Top Ten Things to Know
Management of Pregnancy in Patients with Complex Congenital Heart Disease

1. Congenital heart disease in women encompasses a wide spectrum of lesions. Simple CHD lesions include mild pulmonary valve stenosis, a small, uncomplicated atrial septal defect or ventricular septal defect, patent ductus arteriosus, and successfully repaired atrial septal defect, ventricular septal defect, patent ductus arteriosus, and anomalous pulmonary venous connection without important residua. Complex CHD includes any complex anatomical or physiological lesion as defined by the Bethesda conference. Some simple CHD lesions would be considered high pregnancy risk because of the presence of comorbid conditions.

2. As expanded diagnostics, medical, and surgical management options have progressed, the long-term survival of patients with congenital heart disease (CHD) has improved. Most women born with CHD will reach reproductive age.

3. The ability to bear children is a major point of care for this growing population of women, and pregnancy counseling and management are among the major noncardiac issues facing pediatric and congenital cardiac providers.

4. This scientific statement provides an overview of the management of the patient with complex CHD who becomes pregnant.

5. This scientific statement includes major aspects of care: physiological adaptation of pregnancy in women with CHD, the antepartum, the intrapartum, and the postpartum periods.

6. Assessment and evaluation is discussed in depth focusing on preconception counseling (including assessment of risk to mother and child) and diagnostic evaluation. Genetic counseling is discussed as an important option for women with CHD.

7. Pregnancy management is discussed in this paper and includes diagnostic testing in pregnancy, imaging, medications in pregnancy, fetal screening during pregnancy, and antepartum care. Cardiac complications are reviewed including arrhythmias, mechanical valves and anticoagulation, heart failure, and interventional therapies.

8. Other specific lesions are also discussed within this paper.

9. Throughout this scientific statement, specific suggestions for clinical practice are offered to aid the clinician in care of this complex and important group of CHD patients.

10. It is important that all practitioners who will be managing these women have current information, not only on preconception counseling and diagnostic evaluation to determine maternal and fetal risk, but also on how to manage them once they are pregnant and when to refer them to a regional center with expertise in pregnancy management.