The ACOG District XII Committee on Maternal Mortality would like to increase awareness regarding cardiac disease and pregnancy and recommends the following:

1. Avoid pregnancies complicated by preexisting heart disease by preventing unintended pregnancies.

2. Use the CDC Medical Eligibility Criteria (MEC). This color-coded chart categorizes what contraceptive options are safe with a variety of preexisting medical conditions.

3. Collaborate with gynecologists to ensure seamless referral for high-risk patients in need of contraceptive services or MFM services if patient is already pregnant.

4. Recognize that the risk of mortality during pregnancy with certain cardiac conditions, far outweighs the risk of contraceptive use.

5. Consider screening all cardiac patients for their future childbearing plans.

The following maternal health conditions carry a considerable risk for maternal mortality and should prompt an immediate referral to a high-risk pregnancy specialist if a positive pregnancy test is confirmed, or referral to an obstetrician/gynecologist, if patient is of childbearing age and is not pregnant. In all cases, engage best practices for shared decision-making with the patient when evaluating the risks, benefits and alternatives of contraceptives:

1. Pulmonary arterial hypertension (HTN)
2. Severe ventricular dysfunction ejection fraction (EF) <30%
3. Previous peripartum cardiomyopathy
4. Moderate or severe mitral stenosis
5. Moderate or severe aortic stenosis
6. Aortic dilation/aneurysm
7. Vascular Ehlers-Danlos
8. Fontan circulation
9. Mechanical valve
10. Unrepaired cyanotic heart disease

Women with cardiac disease are often counseled on barrier and fertility awareness-based methods which carry the highest failures rates:

- Fertility awareness-based methods-24%
- Withdrawal-22%
- Spermicide-28%
- Male condoms-18%
- Female condoms-21%
- Sponge-12-24%
- Diaphragm-12%

Suboptimal for women with significant cardiovascular disease.

Estrogen containing contraceptives should NOT be used in the following cases:

1. Deep Vein Thrombosis (DVT) with high risk of recurrence or known thrombogenic mutations
2. Acute Acute Venous Thromboembolism (VTE)
3. Migraine with aura
4. Hypertension with severely elevated blood pressure or vascular disease
5. Ischemic heart disease (history or current)
6. Peripartum cardiomyopathy with moderately or severely impaired cardiac function (NYHA Functional Class III or IV)
7. Stroke
8. Systemic lupus erythematosus with positive or unknown antiphospholipid antibodies

Progesterone containing contraceptives are considered either MEC category 1 or 2* in many cardiac conditions and include:

1. IUDs
2. Implant
3. Injection
4. Minipill

*MEC = Medical Eligibility Criteria
1. No restriction (method can be used)
2. Advantages outweigh the risks
3. Risks outweigh advantages
4. Unacceptable health risk

The most common conditions that arise in the 12-months following birth include:

- Cardiovascular Disease (including Cardiomyopathy)
- Infection
- Hemorrhage
- Postpartum Depression
- Diabetes
- Hypertension

OCE YEAR FOLLOWING BIRTH

I'm listening. Every mom. Every time.
## Synopsis Chart of U.S. Medical Eligibility Criteria for Contraceptive Use

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### Cardiac Disease & Pregnancy

Eliminate preventable maternal mortality  
#EveryMomEveryTime

[ACOG District XII FLORIDA](http://www.acog12.org)