## Letter to the Editor

Pregnancy and Cardiac Disease: Making Headway



## Embarazo y enfermedad cardiaca: se hace camino al andar

## To the Editor,

We read with great interest and appreciation the editorial published in *Revista Española de Cardiología* on pregnancy and cardiac disease.<sup>1</sup> For all cardiologists–but especially clinicians–this work represents, on the one hand, an update on cardiovascular disease before and during pregnancy and, on the other, introduces the Registry of Pregnancy and Cardiac Disease (ROPAC), which will undoubtedly provide new evidence and improve our daily practice. We would like to highlight various aspects we consider crucial: first, the counseling and planning required by patients with heart disease who do not undergo follow-up in specific clinics and who require special care before and during pregnancy, beyond the usual monitoring and follow-up visits. Such patients include those with a bicuspid aortic valve and an aortic ascending aneurysm treated in general clinics or with a family history of sudden cardiac death of unknown etiology.<sup>2</sup>

A second related aspect to bear in mind is the need to create specific clinics and multidisciplinary teams that permit close follow-up and facilitate considered and consensual decision-making (eg, the type of delivery) to avoid risky situations and hasty decisions.<sup>3</sup> Multidisciplinary teams focused on a specific disease, by combining criteria and accumulating knowledge and experience, undoubtedly improve patient care. In addition, it is necessary to remember all of the situations requiring genetic counseling, family screening, and pregnancy planning.

Fortunately, the available clinical practice guidelines<sup>4</sup> remain the only source of information worth consulting, despite the limitations noted by their authors. Initiatives such as ROPAC are essential to improve our daily practice; undoubtedly, such registries generate considerable knowledge and greatly aid patient care. These and similar initiatives are more than welcome and we hope that ROPAC and other ongoing registries improve the health care of our patients.<sup>5</sup>

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## REFERENCES

- Roos-Hesselink JW, Stein JI. Pregnancy and cardiac disease. *Rev Esp Cardiol.* 2017;70:78–80.
- Martín M, Barriales V, Rozado J, et al. Pregnancy in aortopathies: Foresight and anticipation. Int J Cardiol. 2016;222:792.
- Díaz Antón B, Villar Ruíz O, Granda Nistal C, Martín Asenjo R, Jiménez López-Guarch C, Escribano Subias P. Embarazo en mujeres con cardiopatía estructural: experiencia de un centro. *Rev Esp Cardiol.* 2015;68:1189–1190.
- 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). Eur Heart J. 2011;32:3147–3197.
- Prakash SK, Bossé Y, Muehlschlegel JD, et al. A roadmap to investigate the genetic basis of bicuspid aortic valve and its complications: insights from the International BAVCon (Bicuspid Aortic ValveConsortium). J Am Coll Cardiol. 2014;64:832–839.

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