

## SCOPE DEFINITION

## Guideline Title: Rheumatic heart disease (RHD) and pregnancy

Scope framework	
<b>Population</b>	<p><i>Which group of people will the guideline be applicable to?</i></p> <ul style="list-style-type: none"> <li>• Women with history of acute rheumatic fever and/or rheumatic heart disease</li> <li>• Pregnant women with a history of or identified with acute rheumatic fever/rheumatic heart disease for the first-time during pregnancy</li> </ul>
<b>Purpose</b>	<p><i>How will the guideline support evidence-based decision-making on the topic?</i></p> <p>Identify relevant evidence related to:</p> <ul style="list-style-type: none"> <li>• The risks related to pregnancy for women with ARF or RHD</li> <li>• Preconception counselling</li> <li>• Assessment and management of ARF and RHD during pregnancy and postpartum</li> </ul>
<b>Outcome</b>	<p><i>What will be achieved if the guideline is followed? (This is not a statement about measurable changes / not SMART goals)</i></p> <p>Support:</p> <ul style="list-style-type: none"> <li>• Early identification of pregnant women with acute rheumatic fever and rheumatic heart disease</li> <li>• Best practice management during pregnancy, labour and postpartum</li> </ul>
<b>Exclusions</b>	<p><i>What is not included/addressed within the guideline</i></p> <ul style="list-style-type: none"> <li>• Standard care as outlined in the Queensland Clinical Guidelines <i>Standard Care</i> guideline</li> <li>• Routine antenatal, intrapartum and postpartum care</li> <li>• Primary health prevention, diagnosis and management of acute rheumatic fever (ARF)</li> <li>• Secondary prophylaxis and long-term monitoring of ARF</li> <li>• Comprehensive information related to echocardiographic features of RHD/ARF</li> <li>• Surgical or interventional management of RHD</li> </ul>

## Clinical questions

Question	Likely Content/Headings/Document Flow
<b>Introduction</b>	<ul style="list-style-type: none"> <li>• Background</li> <li>• Importance of identification prior to pregnancy</li> <li>• Culturally appropriate care</li> <li>• High risk groups</li> </ul>
1. What are the risks in pregnancy for women with ARF/RHD?	<ul style="list-style-type: none"> <li>• Physiology of pregnancy</li> <li>• Classifications in pregnancy</li> <li>• Maternal and fetal outcomes associated with RHD</li> <li>• Risk assessment               <ul style="list-style-type: none"> <li>○ Recommended assessment tools</li> <li>○ Cardiovascular assessment</li> </ul> </li> <li>• RHD register</li> </ul>
2. What pre-conception care is recommended for women with ARF/RHD planning pregnancy	<ul style="list-style-type: none"> <li>• Risk reduction measures               <ul style="list-style-type: none"> <li>○ Importance of healthcare</li> <li>○ Timing of pregnancy</li> <li>○ Assessment</li> <li>○ Medications</li> <li>○ Dental care</li> <li>○ Referrals/multi-disciplinary approach</li> <li>○ Method/types of contraception</li> <li>○ Contraindications for pregnancy</li> </ul> </li> </ul>
3. How might previously undiagnosed ARF/RHD in pregnancy present?	<ul style="list-style-type: none"> <li>• Signs and symptoms</li> </ul>
4. In pregnant women with known ARF/RHD, what is recommended antenatal care?	<ul style="list-style-type: none"> <li>• Risk assessment               <ul style="list-style-type: none"> <li>○ Cardiac review</li> <li>○ Dental review</li> <li>○ Psycho-social</li> <li>○ Cultural support</li> <li>○ Continuation of secondary prophylaxis</li> <li>○ Model of care</li> <li>○ Level of care required</li> </ul> </li> <li>• Monitoring and surveillance               <ul style="list-style-type: none"> <li>○ Signs and symptoms of deterioration</li> <li>○ VTE risk /anti-coagulation</li> <li>○ Fetal surveillance</li> </ul> </li> <li>• Planning for birth               <ul style="list-style-type: none"> <li>○ Place of birth</li> <li>○ Indications for birth</li> <li>○ Mode of birth</li> <li>○ Anaesthetic review</li> </ul> </li> </ul>
5. What is considered best practice management with regard to intrapartum care	<ul style="list-style-type: none"> <li>• Monitoring</li> <li>• Fluid management</li> <li>• Anaesthetic</li> <li>• 2<sup>nd</sup> stage recommendations</li> <li>• 3<sup>rd</sup> stage recommendations</li> </ul>
6. What postpartum care is recommended for women with ARF/RHD	<ul style="list-style-type: none"> <li>• Postpartum clinical surveillance</li> <li>• Discharge planning               <ul style="list-style-type: none"> <li>○ Medication</li> <li>○ Secondary prophylaxis</li> <li>○ Referral</li> <li>○ Contraception advice</li> </ul> </li> <li>• Future pregnancy planning               <ul style="list-style-type: none"> <li>○ Cardiac follow up care</li> </ul> </li> </ul>

**Potential areas for audit focus (to be refined during development)**

*Audit items will relate to the desired outcomes and the clinical questions*

- Proportion of women with RHD who:
  - Receive pre-conception counselling in the 12 months before pregnancy
  - Attend first antenatal contact before 12 weeks gestation
  - Have a risk assessment performed using a validated/recommended tool
  - Undergo a dental health assessment in the first trimester
  - Are advised to continue secondary prophylaxis
  - Receive contraceptive counselling prior to discharge
  - Are referred for follow-up at discharge