



Chapter 7

VALVULAR HEART DISEASE IN PREGNANCY

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Introduction

Valvular heart diseases are common during pregnancy.⁽¹⁾ Rheumatic valve disease is the leading cause of valve lesions, especially in developing countries. Congenital valve diseases are more common in developed countries. Mitral valve pathologies are seen two times frequent than aortic valve pathologies during pregnancy.⁽²⁾ Valve diseases requiring intervention are rare in pregnancy.⁽³⁾ Current guidelines and reviews are available for the evaluation and decision making on appropriate treatment of patients' valve pathologies.

Increase in stroke volume and heart rate during pregnancy increases cardiac output. In the second and third trimesters, cardiac output increases 30-50%, and accordingly, in stenotic lesions, there is an increase in the valvular gradient up to 50%.^(3, 4) In the later stages of pregnancy, a significant increase in preload occurs secondary to autotransfusion and aorto-caval decompression.⁽⁵⁾ We evaluate valve pathologies in two subgroups as stenotic and regurgitant lesions. While regurgitant lesions are better tolerated during pregnancy, stenotic lesions require more interventions.⁽³⁾ Cardiologic examination and echocardiographic evaluation are recommended for the unexplained and new-onset symptoms during pregnancy. It is recommended that the treatment strategy of valve patients during pregnancy should be planned by the pregnancy heart team.⁽⁶⁾ Ideally,

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