

Outcomes in Pregnant Women with Mechanical Heart Valves

Issues Surrounding Anticoagulation

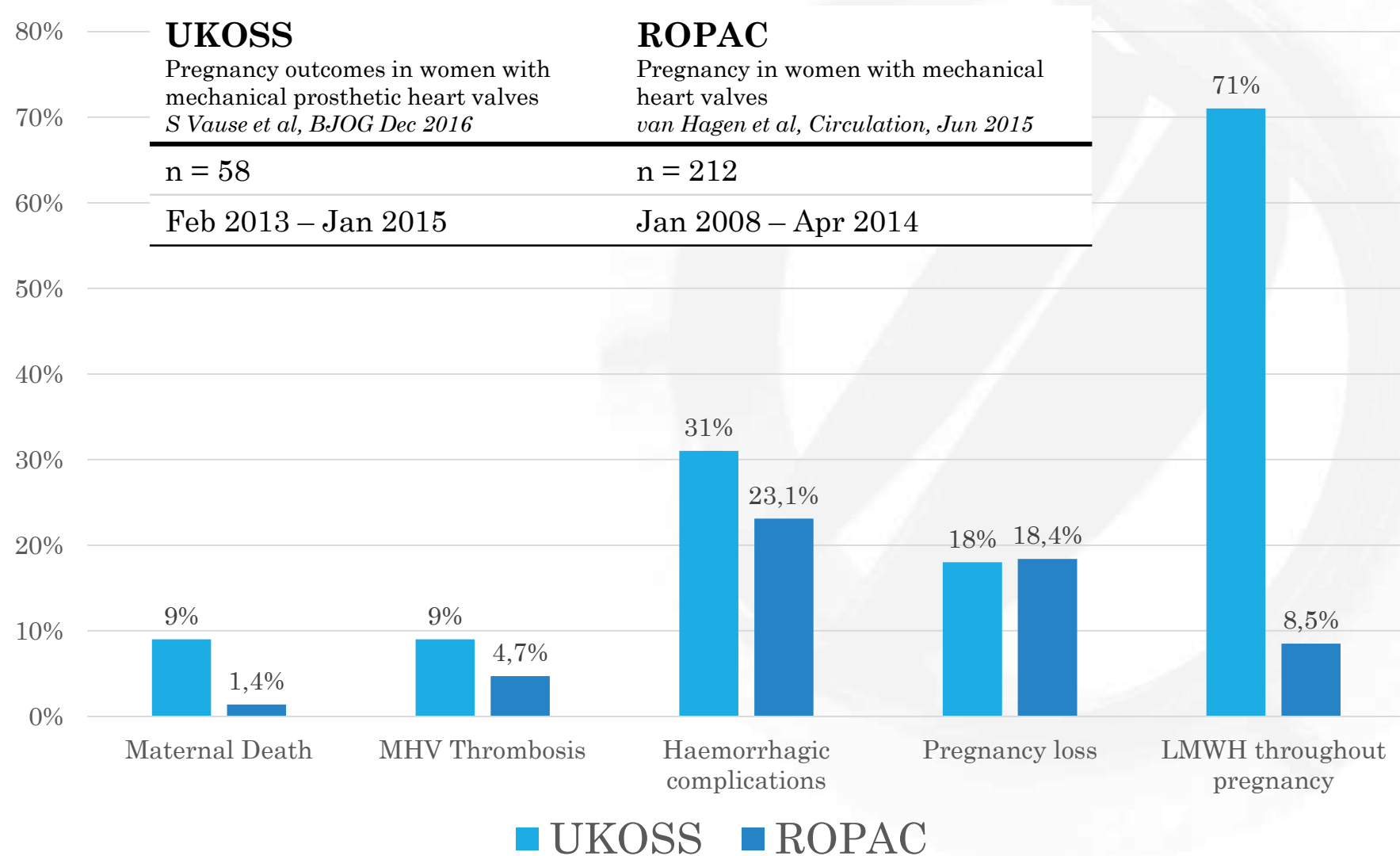


**5th International Congress
on Cardiac Problems in Pregnancy
22 – 25 February, Bologna, Italy**

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Introduction

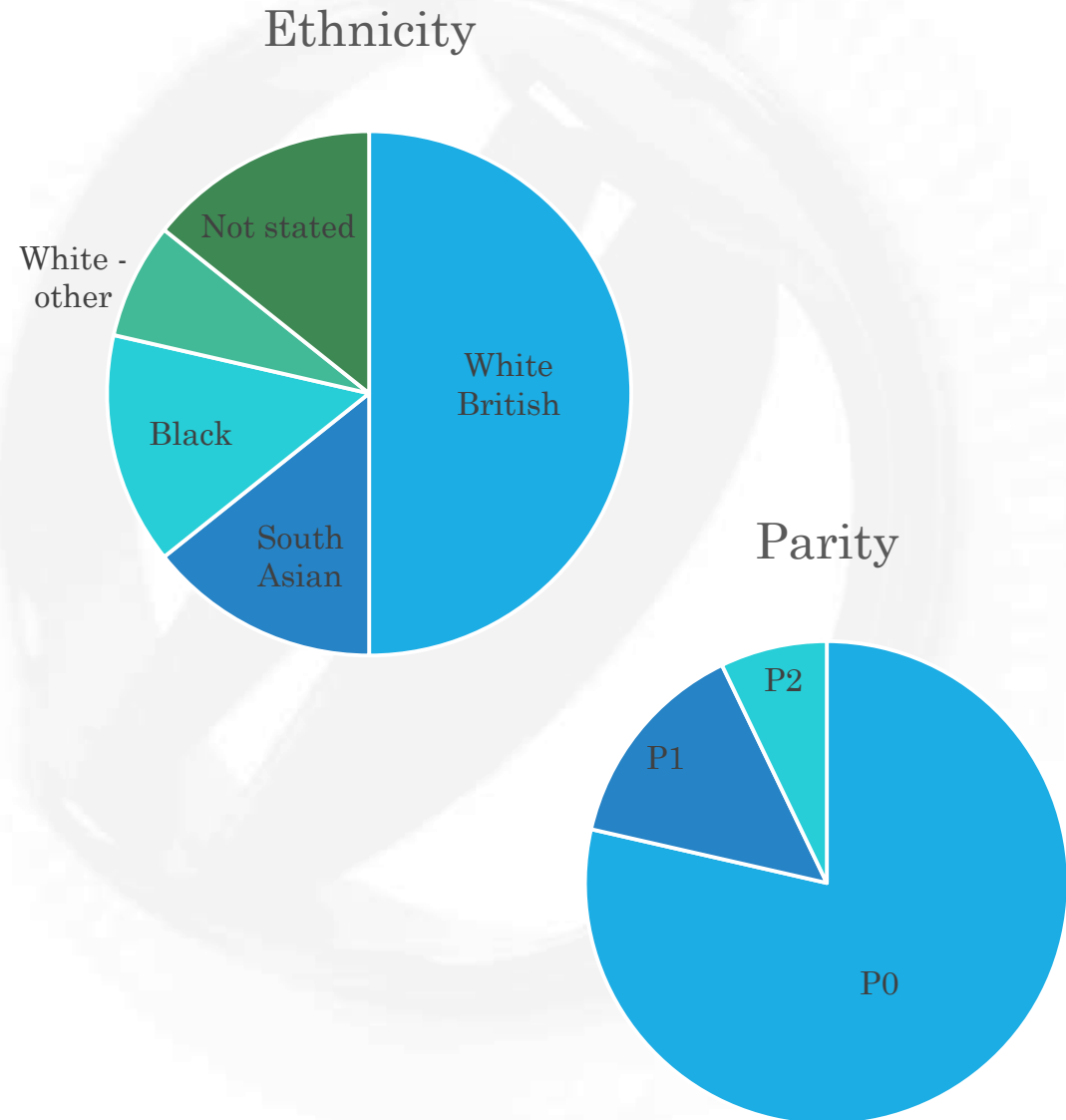


Methods

- Retrospective case note review 1999 – 2017
- Women with mechanical heart valve(s)
 - delivered ≥ 24 weeks of gestation
 - Chelsea and Westminster/Royal Brompton Hospitals (London, UK)
- Demographics
- Maternal, Obstetric and Fetal Outcomes
- Anticoagulation
 - at 10 and 20 weeks of gestation
 - antenatal management and monitoring

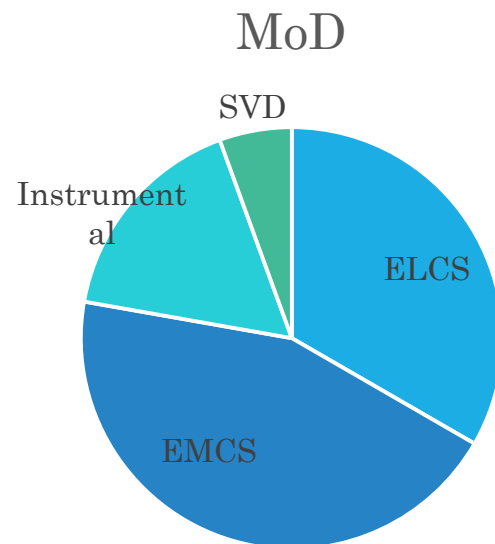
Results

- n = 14 (18 pregnancies)
- Age (median, range) 31 years-old [19– 43yrs]
- BMI (median, range) 24 Kg/m² [18 – 40Kg/m²]

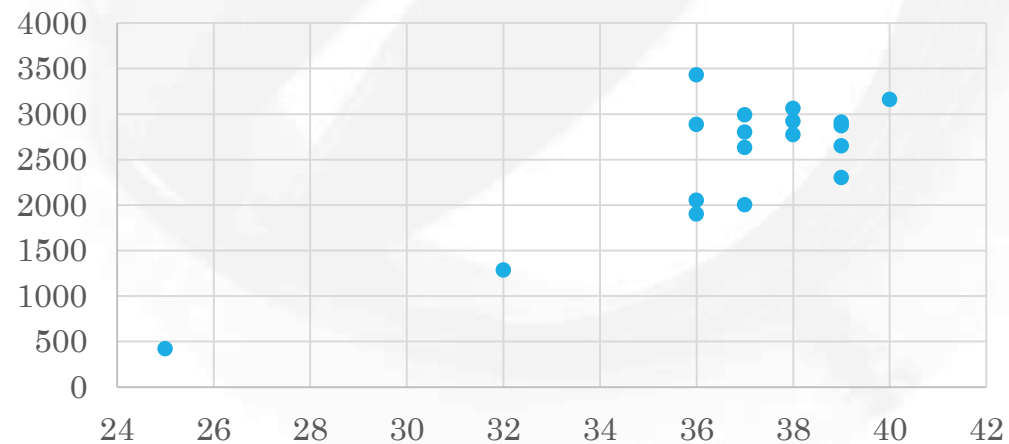


Results

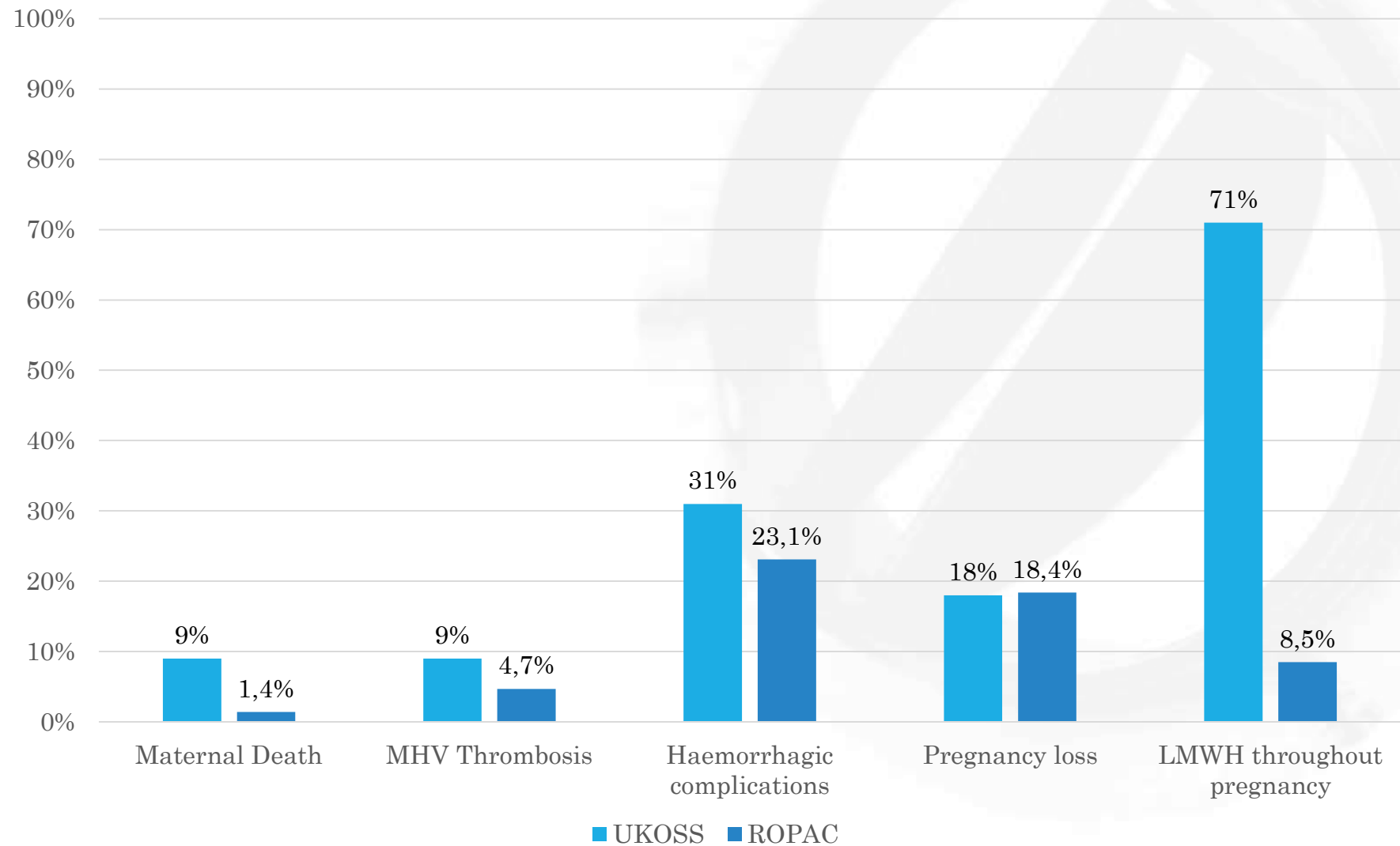
	Aortic	Mitral	Aortic and Mitral
N	n = 6	n = 5	n = 3
Indication MHV	Congenital AS BAV Marfan syndrome Endocarditis	Congenital mitral VD Rheumatic heart disease AVSD	Rheumatic heart disease Marfan syndrome



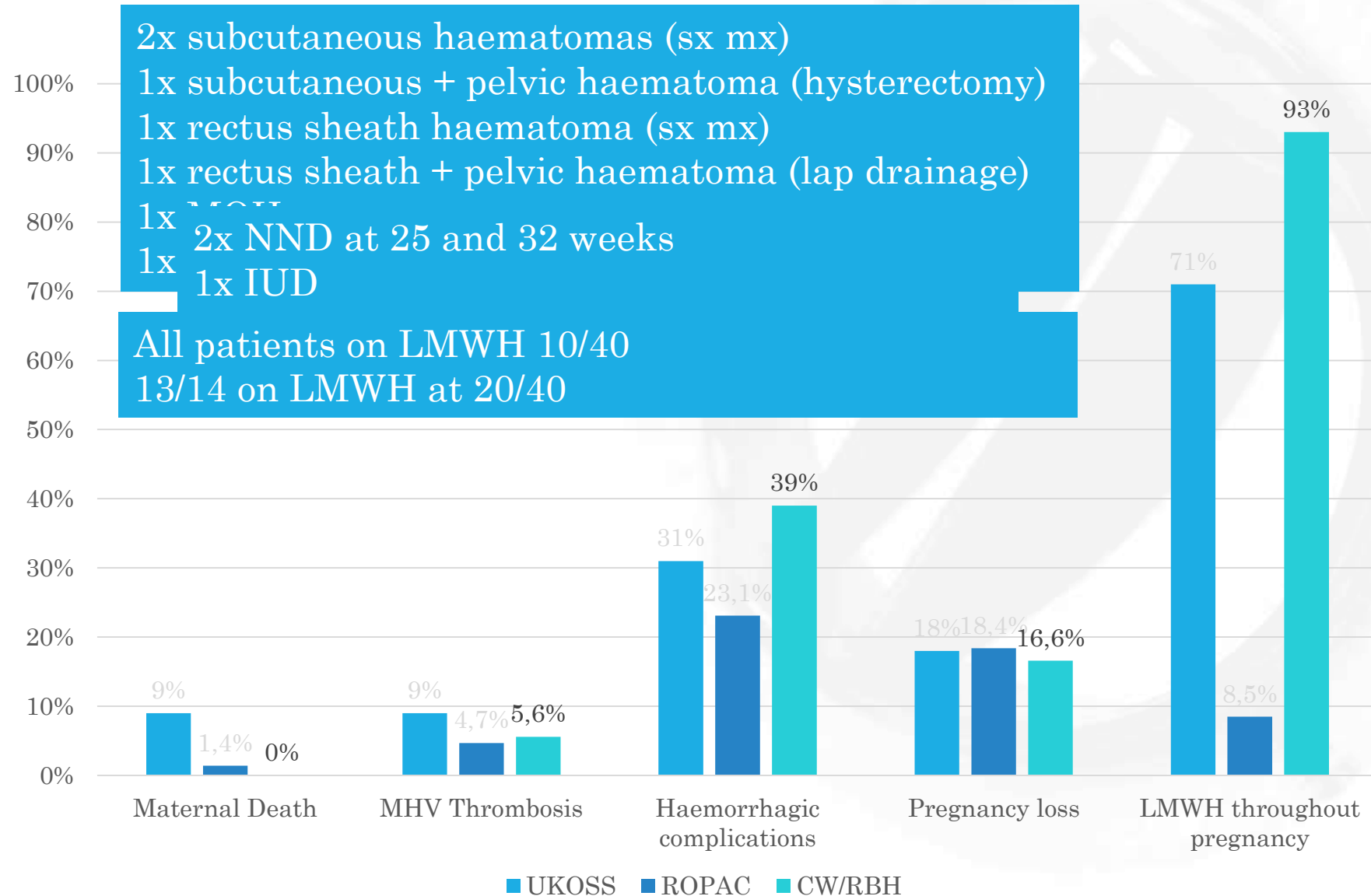
Birth Weight vs Gestational Age



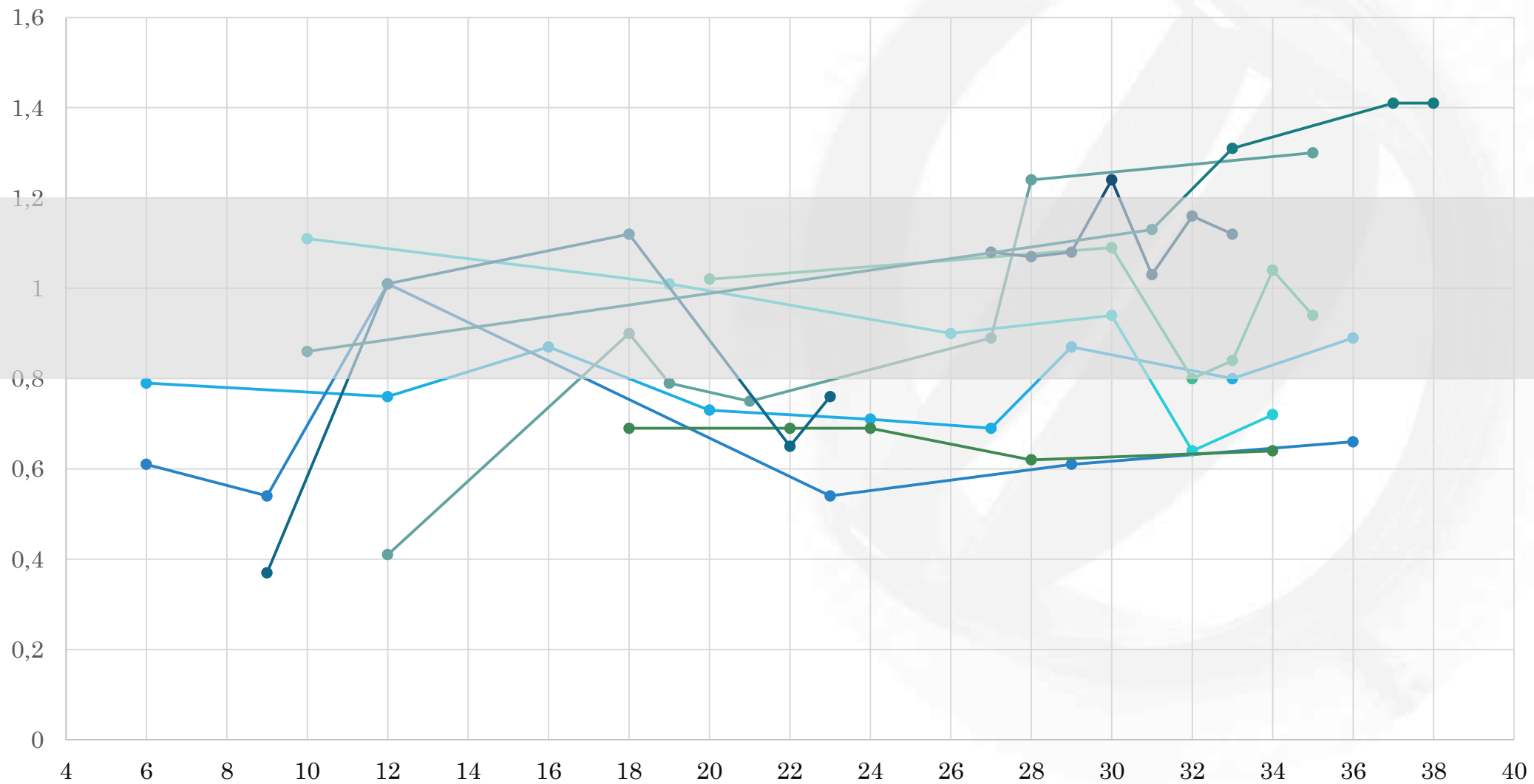
Results



Results



Results | Peak Anti-Xa levels



Discussion & Conclusion

- Significant maternal and fetal morbidity
 - Care in specialist centres
- Change in LMWH clearance during pregnancy (Patel *et al.*, BJOG 2017)
 - Aggressive dosing 1st T to achieve therapeutic levels
 - Careful monitoring in 3rd T to prevent bleeding
- **TROUGH** Anti-Xa monitoring – ? more important than **PEAK** monitoring
- RCT needed → clearer dosing/monitoring of women with MHV