Introduction

Cardiac disease remains the leading cause of indirect maternal death in the UK, of which mortality rates from cardiac disease has remained unchanged at approximately 2 per 100,000 maternities over the last two decades. Cardiovascular symptoms such as dyspnoea and palpitations. Most patients undergo an echocardiogram as part of their initial investigations for more common aetiologies such as valvular heart disease, arrhythmias, and cardiomyopathies. The possibility of ACHD is often to the causes above therefore despite a systematic segmental approach, it is often not thoroughly considered when performing the initial echocardiogram. This can delay diagnosis and management. We report a case of a missed PDA in a 71-year-old female presenting with shortness of breath and palpitations for 10 years. 

Methods

All patients that were referred to the combined obstetric-cardiology clinic between November 2020 and November 2021 were included. Data including demographics, underlying cardiac diagnosis, mWHO risk classification, cardiac investigation findings (if performed) and whether pre-conception counselling or delivery recommendations were made during these consultations were collected from clinic letters and from the local electronic database. Results: 73 patients were referred to the combined obstetrics and cardiology clinic, of which 66 were seen, 4 did not attend and 3 did not have a documented clinic letter. Of the 66 seen, the mean gestational age at first presentation was 22.6 weeks. 15 (22.7%) had an underlying inherited cardiac condition, 13 (19.7%) had arrhythmia, 7 (10.6%) had valve disease, 8 (12.1%) had cardiomyopathy and 23 (34.8%) had other cardiac diagnosis (aortic disease, simple shunts and palpitations/syncope with no documented arrhythmia) (Figure 1). Among these patients, 22 (33.3%) had mWHO I, 35 (53%) had mWHO II, 7 (10.6%) had mWHO III and 2 (3%) had mWHO IV (Figure 2). Only 6 of the 66 patients had pre-counselling advice documented, all had delivery recommendations made following the consultation.

Conclusion

A combined obstetric cardiology clinic was an unmet need at this tertiary hospital and uptake has been good in the first year since its inception. Future work will however be required to promote preconception counselling as well as to develop formal guidelines and referral pathways to further optimize utilisation of this pregnancy heart team clinic.

Conflict of Interest

None