

Optimizing Outcomes for Patients on Warfarin in Pregnancy: Experience from a dedicated Obstetric Medicine Unit

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ABSTRACT

Objectives: The maternal and fetal morbidity and mortality of patients on warfarin in pregnancy is significant and the objective of this study is to highlight obstetric outcomes of patients managed in a dedicated obstetric medicine unit. **Methods:** This is a 24-month retrospective review of patients on warfarin in pregnancy. The study period was from June 2016 till May 2018. The patients were identified based on the clinic registry. **Results:** A total of 11 patients on warfarin in pregnancy were included, 10 with a single prosthetic valve and one with double prosthetic valve replacement. One patient has an ongoing pregnancy at 13 weeks while 50% of them delivered at term. There was no valve thrombosis although all had caesarean section. 40% required relaparotomy for intraperitoneal bleed at day 5 post-delivery. There were no fetal abnormalities although the miscarriage rate was as high as 50%; with two pregnancy losses at 20 weeks. One fetus had an intracranial bleed at 28 weeks when the mother had an INR of 4. Patients with “tight” two weekly INR reviews had better outcomes. Bleeding was associated with heparin infusion and earlier initiation of warfarin at day 1 post-delivery reduced the incidence of haemorrhage. A narrow APTT ratio of 1.5-2.0 with frequent 4 hourly but smaller dose increments while taking into considerations of APTT trends were associated with better outcomes. Current guidelines do not address these details hence the higher incidence of bleeding post-delivery. **Conclusion:** A revised guideline and setting dedicated obstetric medicine units in Malaysia are essential for improved outcomes.

Diaphragmatic Eventration of the Pregnant Mother: A Report of Two Patients and a Literature Review

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ABSTRACT

Objectives: Diaphragmatic eventration is an uncommon disorder affecting 0.05% of the population. These patients may become symptomatic during pregnancy and the objective is to highlight challenges in diagnosis and management in pregnancy. **Methods:** We report two patients with diaphragmatic eventration in pregnancy whom we managed in Hospital Kuala Lumpur over the last 24 months. The patients' records were reviewed and the patients were followed up post-delivery. **Results:** Case 1 A 37-year-old multip presents with progressively worsening shortness of breath since 24 weeks of pregnancy. She was initially treated as pneumonia without imaging. Her symptoms persisted and only during her second presentation at 27 weeks with respiratory failure was the diagnosis established. She required ICU admission with non-invasive ventilation. Case 2 A 27-year-old primid presents with progressively worsening dyspnea and reduced effort tolerance at 34 weeks of pregnancy. She was breathless at rest and a chest-x-ray confirmed the diagnosis. Both these patients were symptomatic for the first time in pregnancy. One patient had moderate pulmonary hypertension and presented at 24 weeks. The delivery was challenging as the caesarean section was performed at a propped up position with regional anaesthesia. One patient also required intrapartum non-invasive ventilation. The thoracic surgeon was in-standby in case of an emergency correction if the patient required intubation. Their symptoms improved post-delivery and were planned for an elective thoracic surgery. **Conclusion:** Breathlessness in pregnancy should be investigated and imaging is safe in pregnancy. Management of such complex patients should ideally involve a multidisciplinary team as to ensure optimal outcomes.