

Heart Valve Replacement in Women of Childbearing Age

Help your patients live life
with less compromise



Edwards

Helping Your Patients Select the Right Heart Valve

More women living with valvular heart disease are reaching childbearing age and becoming pregnant.¹ Their pregnancies present challenges and are linked to an **increased incidence** of adverse outcomes.²

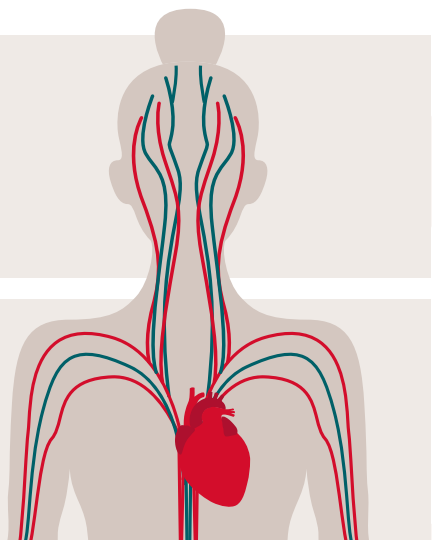
When implantation of a prosthetic valve is unavoidable in patients who want to become pregnant, valve selection can be challenging.³ Decisions about choosing a prosthetic valve require careful consideration of the advantages and disadvantages of the valve types and of the optimal way to integrate this information into the clinical characteristics and personal preferences of each patient.^{4,5}

In the United States, cardiovascular disease

Complicates about **1% to 3%** of all pregnancies²

Causes **10% to 15%** of maternal mortality²

Is the **number 1 cause of death** among pregnant women⁶

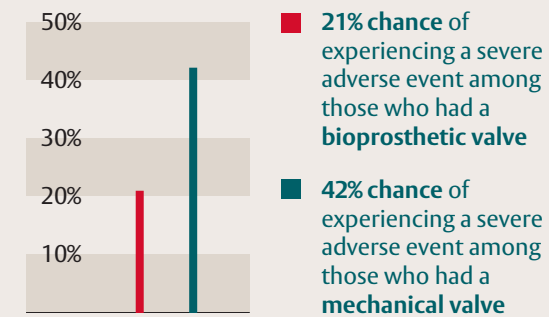


Tissue or mechanical valve?

Consider these decision points to support patients in making optimal valve selections.

Compared with women who received a tissue valve, 20% more women who received a mechanical valve experience adverse events⁴

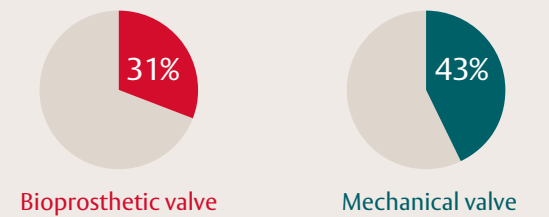
Among 212 pregnant women in an international registry of women who had a prosthetic heart valve,⁴ there was a



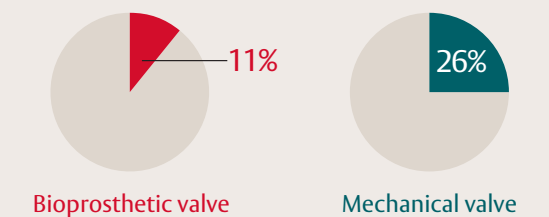
Pregnancy outcomes

In a study of pregnancy among women who had a bioprosthetic heart valve, there were⁷:

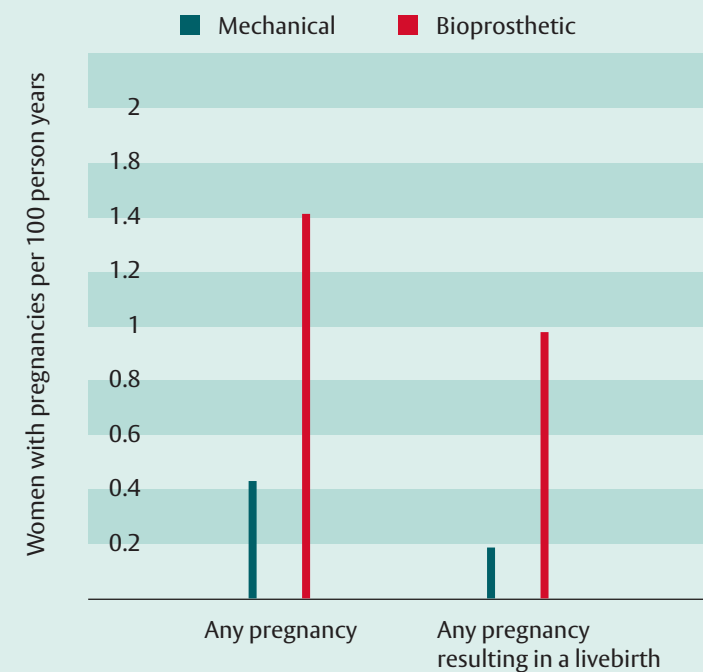
Fewer induced abortions



Fewer miscarriages



Pregnancies and live births for women with mechanical vs bioprosthetic heart valves⁷



- Bioprosthetic valves may be **less durable** than mechanical valves and are associated with a greater need for reoperation, but they are considered by major societal guidelines as the preferred choice for fertile women who have valvular heart disease and are considering pregnancy^{3,8}
- In addition, infants born to women who have a mechanical valve are at a **higher risk of embryopathy** and other adverse events due to anticoagulation drugs such as warfarin^{9,10}



“The doctors told me that since I wanted to start a family after my surgery, it will be best for me to have a tissue valve because there are lots of restrictions with the mechanical valve.”

– Michelle, patient

Through shared decision making, the heart team can work with their patients and consider their preferences and lifestyle choices and help them to

- understand both pregnancy and maternal outcomes of interest to support decisions about the optimal timing and type of valve replacement³
- think about all the restrictions relating to diet and physical activity that comes with having a mechanical valve due to life-long anticoagulation with warfarin⁸
- consider the recommendation of a bioprosthetic valve versus a mechanical valve to avoid the need for anticoagulation therapy and to increase the chances of an event-free pregnancy and live birth^{3,4,7,8}



Learn more about helping your patients live life with less compromise.

Important Safety Information:

INSPIRIS RESILIA Aortic Valve

Indications: For use in replacement of native or prosthetic aortic heart valves.

Contraindications: There are no known contraindications with the use of the INSPIRIS RESILIA aortic valve.

Complications and Side Effects: Thromboembolism, valve thrombosis, hemorrhage, hemolysis, regurgitation, endocarditis, structural valve deterioration, nonstructural dysfunction, stenosis, arrhythmia, transient ischemic attack/stroke, congestive heart failure, myocardial infarction, any of which could lead to reoperation, explantation, permanent disability, and death.

Warnings: DO NOT ADJUST THE VALVE DIAMETER BY EXPANDING THE BAND PRIOR TO OR DURING IMPLANTATION OF THE SURGICAL VALVE. The expandable band is not designed to allow for compression or expansion during implantation of the surgical valve. This will cause damage to the valve and may result in aortic incompetence. DO NOT PERFORM STAND-ALONE BALLOON AORTIC VALVULOPLASTY PROCEDURES ON THIS VALVE FOR THE SIZES 19 – 25 mm as this may expand the valve causing aortic incompetence, coronary embolism or annular rupture. Valve-in-valve sizing in the INSPIRIS valve has only been tested with specific Edwards transcatheter heart valves. Use of other transcatheter valves may result in embolization of transcatheter devices anchored within or result in annular rupture.

CAUTION: Federal (USA) law restricts these devices to sale by or on the order of a physician. See instructions for use for full prescribing information.

References

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