

Development of a dedicated post partum clinic for women with cardiovascular disease during pregnancy

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INTRODUCTION

In western countries, maternal heart disease is the major cause of maternal death during pregnancy.¹ The majority of these maternal deaths occur in the post partum period.²

The ESC 2018 guidelines for the management of cardiovascular diseases during pregnancy recommends the modified WHO classification (mWHO) to guide management and follow up.²

The maternal cardiology service in St. Bart's Trust does not currently have a dedicated post partum clinic.



INTRODUCTION

	I	II	II-III	III	IV
Risk	No detectable increased risk of maternal mortality and no/mild increased risk in morbidity	Small increased risk of maternal mortality or moderate increase in morbidity	Intermediate increased risk of maternal mortality or moderate to severe increase in morbidity	Significantly increased risk of maternal mortality or severe morbidity	Extremely high risk of maternal mortality or severe morbidity
Maternal cardiac event rate	2.5–5%	5.7–10.5%	10–19%	19–27%	40–100%
Counselling	Yes	Yes	Yes	Yes expert counselling required	Yes pregnancy contraindicated: if pregnancy occurs, termination should be discussed
Care during pregnancy	Local hospital	Local hospital	Referral hospital	Expert centre for pregnancy and cardiac disease	Expert centre for pregnancy and cardiac disease
Minimal follow-up visits during pregnancy	Once or twice	Once per trimester	Bimonthly	Monthly or bimonthly	Monthly
Location of delivery	Local hospital	Local hospital	Referral hospital	Expert centre for pregnancy and cardiac disease	Expert centre for pregnancy and cardiac disease

Figure 1: Modified WHO (mWHO) classification

AIMS

- To audit current practice within the maternal cardiology services of a tertiary referral London Hospital.
- To develop a nurse-led, dedicated post partum clinic.

METHODS

- We performed an audit of current practice.
- Following the identification of a clinical need for a systematic follow-up approach, a working group was created.
- This group consisted of a Cardiologist, Cardiology registrars, and GUCH Clinical Nurse Specialists.

RESULTS

- The majority of women seen were mWHO Class I or II.
- The majority of high risk women had clear delivery plans and good maternal outcome.
- A clinical need for a nurse led post partum clinic was identified as in many cases there was no structured follow up post delivery.

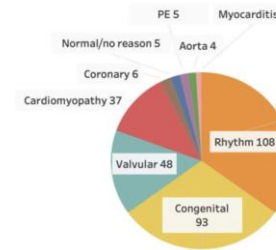


Figure 2: Reason for referral to clinic

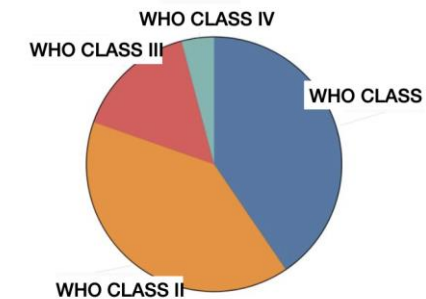


Figure 3: Patients by mWHO classification

RESULTS

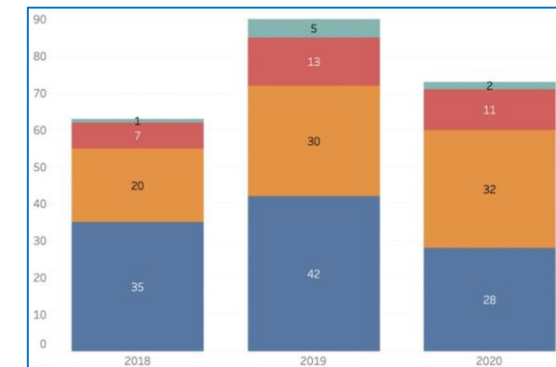


Figure 4: Deliveries by mWHO/year

CONCLUSIONS

- Audit of current practice showed a need for a structured follow up of post partum patients.
- The plan to develop a dedicated, nurse led post partum clinic has been created.

REFERENCES

- Cantwell et al. Saving mothers' lives: Reviewing maternal deaths to make motherhood safer: 2006-2008. The eighth report of the confidential enquiries into maternal deaths in the United Kingdom. BJOG 2011;118:1-203.
- Knight M et al. 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. National Perinatal Epidemiology Unit, Oxford 2021
- Regitz-Zagrosek et al. 2018 ESC Guidelines for the management of cardiovascular diseases during pregnancy. Eur Heart J 2018; Sep 7;39(34):3165-3241.