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சுகாதார அமைச்சு
Ministry of Health

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திகதி)
Date) 12/01/2024

Circular no: 01 - 05 / 2024

All Deputy Director Generals, Ministry of Health/NHSL,
All Provincial Directors of Health Services,
All Regional Directors of Health Services,
All Heads of Institutions.

Prevention of maternal deaths due to cardiac diseases

Heart disease complicating pregnancy remains a major cause of maternal mortality. In 2020, 13.5% (12 out of 89) of maternal deaths were attributed to cardiac causes.

Based on the findings of maternal mortality reviews, the following interventions have been identified for communication to relevant healthcare staff members in both the public and private sectors.

A. For primary and preventive care health staffs

If a pregnant or postpartum woman is found or presents with shortness of breath:

- The Public Health Midwife (PHM) should immediately refer the woman to the closest hospital and follow up to ensure adherence to the advice.
- The medical officer (MOH, MO or General Practitioner) should look for other symptoms and signs of cardiac diseases, such as chest pain, palpitations, dizziness, blackouts, leg swelling, cyanosis, tachycardia, murmurs and lung basal crepitations.
- If there is any suspicion of a cardiac cause based on the above symptoms and signs, the woman should be promptly referred to a specialist hospital. Early diagnosis and treatment are critical to save the life of the woman, and the follow up is essential to ensure adherence to the instructions.

If a pregnant or postpartum woman with a known cardiac illness is encountered in field care:

- Verify whether a management plan has been provided to her by the specialist team. If a management plan is available, she should be strictly advised to adhere to it.
- The Public Health Midwife should obtain the contact details of the woman and follow up adherence to the management plan through phone calls and/or during home visits.
- The details of such women should be recorded in the 'Red book'.
- Remind pregnant or postpartum women to carry their Pregnancy Record (H 512A) when seeking hospital care.

B. For specialist care hospitals (secondary and tertiary care)

If a pregnant or postpartum woman is referred or presents with shortness of breath to the OPD, ETU, medical ward, obstetric ward, or any other hospital unit, the medical officer should also look for other cardiac symptoms and signs, such as chest pain, palpitations, dizziness, blackouts, leg swelling, cyanosis, tachycardia, murmurs, lung basal crepitations, and the relevant Consultant Obstetrician & Gynecologist needs to be informed immediately.

A 2D echo should be arranged as early as possible for pregnant or postpartum women with aforementioned cardiac symptoms.

Management of pregnant or postpartum women with cardiac illness should involve a multi-disciplinary team, including the Consultant Obstetrician, Consultant Physician, Consultant Cardiologist (if available), Consultant Anaesthetist and Consultant Neonatologist/Paediatrician, to achieve a successful outcome.

All pregnant women should undergo a mandatory electrocardiogram (ECG) prior to a planned Caesarean section.

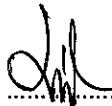
Upon the discharge of a pregnant or postpartum woman from the hospital who has a known cardiac illness, the management team should clearly document on her pregnancy record the follow up plan by the attending Consultant.

When a postpartum woman with a known cardiac illness is discharged from the hospital, the following should be ensured:

- Proper counselling on the need for a permanent or long-term contraceptive method if further pregnancy is contraindicated
- Proper counselling on the need for a long-term contraceptive method if further pregnancies need to be delayed for a long period
- Counselling on any suitable contraceptive method for all other women, based on the woman's condition

If the woman agrees to a contraceptive method, she should be referred to the appropriate team. The above actions should be clearly recorded in the pregnancy record.

In order to ensure proper implementation of the above instructions, you are requested to bring the content of this circular to all concerned in your province/district/institution.


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Director General of Health Services

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