

Several risk scores are used to stratify the risk of cardiac complications of pregnancy in women with heart disease. The mWHO, CARPREG, and ZAHARA systems are most often reported in the literature (11-13). Balci et al. prospectively validated cardiovascular and offspring risk models for pregnant women with CHD. They determined the outcomes of 213 pregnancies in 203 women. The ZAHARA I, CARPREG, and mWHO models were evaluated. Offspring events occurred during 77 pregnancies in 81 children (37.3%). All models performed insufficiently in predicting offspring events (AUC [area under the curve] \leq 0.6) (14).

Limitations

A limitation of the study is the retrospective design and small sample size. We did not include patients with clinically insignificant heart

disease. Therefore, there may be a certain form of selection bias. Risk categorization according to mWHO classes does not allow for accurately classifying all pregnant women with heart disease. That is why we created the mWHO < III class. Since these parturients did not exactly meet the criteria of mWHO classes III or IV, we do not assume that their inclusion in group 1 significantly affected the results.

Conclusions

Pregnancy in women at high to extremely high maternal risk (mWHO III-IV) was burdened with a high risk of neonatal and obstetric complications. We found significantly worse obstetric and neonatal outcomes in pregnancies in mWHO classes III-IV than in mWHO classes < III.

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