



Table 2: Modified World Health Organization (WHO) Classification of Maternal Cardiovascular Risk: Application

WHO Pregnancy Risk Classification (Risk of pregnancy by medical condition)	Cardiovascular Conditions by WHO Risk Class
WHO Risk Class I No detectable increased risk of maternal mortality and no or mild increase in morbidity.	 Uncomplicated, small or mild Pulmonary stenosis Patient ductus arteriosus Mitral valve prolapse Successfully repaired simple lesions (atrial or ventricular septal defect, patent ductus arteriosus, anomalous pulmonary venous drainage). Atrial or ventricular ectopic beats, isolated
WHO Risk Class II (If otherwise well and uncomplicated) Small increased risk of maternal mortality or moderate increase in morbidity.	 Unoperated atrial or ventricular septal defect Repaired tetralogy of Fallot Most arrhythmias
WHO Risk Class II or III (Depending on individual) Risk as indicated in Class II (above) or Class III (below).	 Mild left ventricular impairment Hypertrophic cardiomyopathy Native or tissue valvular heart disease not considered WHO I or IV Marfan syndrome without aortic dilatation Aorta <45 mm in aortic disease associated with bicuspid aortic valve Repaired Coarctation
WHO Risk Class III Significantly increased risk of maternal mortality or severe morbidity. Expert counseling required. If pregnancy is decided upon, intensive specialist cardiac and obstetric monitoring needed throughout pregnancy, childbirth and the puerperium.	 Mechanical valve Systemic right ventricle Fontan circulation Cyanotic heart disease (unrepaired) Other complex congenital heart disease Aortic dilatation 40-45 mm in Marfan Syndrome Aortic dilatation 45-50 mm in aortic disease associated with bicuspid aortic valve
WHO Risk Class IV (Pregnancy contraindicated) Extremely high risk of maternal mortality or severe morbidity; pregnancy contraindicated. If pregnancy occurs termination should be discussed. If pregnancy continues, care as for class III.	 Pulmonary arterial hypertension of any cause Severe systemic ventricular dysfunction (LVEF <30%, NYHA III-IV)* Previous peripartum cardiomyopathy with any residual impairment of left ventricular function Severe symptomatic mitral or aortic stenosis Marfan syndrome with aorta dilated >45 mm Aortic dilation >50 mm in aortic disease associated with bicuspid aortic valve Native severe Coarctation

^{*}LVEF = left ventricular ejection fraction; NYHA = New York Heart Association

Table 2 reprinted here with permission from Regitz-Zagrosek V, Blomstrom Lundqvist C, Borghi C, et al. ESC Guidelines on the management of cardiovascular diseases during pregnancy: The task force on the management of cardiovascular diseases during pregnancy of the European Society of Cardiology (ESC). *European Heart Journal*. 2011;32(24):3147-3197.