Novel Collaborative Cardiology and Maternal Fetal Medicine Practice – Continued Experience at the Heart and Pregnancy Program

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Introduction

Care of pregnant women with cardiac conditions requires expertise regarding the unique physiology of pregnancy. The Heart and Pregnancy Program was developed at Lehigh Valley Health Network in an effort to coordinate and improve the antepartum care of women with either preexisting or new onset cardiac issues during pregnancy. Lehigh Valley Health Network comprises of 5 hospital campuses with over 1160 acute care beds. At HPP, each pregnant woman or seeking to conceive are seen simultaneously by cardiology (Dr. Ahnert) and maternal fetal medicine (MFM Dr. Quiñones) for consultation and management. In order to achieve best care experience was reported two years ago at the Cardiac Problems in Pregnancy meeting in Venice, Italy. The objective of our follow-up study is to describe the continued experience at this multidisciplinary program.

Methods

Retrospective record review was performed for women managed at HPP between March 2010 and December 2014. Univariate and multivariate statistical analyses were performed for group comparisons.

Results

173 women were either self-referred or sent to the program by their obstetrician or perinatologist: 169 were pregnant, 1 was postpartum and 3 were transferred for preconception counseling. Average maternal age was 29.6 ± 6.7 years (17 - 47 years). Most patients were Caucasian (n=140, 80.9%) and had private insurance (n=121, 69.5%). Referral indications included cardiac conditions without history of cardiac disease (n=120, 69.3%) and known cardiac disease (n=13, 7.5%). The cesarean rate was slightly higher than the baseline rate in the United States. No significant adverse outcomes were noted.

Conclusion

In our collaborative cardiology/MFM practice, most pregnant women had known cardiac diagnoses. Improved outcomes could be attained by improving the level of expertise. The cesarean rate was significantly lower than the baseline rate. No significant adverse outcomes were noted.

Objective: Care of pregnant women with cardiac conditions requires expertise regarding the unique physiology of pregnancy. The Heart and Pregnancy Program (HPP) was developed. Within this multidisciplinary practice, pregnant women are seen simultaneously by cardiology and maternal fetal medicine (MFM) for consultation and management. The objective of our study is to describe the continued experience at this unique multidisciplinary program.

Methods: Retrospective record review of women managed at HPP between March 2010 and December 2014. Univariate and multivariate statistical analyses were performed for group comparisons.

Results: 173 women were seen during the time period: 169 were pregnant, 1 was postpartum and 3 presented for preconception counseling. Average maternal age was 29.6 ± 6.7 years (17 - 47 years). Most patients were Caucasian (n=140, 80.9%) and had private insurance (n=121, 69.5%). Referral indications included cardiac conditions without history of cardiac disease (n=120, 69.3%) and known cardiac disease (n=13, 7.5%). The cesarean rate was slightly higher than the baseline rate in the United States. No significant adverse outcomes were noted.

Conclusion: In our collaborative cardiology and MFM practice, most pregnant women had known cardiac conditions and imaging by echocardiography was common. The cesarean rate was significantly lower than the baseline rate. No significant adverse outcomes were noted.

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