



Society of Cardiology initiated Registry of Pregnancy and Cardiac disease (ROPAC.



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Pregnancy in women with hypertrophic cardiomyopathy: data from the European Society of Cardiology initiated Registry of Pregnancy and Cardiac disease (ROPAC) FREE

S. Goland, I.M. van Hagen, G. Elbaz-Greener, U. Elkayam, A. Shotan, W.M. Merz, S.C. Enar, I.R. Gaisin, P.G. Pieper, M.R. Johnson, ... [Show more](#)
R. Hall, A. Blatt, J.W. Roos-Hesselink

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Abstract

Aims

We report the maternal and foetal outcomes at birth and after 6 months in a cohort of pregnant women with hypertrophic cardiomyopathy (HCM). Although most women with HCM tolerate pregnancy well, there is an increased risk of obstetric and cardiovascular complications.

Methods and results

All pregnant women with HCM entered into the prospective worldwide Registry of Pregnancy and Cardiac disease (ROPAC) were included in this analysis. The primary endpoint was a major adverse cardiovascular event (MACE), which included death, heart failure (HF), thrombo-embolic event, and arrhythmia. Baseline and outcome data were analysed and compared for patients with MACE vs. without MACE and for patients with obstructive HCM vs. non-obstructive HCM. Sixty pregnant women (mean age 30.4 ± 6.0 years) with HCM (41.7% obstructive) were included. No maternal mortality occurred in this cohort. In 14 (23%) patients at least one MACE occurred: 9 (15.0%) HF and 7 (12%) an arrhythmia (6 ventricular and 1 atrial fibrillation). MACE occurred most commonly during the 3rd trimester and postpartum period. In total, 3 (5.0%) women experienced foetal loss. Women with MACE had a higher rate of emergency Caesarean delivery for cardiac reasons (21.4% vs. 0%, $P = 0.01$). No significant differences in pregnancy outcome were found between women with obstructive and non-

obstructive HCM. NYHA functional class of \geq II and signs of HF before pregnancy, were associated with MACE.

Conclusion

Although most women with HCM tolerated pregnancy well, cardiovascular complications were not uncommon and predicted by pre-pregnancy status facilitating pre-pregnancy counselling and targeted antenatal care.

Keywords: [Pregnancy](#), [Hypertrophic](#), [Cardiomyopathy](#), [Outcome](#)

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