

# SOUTHWESTERN NEWS

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## TREATING HEART ARRHYTHMIA DURING PREGNANCY CAN BE DONE SAFELY

DALLAS — December 12, 1995 — Pregnant women often swoon. But it shouldn't be taken lightly. In some instances, these episodes are symptoms of a heart disturbance.

Arrhythmia — an irregular heart rhythm — can develop for the first time during pregnancy or become worse in women who already have an abnormal rhythm.

"It is not uncommon for pregnant women to become lightheaded or to faint," said Dr. Richard Page, an associate professor of internal medicine at UT Southwestern Medical Center at Dallas. "Most of the time it has to do with other changes in the blood flow and circulation during pregnancy, but sometimes it is due to a heart-rhythm problem that needs to be addressed."

Treating such a patient is filled with potential complications and complexities as well as gratification, Page said in a recent article, "Treatment of Arrhythmias During Pregnancy," published in the *American Heart Journal*.

Arrhythmia disturbances impair the heart's ability to pump blood adequately. "That's why someone might pass out, for example; there's not adequate blood flow to the brain," said Page, who is also director of the Clinical Cardiac Electrophysiology Unit at UT Southwestern and at Parkland Memorial Hospital.

The condition becomes more perilous during pregnancy. Although the blood flow and blood pressure to the mother may be preserved, flow to the fetus could be jeopardized.

Treatment can vary from observation to implanted devices or aggressive drug therapy. Drugs should be considered carefully because of risk of transmission to the fetus in the uterus or through breast milk after birth. Fertile women typically are excluded from new drug trials, so Page suggests physicians stick with drugs that have proven records of safety. Those are usually the oldest drugs on the market.

"Physicians need to consult their patients to decide how important it is to treat the heart-rhythm disturbance but not to be fearful of treating it," he said. "They should also be confident

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## HEART ARRHYTHMIA — 2

that some drugs are relatively safe."

Pacemakers, or defibrillators, occasionally are used for treatment. While X-rays are necessary to implant a pacemaker, the risk to the baby is very small — especially beyond the 50- to 60-day range.

"Beyond 60 days in a pregnancy, the baby is fully formed; it's just growing," Page explained. "The highest risk for malformation from X-rays is before that, while the organs are forming."

Defibrillation, which provides an external electrical shock to keep the heart pumping, carries a small risk of causing premature labor.

"Overall the risk is relatively low. You don't do it unless you have to — if you have to, you shouldn't delay," he said.

The most dramatic dilemma is presented when a woman who is more than 20-weeks pregnant goes into cardiac arrest. The general rule is "mother comes first" and cardiopulmonary resuscitation should be performed on the woman.

"However, if the mother is not pumping blood, the baby is dying," said Page. "CPR on the mother is not supporting the baby. If the baby is viable, one should also consider that there are two patients and whether an emergency Caesarean section is needed to save the baby. That obviously distracts from the resuscitation of the mother, but it is a decision — a tough decision — that has to be made within 15 minutes of the cardiac arrest."

Any pregnant woman who experiences fainting spells should see an obstetrician. A cardiologist may be consulted if a heart problem is suspected.

"The goal is to take the mother through pregnancy, keeping in mind the potential risks of any therapy and the risk of the heart-rhythm disturbance itself, with an eye toward delivery of a healthy baby at term," Page said.

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