

GUIDE TO CONTRACEPTION INFORMATION FOR WOMEN WITH CARDIOVASCULAR DISEASE

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INTRODUCTION

Hypertension and cardiac disease in pregnancy are the leading causes of maternal morbidity and mortality. Pregnancy can affect the course of cardiovascular disease and potentially endanger the health of the mother. In return, cardiac disease in women can affect fetal well-being and overall health of the pregnancy. Patients with cardiovascular disease including hypertension, congenital heart defects, arrhythmia and heart failure should be educated about contraceptive choices to improve overall health and to successfully achieve their reproductive plan, which may include preventing unwanted pregnancy.¹⁻⁴

INCREASED RISKS DUE TO PREGNANCY IN PATIENTS WITH CARDIOVASCULAR DISEASE INCLUDE:

- Worsening hypertension
- Prolonged hospitalization
- Preeclampsia
- Fetal growth restriction
- Premature delivery
- Myocardial infarction
- Stroke
- Heart failure
- Death

METHODS OF CONTRACEPTION

Non-hormonal methods are the preferred contraception in patients with cardiovascular disease, given the minimal risk of thromboembolism with their use.

- Barrier methods
- Copper IUD
- Tubal ligation
- Trans-cervical tubal occlusion
- Partner vasectomy.

Hormonal methods containing estrogen products and depot medroxy-progesterone acetate injection should be used with caution in patients who have multiple risk factors or a history of cardiovascular disease.⁵ Table 9 shares current guidelines for suggested contraception in patients with CVD.

- Combined Hormonal Contraceptives (CHC): Pill, Patch or Ring
- Progestin only form: Pill, Injection, Implant, or IUD

Table 9: Current Guidelines for Suggested Contraception in Patients with Cardiovascular Disorders

	Peripartum Cardio-myopathy	Valvular Disease on no anticoagulation	Valvular Disease on anticoagulation	Congenital Cardiac Defect
<p>Combined Hormonal Contraceptives: Pill, Patch, Ring</p> <p>Risks include thromboembolism, stroke, myocardial infarction, lipid abnormalities</p> <p>Risk of unintended pregnancy: User dependent up to 9/100</p>	Based on individual patient profile in consultation with cardiologist	Based on individual patient profile in consultation with cardiologist	AVOID	Based on individual patient profile in consultation with cardiologist
<p>Progestin only</p> <p>Risk of unintended pregnancy: User dependent up to 9/100</p>	Recommended	Recommended	Recommended	Based on individual patient profile in consultation with cardiologist
<p>Progestin Injection</p> <p>Risks include fluid overload</p> <p>Risk of unintended pregnancy: 6/100</p>	Recommended	Recommended	Recommended	Based on individual patient profile in consultation with cardiologist
<p>Progestin Implant</p> <p>Risk of unintended pregnancy: Less than 1/100</p>	Recommended	Recommended If mechanical valve, antibiotic prophylaxis	Recommended If mechanical valve, antibiotic prophylaxis	Based on individual patient profile in consultation with cardiologist
<p>Copper IUD</p> <p>Contraindicated in: Allergy to copper; Wilson's disease</p> <p>Risk of unintended pregnancy: Less than 1/100</p>	Recommended	Recommended	Recommended If mechanical valve, antibiotic prophylaxis	Based on individual patient profile in consultation with cardiologist
<p>Levonorgestrel IUD</p> <p>Risk of unintended pregnancy: Less than 1/100</p>	Recommended	Recommended	Recommended If mechanical valve, antibiotic prophylaxis	Based on individual patient profile in consultation with cardiologist

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