



MITRAL REGURGITATION

What is it?

The mitral valve is made up to two flaps (medical term: leaflets) that open and close. When the mitral valve opens it allow blood to flow from the top chamber of the left heart (medical term: atria) to the bottom chamber of the left heart (medical term: ventricle). (see The Normal Heart) Normally, when the leaflets close they prevent blood from leaking back into the top chamber of the heart. When the mitral valve leaflets do not close properly, blood leaks back (medical term: regurgitation) into the top chamber. A floppy mitral valve (medical term: mitral valve prolapse or myxomatous mitral valve disease) is the most common cause of mitral regurgitation. Sometimes, rheumatic heart disease or congenital heart disease can be associated with mitral regurgitation.

Mitral regurgitation is graded as mild, moderate, or severe depending on the degree of leaking. If it is severe, the leak can cause the heart to enlarge or weaken. If the heart enlarges or weakens, an operation to fix or replace the valve may be necessary.

Many people with mitral regurgitation have no symptoms. If the regurgitation is severe, some people may become short of breath, have swelling of the legs (medical term: edema) or develop fast heart beats (medical term: palpitations).

How safe is it for me to become pregnant?

Pregnancy is associated with increased demands on the heart. (see Cardiovascular Changes During Pregnancy) Most women with mitral regurgitation can tolerate the stress of pregnancy without problems. However, sometimes women with severe mitral regurgitation can develop problems during pregnancy such as heart rhythm abnormalities (medical term: arrhythmias) or weakening of the heart (medical term: heart failure).

Every pregnancy carries some risk for complications and this risk may be increased by underlying heart disease. All women have to consider the safety of a pregnancy, taking their underlying heart disease into account. Every person's heart condition is different and therefore the safety of pregnancy differs too. Before proceeding with trying to have a baby you should discuss your specific condition and the details of your situation with a heart specialist who knows about the care of women with heart disease in pregnancy.

Issues for the mother

Which forms of birth control are safe?

For most women with mitral regurgitation, the choice of birth control (medical term: contraceptives) is not limited by their heart disease. (See Birth Control) Contraceptive selection should be discussed with a doctor who has an understanding of your underlying heart condition.

What are my risks if I become pregnant?

In order to determine your risks during pregnancy, you should see your heart specialist before getting pregnant. You may need heart tests such as an ultrasound of the heart (medical term: echocardiogram) to determine the risks of pregnancy. (see Heart Tests)

Most women with mitral regurgitation do well during pregnancy. Women with mild or moderate mitral regurgitation have the lowest risk of heart problems during pregnancy. Although not common, women with severe mitral regurgitation can develop heart problems during pregnancy including heart failure or rhythm problems (medical term: arrhythmias). If you had heart failure or rhythm problem before pregnancy, your risk for complications during pregnancy is higher. Other cardiac characteristics can have an impact on pregnancy outcomes. (see General Considerations) It is very important to see a heart specialist before pregnancy to discuss your risks in pregnancy. If complications occur, they can usually be managed with medication.

Some medications are not safe in pregnancy. Do not stop medications without first checking with your doctor, but do check your medications out before pregnancy so you will have a plan. If you did not do that, then do so as soon as you know you are pregnant. The MOTHERISK website is an excellent resource. (<http://www.motherisk.org>)

Issues for the baby

For most women with mitral regurgitation, there are no serious risks for the unborn baby. There may be an increased risk of early delivery (medical term: premature delivery) in women with severe mitral regurgitation.

Medical care during pregnancy and delivery

Where should I be followed?

Your specialists (heart specialist, obstetrician) will determine the frequency of follow up during your pregnancy and where you should deliver. Women with mild mitral regurgitation may simply be followed locally. For women with moderate or greater mitral regurgitation, care during pregnancy may need to occur at a center that specializes in high-risk pregnancy.

What can I do and expect during pregnancy?

Your heart specialist will arrange for check up visits during your pregnancy. In addition to your clinic visits, your doctor will arrange for ultrasounds of the heart (medical term: echocardiogram) to help determine how your heart is adapting to the pregnancy.

It is important that you pay attention to symptoms during your pregnancy. Notify your doctor if you develop any worrying symptoms such as shortness of breath, swelling of your legs, or heart palpitations.

If your symptoms are worrying and you cannot get in touch with your doctor, go to your nearest emergency department. It is helpful to keep a letter from your doctor explaining your condition so that other health care professionals can better help you in an emergency situation.

Labour and delivery should be planned with your heart specialist and your obstetrician. Generally, vaginal delivery is recommended. A vaginal delivery is usually recommended. Good pain management is important.