

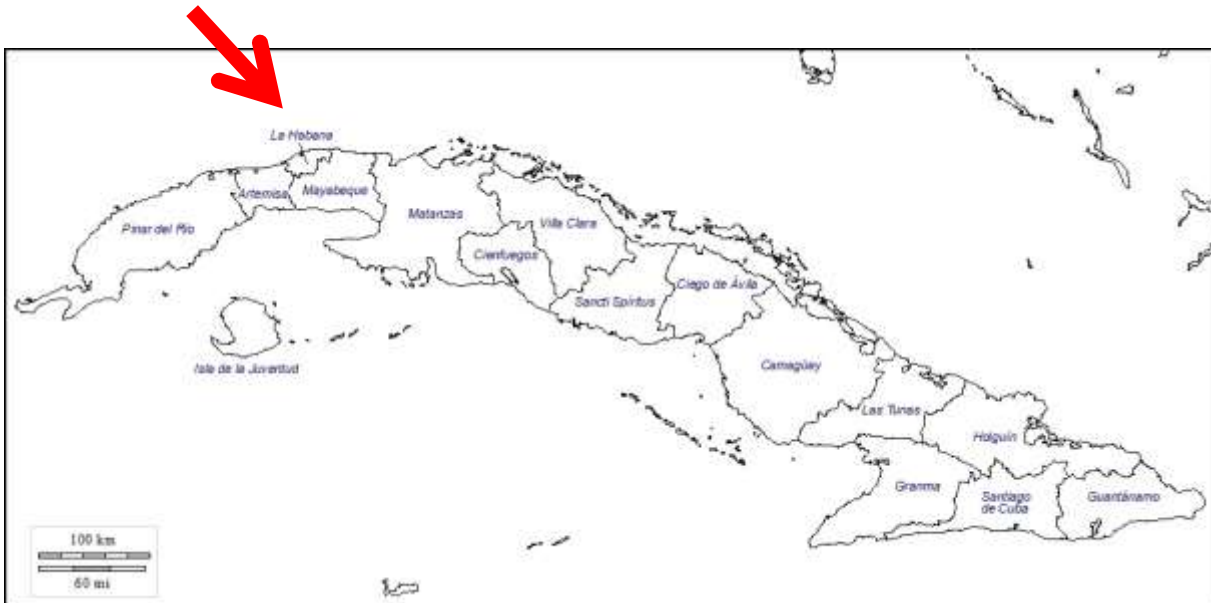
# Delivery Outcomes in Women with Congenital Heart Disease:

## Results from the Cuban National Programme for Pregnancy and Heart Disease 2000 - 2017

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# About the Programme

- Established in 2000, national remit
- Based in Havana (University Hospital Gonzalez Coro)
- Over 200 admissions/yr (approx. 40% congenital)

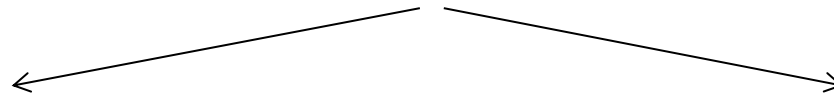


# The Team



# How the Programme works

CHD Patient is referred via  
a regional co-ordinator



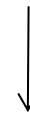
Modified WHO I + II referred to  
regional hospital (remote support)

Modified WHO II-III, III and IV  
managed further by the Team



Assessed at:

- 20 – 22 weeks
- 28 – 30 weeks
- 34 weeks
- Term



Team will manage delivery  
(as in-patient)



Six-week follow-up

# Aim

To determine the delivery outcomes achieved  
by the Programme in pregnant CHD patients  
January 2000 - May 2017

# Methods

- Retrospective analysis on a prospective cardiac pregnancy database
- Baseline data: demographics (age, province of origin), diagnosis, co-morbidities, NYHA status.
- Additional outcomes: pregnancy duration, pregnancy outcome, maternal/fetal complications.

# Results

- **467** pregnancies reached 3<sup>rd</sup> trimester
- Median age: 25 (21-29) years
- 71% of cases from Havana
  
- Median duration of pregnancy: 39 weeks
- Caesarean rate: 34%
- Live birth rate: 99% (469 babies, 1 stillbirth)

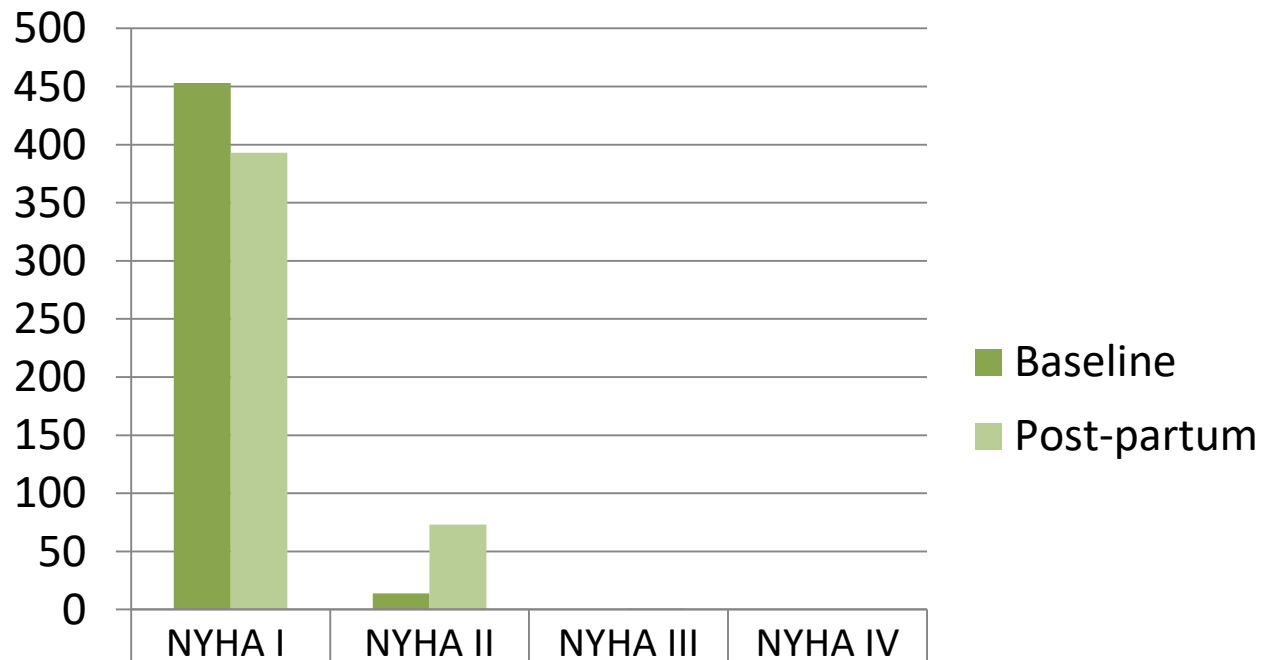
# Results

- Maternal mortality: 0
  - Maternal CV complications: <0.5% (2 pts)
  - Obstetric complications: 14% (67 pts)
- 
- Neonatal mortality: 0
  - Most common complication: SGA - 10% (48 pts)



# Results

**Baseline vs post-partum NYHA functional status**



Baseline	453	14	0	0
Post-partum	393	73	1	0

# Discussion

Number of CHD Cases Managed by the Programme According to Province 2000-2017



# Discussion

- Live birth rate (99%) encouraging
- Maternal and obstetric complications: low rate  
Exception: gestational diabetes (8% vs 5.8%)
- Neonatal adverse outcomes: low rate  
(including CHD occurrence – 3 neonates)
- Limited follow-up (6 weeks)

# Conclusions

- Management of CHD pregnancies can achieve excellent outcomes (despite considerable resource constraints) in middle-income countries
- Long-term outcomes remain to be determined



## Acknowledgements

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for making this work possible

