

Pregnancy, delivery and postpartum care

1.2 During Pregnancy

The risk of aortic dissection is increased during pregnancy, delivery and the postpartum period



WHAT IS RECOMMENDED

- Treatment with β blockers throughout the entire pregnancy and in the postpartum period. Check the type of β blocker: atenolol is the least favourable; propranolol, metoprolol and labetalol are preferred.
- Monitor the aortic diameters (including abdominal diameters) by ultrasound at least twice during pregnancy: 20-24w and 32-36w. More examinations may be considered if the aortic diameter is above 40 mm or when increased growth is noted.
- Monitor blood pressure on a regular basis (target <130/80 mm Hg).
- Foetal growth should be monitored carefully to assess the effect of β blockers.



WHAT YOU SHOULD NOT DO

- Prohibit pregnancy for all women with Marfan Syndrome.
- Stop treatment with beta-blockers during the pregnancy or at delivery.