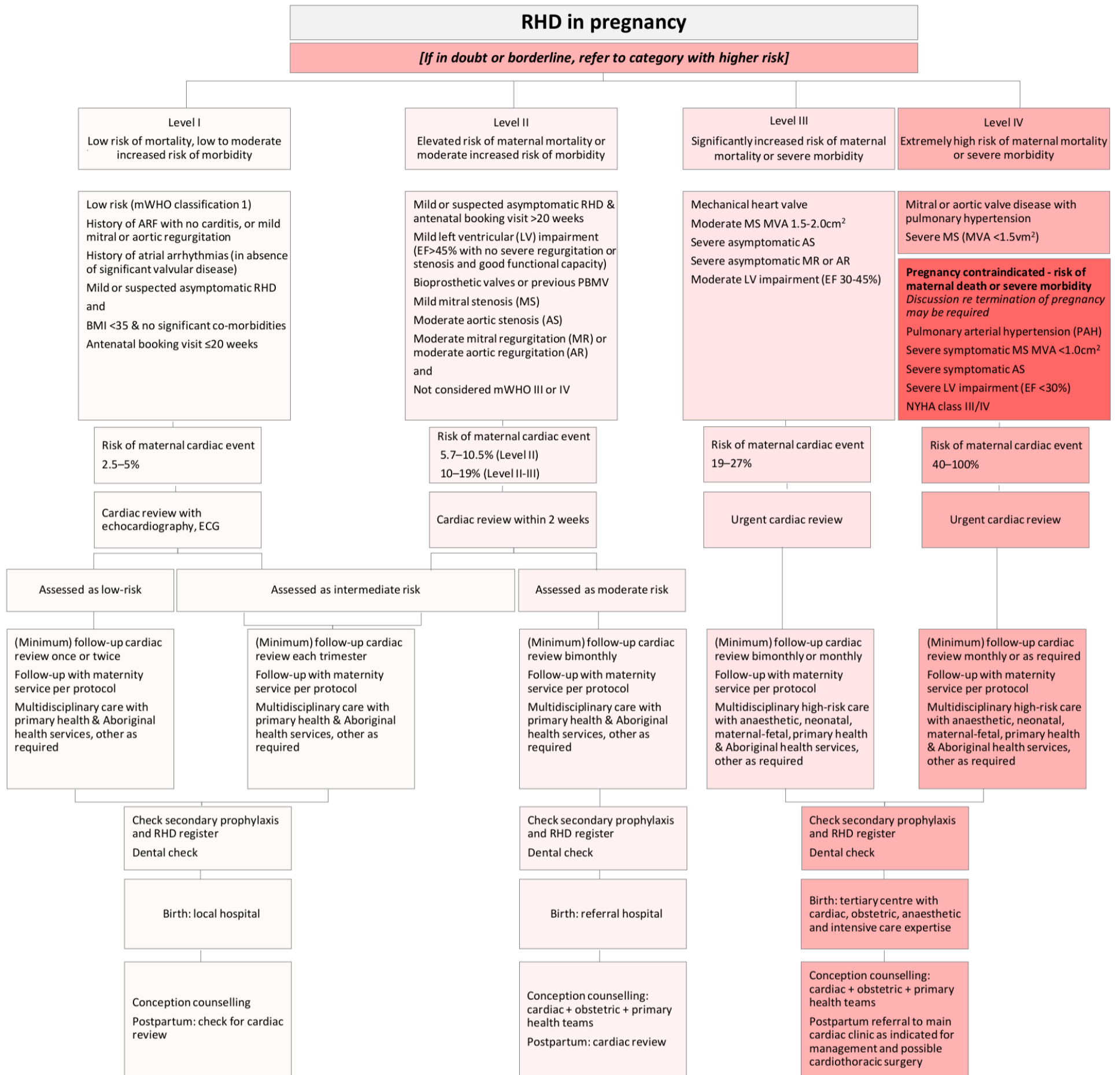


Figure 12.1 Care pathways and referral algorithm for pregnant women with RHD



Adapted with permission from Regitz-Zagrosek (2018), and Sliwa (1967)

**Abbreviations:** mitral regurgitation (MR); aortic regurgitation (AR); tricuspid regurgitation (TR); left ventricular (LV); pulmonary hypertension (PH); aortic stenosis (AS); mitral stenosis (MS); pulmonary arterial hypertension (PAH); mitral valve area (MVA); ejection fraction (EF).

**Mild RHD:** MVA > 2 cm<sup>2</sup> AND EF=50-70% AND mitral/aortic/tricuspid regurgitation = none or mild AND no AS.

**PAH:** LV filling pressure <15 mmHg & pulmonary vascular resistance >3 Wood units

**Significant co-morbidities** include diabetes, BMI >35, chronic kidney disease, drug and/or alcohol dependency.

**Risk of maternal cardiac event:** according to modified World Health Organization classification of maternal cardiovascular risk adapted from Regitz-Zagrosek (2018).

**References:**

Regitz-Zagrosek V, Roos-Hesselink J, W Bauersachs J et al. 2018 ESC Guidelines for the management of cardiovascular diseases during pregnancy. *Revista Espanola De Cardiologia (English Ed)* 2018; **39**(34): 3165-241.

Reference: RHD Australia ARF/RHD writing group. *The 2020 Australian guideline for prevention, diagnosis and management of acute rheumatic fever and rheumatic heart disease* (3rd edition) Page 244 (<https://www.rhdaustralia.org.au/arf-rhd-guideline>)