

**Do you have a heart
condition?
Could you become
pregnant?
Ask for advice**



What do I need to know?

Most people with a heart condition will cope well with pregnancy. However, depending on the nature of your heart condition, there may be risks to you and your baby.

Pregnancy places demands on your heart. It needs to work harder throughout pregnancy, even from the early stages. The extra demands around the time of giving birth can place an even greater stress on your heart and circulation.

What are the risks?

Any pregnancy carries a small risk of problems or complications for the mother or baby. In most cases this risk is very low, but any heart condition can increase the chance of problems during pregnancy and childbirth, or after the pregnancy. The risks will depend on the nature and severity of your heart condition.

Pregnancy is considered very high risk in only a very small number of cases. In these cases, you may be advised to avoid becoming pregnant.

You should speak to your healthcare professional to see what your heart condition could mean for you. This is called 'pre-conception counselling'.

If you are considering using an assisted conception service (fertility treatment), make sure the service provider contacts your cardiologist for advice about your heart condition before you start any treatment.



How do healthcare professionals know the risks?

Healthcare professionals have access to information and guidance from large studies of women with heart conditions who have been monitored throughout pregnancy. Pregnancy-related risk is often graded according to the modified World Health Organization (mWHO) classifications.

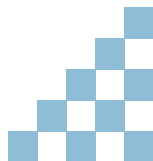
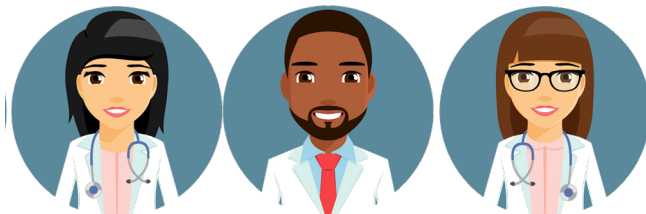
What does 'pre-conception counselling' involve?

In many cases the discussion will be straightforward, particularly if you have a mild or minor heart condition. In some cases, you may need tests such as an ECG (heart tracing), an echocardiogram (heart scan) or an exercise test to assess the risk of complications. These tests will also help to decide whether any further treatment is needed to reduce the risk the pregnancy has on your heart.

Your doctor or other health professional should take account of your background and any other health conditions that you have or that there is a history of in your family. You may be advised on other factors, such as stopping smoking or losing weight, which can help reduce the risks to you and the baby.

Who should I ask for more information?

You can get more information from your GP, practice nurse, cardiology nurse, cardiologist, midwife or obstetrician. They may refer you to a specialist for pre-conception counselling.



What factors can increase risk?

Your potential risk in pregnancy depends on a few factors.

- ◇ Your ventricular function (the function of the pumping chambers of your heart)
- ◇ Any leaky or thickened heart valves or having a mechanical heart valve
- ◇ Your oxygen levels
- ◇ If you have pulmonary hypertension (high blood pressure in the blood vessels that supply the lungs)
- ◇ Any heart rhythm problems you have or have had
- ◇ Your symptoms before pregnancy
- ◇ Medication you are taking
- ◇ Other medical conditions and lifestyle factors, such as smoking

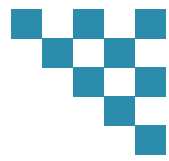
Should I stop taking my medication?

Many prescribed medications are safe in pregnancy, but some could harm the baby. You should discuss this with your health professional before you try to get pregnant. In some cases, you may be advised to stop taking your medication for a while before you get pregnant to see how your heart responds.

Do not stop any medication unless your health professional has advised you to.

Women trying to conceive should take 400 micrograms of folic acid once a day to reduce the risk of spina bifida (a condition where a baby's spine and spinal cord do not develop properly in the womb). Some women may also need to take a Vitamin D supplement.

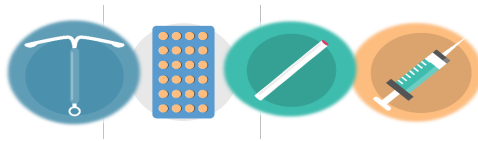




Where can I find out about contraception?

You can get more information from your GP, midwife, specialist nurse, cardiologist, obstetrician or local sexual health services.

Some forms of contraception may not be suitable for women with certain heart conditions. In general, long-acting reversible contraceptives, such as the progesterone injection or implant, are safe, reliable and well-tolerated. There is more information about contraception on the website at www.socn.scot.nhs.uk.



I might be pregnant - what should I do?

You should tell your GP or midwife as early as possible that you have a heart condition. This is because your pregnancy may need to be monitored by a specialist team at the hospital.

If you are not sure if you want to continue your pregnancy, you should get advice as early as possible from your healthcare team. Emergency contraception can be used up to five days following unprotected sex.

Where else can I get advice?

You can get more information, advice and guidance from the Scottish Obstetric Cardiology Network.



Website: www.socn.scot.nhs.uk

Email: nss.socn@nhs.scot

 [@S_O_C_N](https://twitter.com/S_O_C_N)

What should I ask?

What is my pregnancy-related risk according to World Health Organization (mWHO) classification?

Can a pregnancy affect my current heart condition?

What methods of contraception are safe for me?

Will I be monitored differently from a pregnant woman without a heart condition?

Is my baby more likely to have a heart defect or inherit my heart condition?

Will I be able to have a natural birth or will I need to have a caesarean (C-section)?

What can I do to have as healthy a pregnancy as possible?

If I become pregnant, who should I tell?

If I choose not to get pregnant, are there alternative ways to have children?

List any other questions below
