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PERINATAL OUTCOMES IN INDIGENOUS WOMEN WITH RHEUMATIC HEART DISEASE IN THE TOP END

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Background

The rates of rheumatic heart disease (RHD) in Indigenous Australians are amongst the highest in the world and continuing to rise. Heart disease in pregnancy poses significant risks to both the mother and baby, but little is known about the risks of acquired heart disease in pregnancy. This study aims to describe the perinatal outcomes of women with RHD in the Top End of Australia to identify risk factors for adverse outcomes.

Methods

Indigenous women from the Top End of Australia who delivered at >20 weeks gestation between 2008-2014 were included. Women were stratified according to type and severity of cardiac lesion. Cases were identified from the perinatal database, Rheumatic Heart Disease Registry and ICD-10 coding. Data was collected by case note review and echocardiography reporting from hospital and community records. Perinatal outcomes were compared to contemporaneous indigenous women without cardiac disease.

Results

220 babies were born to 104 women with RHD between 2008 and 2014. The commonest cardiac lesion was isolated mitral valve disease (70%). 28 women required transfer to a tertiary centre for delivery due to severe or worsening cardiac disease, notably pulmonary hypertension. There were no maternal deaths but six stillborn babies. 25% of babies had a birthweight < 2.5kg and 18% were delivered < 37 weeks gestation. There was a high rate of post-partum haemorrhage (24%). Cardiac complications included: pulmonary oedema, arrythmia, coronary care unit admission or emergency valvuloplasty.

Discussion

Women with RHD were at risk of worse perinatal outcomes compared to Indigenous controls. Identification of those women at highest risk of adverse perinatal or cardiac outcomes may allow targeted interventions to optimise care.