Abstract No. **16**
Category: **Prevention**
Title: **Comparison of Maternal And Neonatal Outcomes Between Pregnant Women With Heart Disease Receiving Structured Follow-up And Those Not Receiving Follow-up in a Cardio-obstetric Unit**
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Abstract:

Headers Background: Pregnant women with heart disease occupy the top places in maternal and perinatal morbidity and mortality. This paper intends to evaluate the outcomes of pregnant women with heart disease receiving structured follow-up (SFU) in a cardio-obstetric unit against pregnant women who had a single assessment with no follow-up (NSFU).

Methods and Outcomes: From 2016 to 2018, 168 pregnant women with heart disease were included in a prospective registry at a high complexity hospital, of whom 37 received multidisciplinary follow-up in a cardio-obstetric unit (intervention group) and 131 had a single assessment with no subsequent follow-up (control group). The average age was 26±6.7 years. The main diagnoses were congenital heart disease (32.7%), arrhythmias (28.5%), and valvular heart disease (14.3%). A total of 80.2% of the patients had a late assessment (greater than 20 weeks of gestation). The median time of the first assessment was at week 33, and the median time to delivery was 38 weeks. A total of 55.9% women delivered by cesarean section, of whom 85% by obstetric indication.

Primary cardiac event occurred in 13.8% of NSFU patients and 5.4% of SFU patients, but without statistical significance (p=0.134). Neither obstetric nor neonatal events showed significant differences (p=0.253 and p=0.486, respectively). The median of the CARPREG classification in NSFU patients was 2.48 (SD 2.3 95% CI 2.08–2.88) and in SFU patients, 3.37 (SD 2.45 95% CI 2.56–4.19, p=0.041). The median of the modified World Health Organization (mWHO) classification in NSFU patients was 2.1 (SD 1.6 95% CI 1.91–2.28) and in SFU patients was 2.65 (SD 0.95 95% CI 2.33–2.96; p=0.0052) (Figure 1).

Conclusions: Follow-up of pregnant women with heart disease in a structured program does not show significant differences in outcomes, despite the fact that the CARPREG II and mWHO risk scores are higher—evidence of greater risk in the group intervened. The first assessment for admission to the program is made late. There is a trend of fewer cardiac events in patients receiving follow-up, so a larger sample of patients is required.