

PE1602/D

Royal College of Obstetricians and Gynaecologists submission of 28 April 2017

Update on RCOG Good Practice Paper No. 13 Cardiac Disease in Pregnancy.

The above Good Practice Paper was first published in 2011.

Whilst considering the update of this guidance, it came to our notice that NICE are now developing a guideline on [Intrapartum care for women with existing medical conditions or obstetric complications and their babies.](#)

Amongst others, this guideline is intended for obstetricians, midwives, anaesthetists and other healthcare professionals involved in the care of women in labour, including in maternity services.

In the section on key questions, they intend to include the following:

Section 3 Women with cardiac disease

3.1 What history, clinical examination and investigation is most useful in antenatal planning for birth in women with congenital cardiac disease?

3.2 What is the appropriate management of anticoagulation for women with valvular disease in pregnancy and labour?

3.3 Which women with cardiac disease should be offered elective caesarean section to improve outcomes for reasons specific to cardiac disease?

3.4 Which cardiac conditions need additional fluid balance monitoring or management during labour and birth:

- input-output chart of fluid balance with a urinary catheter or urometer*
 - invasive monitoring using an arterial line and central venous pressure*
 - cardiac output monitoring*
- fluid restriction?*

3.5 What is the most appropriate method of diagnosis for women with suspected cardiomyopathy in labour?

3.6 What is the optimal management for women with suspected cardiomyopathy in labour?

3.7 Is regional or general anaesthesia safer for women with cardiac disease who need anaesthesia for caesarean section?

3.8 What is the effectiveness and safety of regional analgesia compared with systemic narcotic analgesia for women with cardiac disease who are in labour?

3.9 How should the third stage of labour be managed for women with cardiac disease?

As a result of this, in addition to an internal ongoing review of RCOG guidance and advice to assess their purpose and relevance for the profession, we have decided that updating this Good Practice Paper is no longer required.

We want to avoid duplication where at all possible with our publications and we hope that the NICE guideline will become the up to date reference for all clinicians.