Vulvar Heart Disease in Pregnancy (letter)
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Valvular Heart Disease in Pregnancy

TO THE EDITOR: In their review of valvular heart disease in pregnancy, Reimold and Rutherford (July 3 issue) do not address the early puerperium. In our opinion, this period may be crucial. Many clinicians tend to believe that pregnancy in a patient at risk has been successfully completed after an uncomplicated delivery. Although the authors briefly discuss issues related to cardiovascular physiology immediately after delivery, the literature emphasizes the importance of the puerperium. Confidential inquiries into maternal deaths have revealed that care may be suboptimal during the postnatal period, since the intensity of monitoring is often decreased at this time, despite the fact that the majority of deaths occur after delivery.

The early puerperium may be a period associated with a risk of heart failure because of the physiological return of extravascular fluid from the limbs and lower body to the systemic circulation. This mobilization phase may take nearly a week. Clinicians should be aware of this risk and be advised to conduct continuous, close monitoring for a minimum of 72 hours after delivery, preferably in a multidisciplinary setting.

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