AT FIRST APPOINTMENT



ECHO FINDINGS -

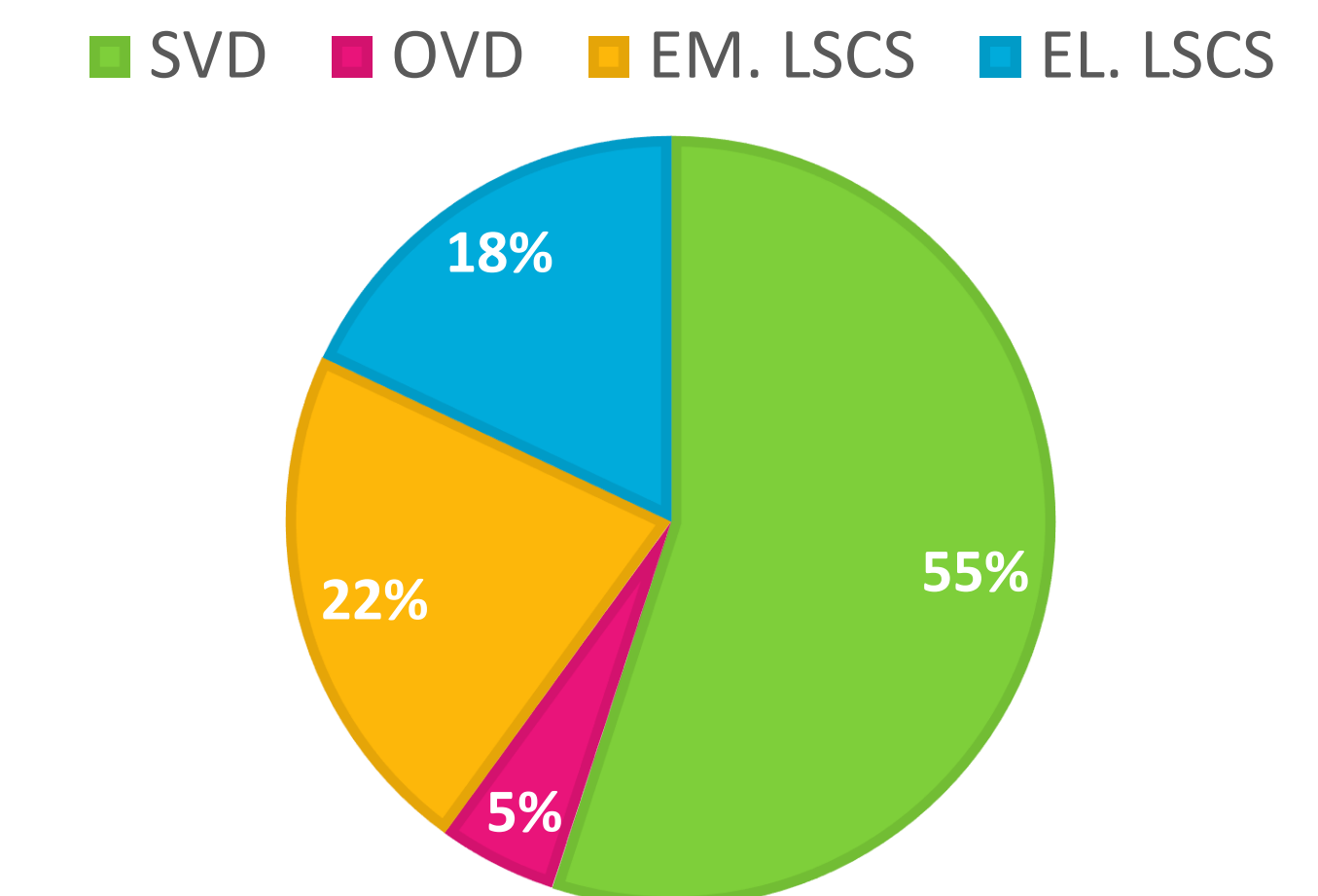


PLAN FOR DELIVERY

- ❖ *Plan of delivery was discussed with all women and documented clearly in the notes.*
- ❖ *Patients with Valvular heart disease and cardiomyopathy had anaesthetist review*
- ❖ *All patient have to deliver in Consultant led unit*
- ❖ *Caesarean section for obstetrical indications only*
- ❖ *Delivery at Specialised Maternal medicine centre for high risk cases*

FINDINGS

MODE OF DELIVERY



- ❑ None of the patients had any intra operative or post operative complications
- ❑ 25 Patients were referred to Obs- Cardiology Combined clinic postnatally.

DISCUSSION

- Developing a cardio-obstetrics service relies heavily on multidisciplinary care and is recommended for the pregnant patient with cardiac disease to optimize maternal and fetal outcomes.
- The Ockenden Report recommends-
 - **Women with pre-existing medical co-morbidities must be seen in a timely manner by an MDT**
 - **An individual management plan to be formulated in agreement with the woman.**
 - **This should include a pathway for referral to a specialist maternal medicine centre for consultation and/or continuation of care at an early stage of the pregnancy.**

REFERENCES

1. Surabhi Nanda, Catherine Nelson-Piercy and Lucy Mackillop. Cardiac disease in pregnancy. DOI: <https://doi.org/10.7861/clinmedicine.12-6-553>. Clin Med December 2012
2. MBRRACE-UK. Saving Lives, Improving Mothers' Care - Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2017-19. Oxford: National Perinatal Epidemiology Unit, University of Oxford 2021
3. Garima Sharma, Kathryn Lindley, Anna Grodzinsky. Cardio-Obstetrics: Developing a Niche in Maternal Cardiovascular Health Fellows-In-Training & Early Career Section *J Am Coll Cardiol*. 2020 Mar, 75 (11)