Anesthetic Considerations of Cardiomyopathy in the Peripartum Period

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- Peripartum Cardiomyopathy
  - Increasing incidence
  - High morbidity/ mortality

- Difficult to Diagnose
  - Overlap of symptoms with normal pregnancy
  - Delay in diagnosis > worse outcomes

- Requires perioperative planning with multidisciplinary team

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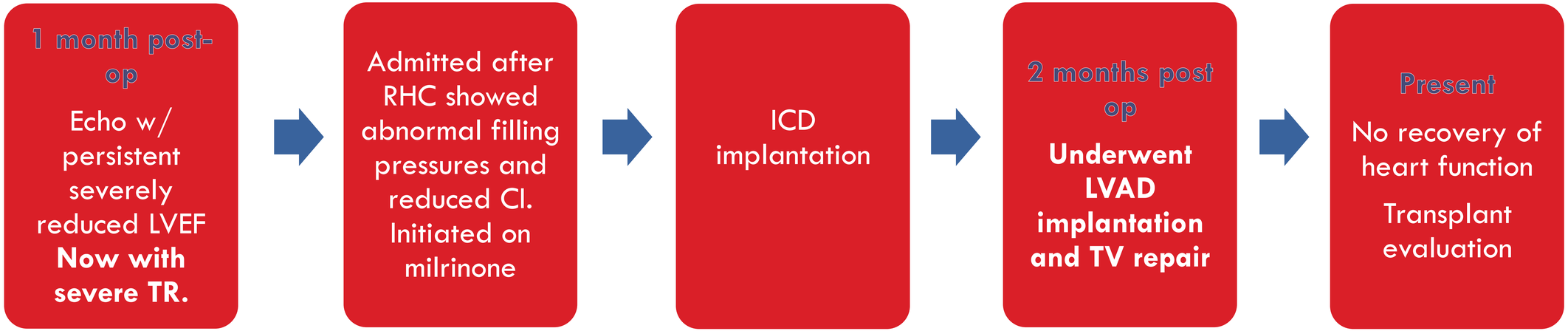
CASE

- 32-year-old G4P1021 @ 36w6d presented with SOB, hypoxia, tachycardia with new **LVEF 20-25%, severe MR, mod to severe TR**
- Spontaneous labor: Urgent C-section under Epidural Anesthesia
  - Lines: Triple Lumen CVC, a-line
- Post-op: PAC with elevated filling pressures and low CI
  - IV diuresis and milrinone
  - Discharged on POD #7



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Considerations/ Discussion

- Differences in management of peripartum cardiomyopathy
- Delivery planning
  - Vaginal > C-section
  - C-section if unstable
  - Aim to deliver after 32 weeks
- Anesthesia for C-section: Epidural > General
- Anticoagulation considerations
- Advance therapies as treatment

1. American College of Obstetricians and Gynecologists. (2019). Obstetrics and Gynecology 133(5): e320-e356.
3. Mehta, L. et al. (2020). Circulation 141(23): e884-e903.
4. Sliwa, K. et al. (2025). Lancet 406(10518): 2483-2493.

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