

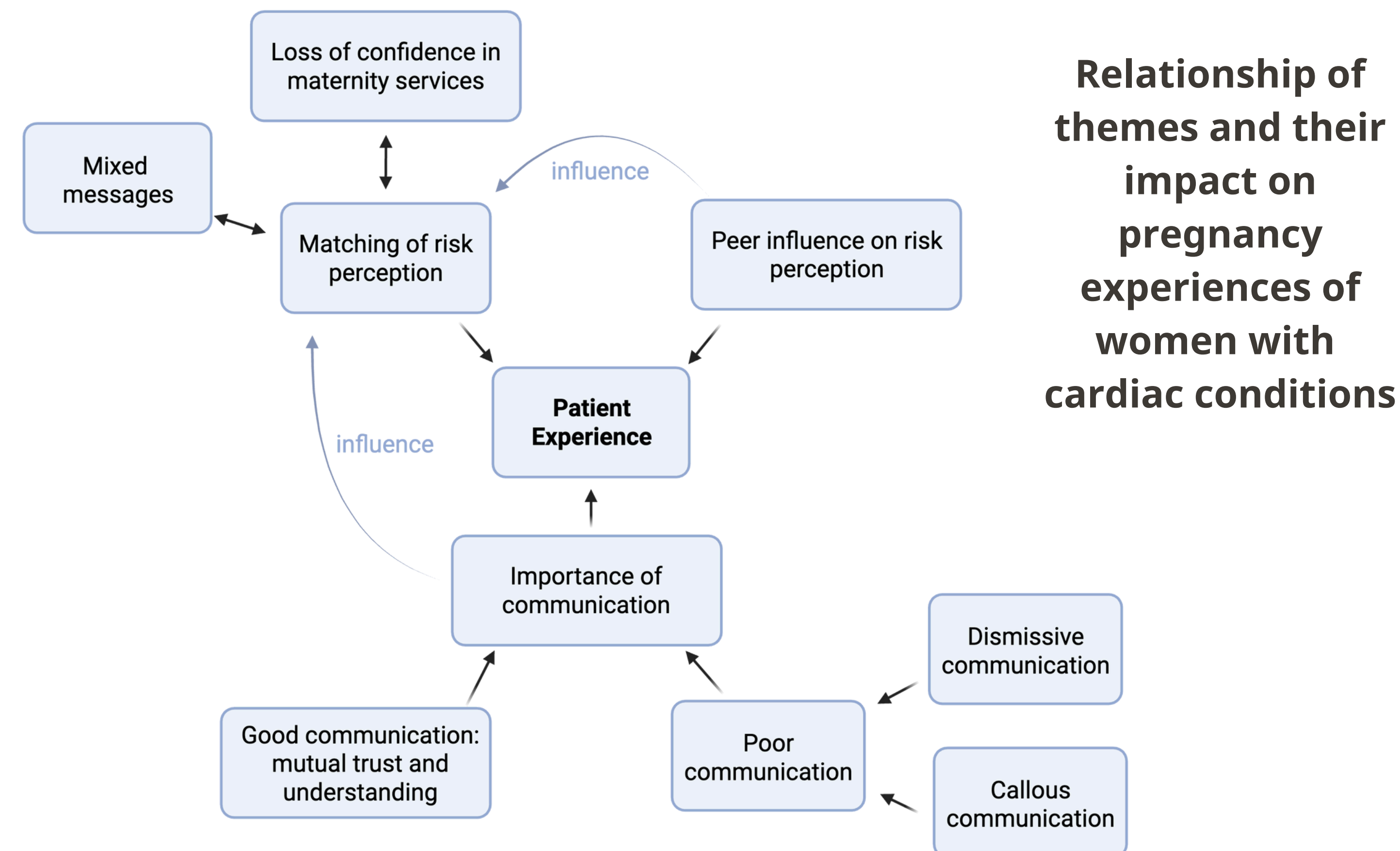
Antenatal Experiences of Pregnant Women with Cardiac Conditions: A Systematic Review and Metasynthesis

Jasmine X. Kiley¹, Annabelle Corlett², Emma Mitchell-Sparke^{1,3}, Brittany Jasper¹, Tabitha Wishlade¹, Catriona Bhagra⁴, Sara Wetzler^{5,6}, Catherine E. Aiken¹

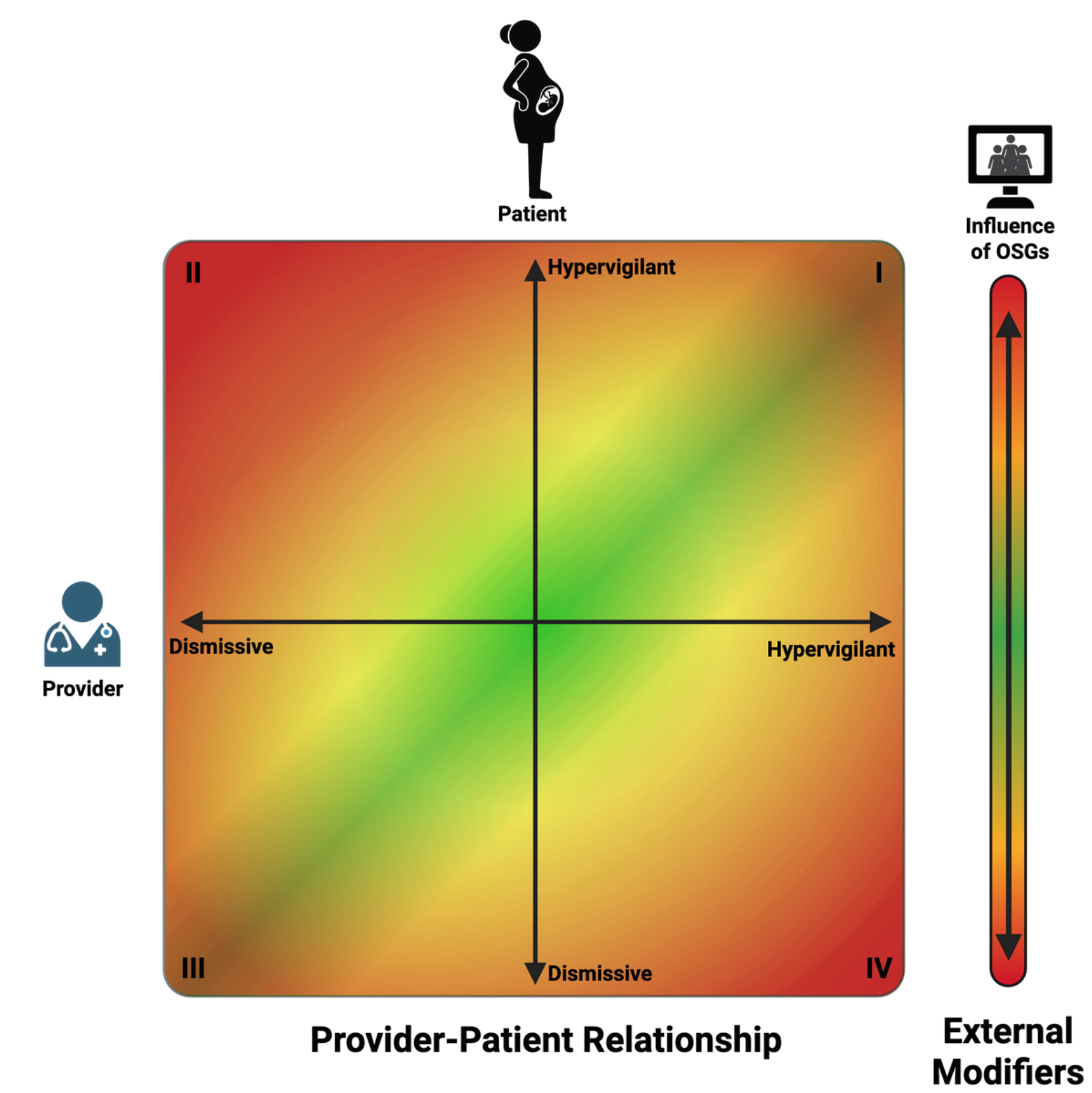
¹Department of Obstetrics and Gynaecology, University of Cambridge, ²Department of Clinical Medicine, University of Cambridge, ³Tufts University School of Medicine, ⁴Department of Cardiology, Addenbrooke's and Royal Papworth Hospitals, ⁵Department of History and Philosophy of Science, University of Cambridge, ⁶Department of Obstetrics, Gynecology, and Reproductive Science, Icahn School of Medicine at Mount Sinai

Introduction

- Cardiovascular conditions are the leading cause of maternal mortality in high-income countries¹
- In the UK and Ireland, they caused 13% of deaths during pregnancy between 2020-2022²
- Advances in congenital heart disease (CHD) management lead to increasing numbers of women with CHD reaching childbearing age³
- Paucity of research examining how women experience the close monitoring associated with cardio-obstetric care
- Conducted a qualitative systematic review specifically addressing:
 - How women with new or known cardiac conditions experience prenatal care
 - How prenatal pathways can be designed to optimize both psychological and obstetric outcomes



Risk perception congruency model



Objective

Inform supportive care that addresses the needs of pregnant women with cardiac conditions

Conclusions

- Women with established versus new cardiac diagnoses in pregnancy had differences in their experiences
- Depending on their own perception of risk, women noted over-medicalization or dismissal by their providers
- Some women sought peer support through online support groups, which either provided a sense of community and hope, or were anxiety-inducing
- Maternal medicine centers that specialize in care for cardio-obstetric patients are of particular importance in ensuring optimal clinical and experiential outcomes for this group
- Finding a common ground in risk perception is critical to strengthening the patient-provider relationship and providing a basis for women to feel safe and informed during their pregnancy

References

1.Thakkar et al., J Am Coll Cardiol 2023, 2(2), 100275; 2. Felker et al., MBACE-UK 2024, Saving Lives, Improving Mothers' Care; 3. Khairy et al., JACC 2010, 56(14), 1149–1157; 4. Mayer et al., Int J Nurs Stu 2018, 85, pp 96-105; 5. Hutchens et al., Health Expect 2022, 25(4), 1872–1881; 6. Hess & Weinland, MCN 2012, 37(4), pp 241-246; 7. Patel et al., BMC Pregnancy Childbirth 2016, 16(1), 386; 8. Hutchens et al., BMC Pregnancy and Childbirth 2022, 22(1), 382; 9. Hess et al., CIN 2010, 28(4), 215–221.

Methods

- Thirteen qualitative studies met the inclusion criteria of describing antenatal experiences of women with any cardiac condition globally
- Primary data (participant quotes) were coded, followed by inductive thematic analysis

Results

- "It was upsetting for me because with my medical past, **I believe that I should have been treated a little bit different from a normal person.** Because it's my heart and it is my baby. And they said 'no' they wouldn't." ⁴ (United Kingdom)
- "That was a huge concern. **I don't think that they looked at me as a pregnant woman.** I think they looked at me as a cardiac patient" ⁵ (Australia)
- "He [the anaesthetist] said that I should have an epidural and caesarean. I said that my cardiologist said that I couldn't have an epidural and he said 'No, you can'. I said I couldn't and then he left." ⁵ (Australia)
- "The answers I was getting weren't really based on research or on best guidelines or, experience... **no-one could ever really give me real answers,** and I felt a bit like that was just their gut feelings." ⁵ (Australia)
- "My diagnosis was death, my cardiologist was a gift to me in every sense of the word." ⁶ (OSG)
- "... Deep down in my heart I knew I was dying, though they do not see me if I die now, difficult to get them to listen. I was looking at the door waiting for someone to come and see how bad I was" ⁷ (Sweden)
- "All these happened because **they did not listen to me...** They attributed my symptoms as mental and emotional" ⁷ (Sweden)
- "Your heart is so bad you'll need a transplant at some point' ... oh, and then he said, '**Hmmm, that's if you get a heart.**'" ⁸ (Australia)
- "No one in this world can truly relate to you like these women. Only they know the pain that is embedded with in my heart because they have all felt it." ⁹ (OSG)