

OBSTETRIC CONSIDERATIONS IN PPCM


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OVERVIEW

- DELIVERY
 - POSTPARTUM
 - VENOUS THROMBOSIS RISK
 - BREAST FEEDING
 - CONTRACEPTION
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DELIVERY

- MAJORITY OF WOMEN DIAGNOSED PPCM AFTER DELIVERY.
- FOR THOSE PREGNANT AT TIME OF DIAGNOSIS- NEED CAREFUL MDT MANAGEMENT.
- CONSIDERATIONS- GESTATION/GRADE OF NEONATAL UNIT/ CARDIAC SUPPORT
- MODE OF DELIVERY- OBSTETRIC HISTORY/ MONITORING/ MIDWIFERY SUPPORT

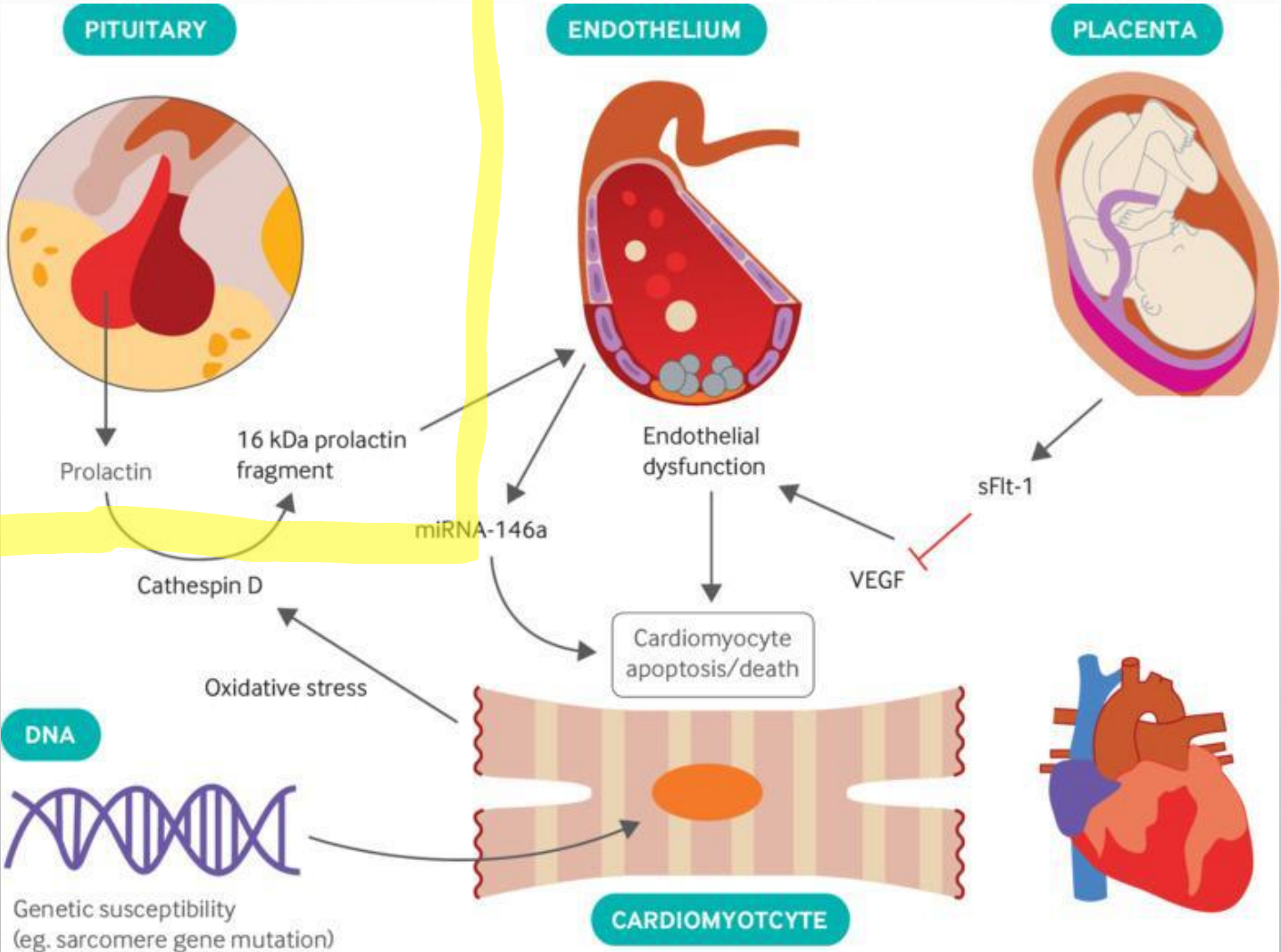
DELIVERY AND IMMEDIATE POSTPARTUM PERIOD

- MDT DISCUSSIONS WITH TEAM AND PATIENT- CLEAR DOCUMENTATION
- AVOID SITUATIONS MAY WORSEN HEART FAILURE.
- CLOSE PERIOD MONITORING AFTER DELIVERY- WHERE?
- MIDWIFERY SUPPORT ESSENTIAL

RISK OF VTE

- PPCM IS A SIGNIFICANT RISK FACTOR FOR VTE
- PUMP FAILURE PREDISPOSES TO CLOT FORMATION
- 2/63 WOMEN STILL HAD VTE DESPITE PROPHYLACTIC ANTICOAGULATION (EHJ 2017)
- MINIMUM 6/52 POSTPARTUM

BREAST FEEDING



ARE WOMEN SAFE TO BREAST FEED

- Data is very 'mixed'
- Mouse studies more promising than human studies.
- Often pragmatic approach best.
- MDT Approach.
- Some cardiac medications limited data on breastfeeding



IS PREGNANCY AFTER PPCM GOOD IDEA?

- WOMEN WITH PPCM MUST HAVE ACCESS TO RELIABLE CONTRACEPTION PRIOR TO DISCHARGE.
- WRITTEN INFORMATION HELPFUL
- NEED TIME AND FOR MYOCARDIAL RECOVERY AND FURTHER TESTING
- PREGNANCY MAYBE CONSIDERED FOR SOME WOMEN.



The background is a light gray gradient with several realistic water droplets of various sizes scattered in the corners. The droplets have highlights and shadows, giving them a three-dimensional appearance. The word "QUESTIONS" is centered in the middle of the page.

QUESTIONS