

Destination Healthy Heart:

A ROADMAP TO MANAGING HEART FAILURE



THE MANY FACES OF HEART FAILURE

Heart Failure

DUE TO PERIPARTUM CARDIOMYOPATHY (PPCM)

Heart Failure

Heart failure is a syndrome in which the heart is not able to pump enough blood to meet the needs of the body. There are many causes and types of heart failure.

What is unique about HF due to PPCM:

PPCM is a weakness of the heart muscle that occurs during the final month of pregnancy or within 5 months after delivery that leads to symptoms of HF. The heart pumping function measured as the ejection fraction (or EF) is usually lower than 45% (normal is about 50% or greater) and can't be explained by other possible causes. Although the cause of PPCM is unknown, there are several risk factors associated with PPCM including older maternal age, pregnant with twins or more babies, high blood pressure and African American race. The diagnosis of PPCM is challenging because patients and providers may dismiss symptoms such as shortness of breath, tiredness and swelling in the legs because these are symptoms often experienced by pregnant women in their third trimester of a normal pregnancy. PPCM is treated with standard HF medications with a few exceptions. Angiotensin-converting enzymes (ACEI) and aldosterone antagonists are not recommended during pregnancy, since these drugs can affect the baby. When breastfeeding is desired, certain medications in each drug category have a better safety profile, for example, metoprolol is the preferred beta blocker. Some women recover the full strength of their heart function, whereas others have a slow, gradual recovery on HF medications, or others may have worsening HF despite medical therapy. Patients often ask about a future pregnancy--even women who seem to have made a complete recovery are at particularly high risk of developing the condition again with another pregnancy. Pregnancy is not advised if heart function has not recovered and the EF is lower than 55%.

FOR ALL PERSONS WITH HF, REMEMBER THE FOLLOWING:

- Review all medications with your health care provider (including over-the-counter, vitamins, and herbs). Some medicines can make your HF worse, so avoid: Nonsteroidal anti-inflammatory drugs (NSAIDs) and Calcium channel blockers (unless prescribed by your HF provider)
- Take your medicines as prescribed
- Weigh yourself daily
- Do not smoke
- Limit your salt intake
- Get regular exercise most days of the week
- Keep all your visits with your health care providers
- Report all new or worse symptoms of HF right away

FOR PERSONS WITH PPCM THE FOLLOWING TIPS MAY BE IMPORTANT

- Know what your ejection fraction is: ____%
- Discuss birth control options with your health care provider if you have been advised to avoid future pregnancy
- Notify your health care provider if you are pregnant or breast-feeding so that the safest HF medications can be prescribed for you
- Ask if you need to be on a blood thinner medication right away