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Cardiovascular disease and high-risk pregnancy

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Background: Cardiovascular disease is the number one cause for mortality in women. There has been a steady increase in mortality in women younger than 55. There is a lack of awareness and knowledge regarding signs and symptoms of cardiovascular disease in women. A unique sub-group of this population is pregnant women. Acute myocardial infarction incidence is 0.2-1% in pregnant women. There has been a steady increase of pregnancy in older women and cardiovascular complications. In this group, Mother Mortality is 9% and fetal mortality is 6%.

Aim: Early identification and assessment of women and high-risk pregnancy.

Method: The Case presentation of 37-year-old woman with Ischemic heart disease and Status post coronary stent placement. Before discharge home from ICCU she consults with nursing staff about becoming pregnant.

Results: Women suffering from ischemic heart disease can become pregnant and undergo labor and vaginal delivery while under close surveillance. Epidural anesthesia should be performed and the birthing mother should be attached to cardiac monitoring while in labor and delivery. Caesarian section should be performed only in cases when mother is hemodynamically unstable, or in cases that myocardial infarction occurred close to day of delivery.

Conclusion: Since the increase of pregnancy in older women and cardiovascular complications, it is imperative that intensive care nurses know how to instruct and guide these women regarding their obstetric future

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