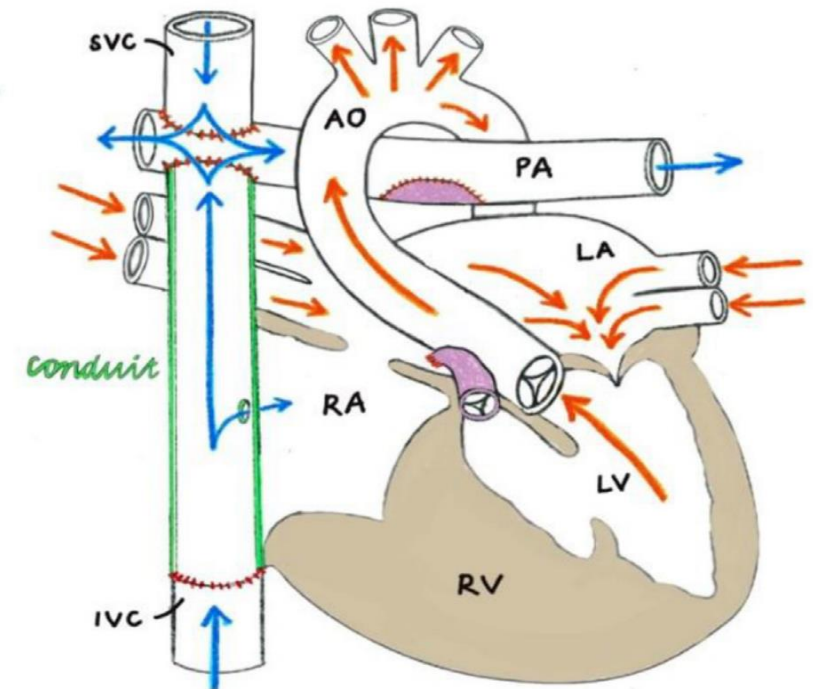


MANAGEMENT OF A PARTURIENT WITH FONTAN PHYSIOLOGY

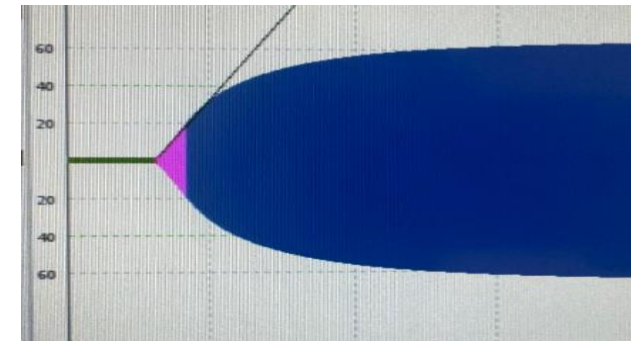
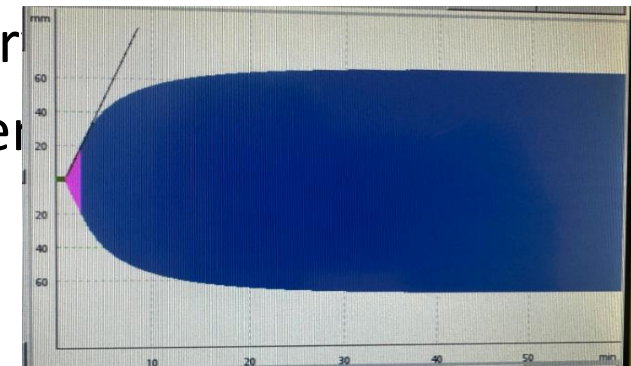
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- Fontan is a palliative treatment for single ventricular physiology, is a culmination of several stages
- Preload dependent physiology
- Life expectancy for most patients with CHD is extending into adulthood, thus increase in the number of pregnancies in woman with repaired CHD



Case Description:

- 32 yr old G1P0 who underwent Fontan Procedure at the age of 2 for Double outlet left Ventricle
- H/O Heart Block with pacemaker placement, s/p SVT ablation
- Good cardiac function and effort tolerance. Scheduled for elective IOL at 36 weeks
- Arterial Line & CSE placed pre-induction
- Uneventful 1st stage labor, 2nd stage assisted with forceps delivery
- Complicated by PPH, blood loss 2l. 5u PRBC, 2u FFP, 1u cryo given guided by ROTEM.
- Discharged on Day 4



• Discussion:

- Management must balance maternal cardiac work with demand for placental perfusion
- Pre pregnancy single ventricle systolic function predicts patient's ability to tolerate physiological changes with pregnancy and delivery.
- TTE performed once every trimester to monitor changes in cardiac function
- Early CSE to blunt sympathetic response to labor pain
- Prevent increase in PVR (Valsalva, pushing in second stage)- assisted delivery
- Fontan & associated asthma- not a candidate for usual uterotonic agents
- Prone to Coagulopathy due to underlying Cirrhosis & Thrombocytopenia