

## Congenital heart disease: follow-up program for women in the pre-conception stage and during pregnancy

### *Cardiopatías congénitas: programa de seguimiento para mujeres en la etapa de preconcepción y durante el embarazo*

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Dear Editor,

Advances in alternative treatments (like interventional surgery) for congenital heart disease have modified its natural history and led to the survival of nine out of 10 children<sup>1</sup>. This advance raises a new problem when the women who were born with this heart problem face pregnancy.

Pregnant women with a history of congenital heart disease have a set of risks which affect both their own lives and those of their fetuses, and which increase with age<sup>2</sup>. The sequelae or the unoperated condition itself cause degenerative cardiovascular changes which, together with the hemodynamic overload of pregnancy, may lead to a series of potentially fatal complications.

It is common for women with congenital heart disease who wish to become pregnant to not be informed of the risks associated with their condition, since the staff is not sufficiently trained on this condition. This lack of information also affects their management. Thus, it is pertinent to develop an intervention to transmit this information to the women and the healthcare staff, and we propose a follow-up program before and during pregnancy.

The program consists of having a data registry of patients with congenital heart disease in the hospitals where they were born, to be able to contact them when they reach a certain age, and thus have them receive this information. Direct access to counseling would be provided based on the assessment of their type of

congenital heart disease, with prior coordination with the involved areas like, for example, obstetrics and gynecology. Likewise, seminars would be offered to this population to disseminate information on the follow-up that is being offered to this specific group, so that these patients can go to the healthcare center and provide the pertinent information, thus generating mutual help.

Another point to consider in the program would be alternative contraception and the possibility of a scheduled pregnancy to monitor it and provide optimal care, especially in adult patients. If the patient should be pregnant already, early follow-up and treatment of any symptoms of potential problems in her ability to tolerate the pregnancy would be provided.

Successful experiences similar to what we have proposed exist, but with limited interventions, such as in Cuba where a study was performed with rigorous monitoring of pregnant women with congenital heart disease, finding that they had lower rates of morbidity and mortality<sup>3</sup>.

In conclusion, a follow-up program would seek to decrease the rate of morbidity and mortality in pregnant women with congenital heart disease and would offer preconception counseling aimed at not running avoidable risks and being able to plan their future. Term pregnancy in pregnant women with this medical history is possible if they have optimal management.

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