

# DELIVERY PLANNING FOR THE FETUS WITH ARRHYTHMIA

دکتر عبدالله صداقت

هیت علمی دانشگاه علوم پزشکی کردستان

## ARRHYTHMIA IN WHICH PALLIATIVE CARE IS PLANNED

- Fetus with arrhythmia and severe or fatal anomaly unlikely to survive
- Arrange for family support/palliative care in local hospital
- Normal delivery

## ARRHYTHMIA WITHOUT PREDICATED RISK OF HEMODYNAMIC INSTABILITY

- Atrial ectopy/ Ventricular ectopy with normal heart
- Arrange cardiology consultation or outpatient evaluation in local hospital
- Routine delivery room care, Neonatal evaluation and ECG

## ARRHYTHMIA WITH MINIMAL RISK OF HEMODYNAMIC IN DELIVERY ROOM BUT REQUIRING POSTNATAL CARDIAC CARE

- Intermittent SVT, Remote history of SVT on no meds and sinus bradycardia(All with normal heart and no concern for channelopathy)
- Consider term(39 weeks) induction with neonatologist and accessible cardiology consultation
- Neonatologist in delivery room/Postnatal rhythm monitoring and ECG

# ARRHYTHMIA WITH HEMODYNAMIC INSTABILITY REQUIRING SPECIALTY CARE FOR STABILIZATION

- Stable AV block with HR >60 bpm/ Recent SVT on treatment
- Planned induction at 39 weeks or cesarean delivery if AV block/Delivery at cardiac center
- Neonatologist in the delivery room/ Cardiologist on site

# ARRHYTHMIA WITH EXPECTED IMMEDIATE HEMODYNAMIC INSTABILITY

- Uncontrolled arrhythmia with hydrops, or severe ventricular dysfunction or abnormal BPP. Included VT, SVT or AV block with HR<50 bpm
- Cesarean section in cardiac center with necessary specialists in delivery room
- Immediate surgery for temporary pacing, electronic cardioversion, resuscitation, IV antiarrhythmic agent

THE END

