



# Heart & Vascular Institute

**REVIEWED***By Chris Tighe at 2:52 pm, Apr 06, 2016*[Conditions & Treatments](#)[Clinical Services](#)[Our Physicians](#)[Research & Clinical Trials](#)[Training & Fellowships](#)[More](#)[In This Section](#)

## Peripartum Cardiomyopathy

*Dr. Barouch's areas of expertise include peripartum cardiomyopathy and congestive heart failure. [Learn more about Dr. Barouch.](#)*

### What is peripartum cardiomyopathy?

Peripartum cardiomyopathy is a weakness of the heart muscle that by definition begins sometime during the final month of pregnancy through about five months after delivery, without any other known cause. Most commonly, it occurs right after delivery. It is a rare condition that can carry mild or severe symptoms.

One indication of the seriousness of the condition can be measured by something called the ejection fraction, the percentage of blood the heart pumps out with each beat. A normal ejection fraction number is about 60%.

The degree of severity does not seem to affect the degree or rate of recovery. For example, patients with a very low ejection fraction can eventually completely recover from peripartum cardiomyopathy.

Some patients recover only part of their heart function over a period of six months or longer. With others, the heart returns to full strength in as little as two weeks.

"Among all types of cardiomyopathy, peripartum cardiomyopathy has a relatively high recovery rate compared to other causes," says Dr. Lili Barouch, Assistant Professor of Medicine, Division of Cardiology, Johns Hopkins School of Medicine. "A large portion of women who get peripartum cardiomyopathy eventually get better and recover."



*Dr. Lili Barouch, Assistant Professor of Medicine, Division of Cardiology, Johns Hopkins School of Medicine*

### Diagnosing peripartum cardiomyopathy

In a mild case of peripartum cardiomyopathy, typical symptoms such as swelling in the feet and legs, and some shortness of breath can be similar to the symptoms of the third trimester of a normal pregnancy, so these symptoms may go undiagnosed. The patient may then go on to recover without further medical attention.

Severe cardiomyopathy can reveal itself if a patient becomes very short of breath and has swollen feet well after delivery. When the heart doesn't pump well, fluid can accumulate in the body, most noticeably in the lungs and the feet. An echocardiogram can detect the cardiomyopathy by showing the diminished functioning of the heart.

### Treating peripartum cardiomyopathy

The objective of peripartum cardiomyopathy treatment is to keep extra fluid from accumulating in the lungs and to help the heart recover as fully as possible.

There are several kinds of medications a physician can prescribe to treat symptoms. These medications include:

- **ACE (angiotensin converting enzyme) inhibitors** – Help the heart use the strength that it has to work more efficiently
- **Beta blockers** – Cause the heart to beat more slowly so that it has a greater chance to recover
- **Diuretics** – Help reduce fluid retention

For women who breastfeed, there are medications in each of the above classes that are safer for breastfeeding than the most commonly prescribed regimens, but these are equally effective for treatment. Dr. Barouch recommends that if you plan on breastfeeding that you consult with your physician about the proper medication.

### Other causes of peripartum cardiomyopathy

While the cause of cardiomyopathy is not always known, it can be brought on by various other conditions and risk factors, including coronary artery disease, viral infection in the heart, various inherited diseases, excess alcohol consumption, smoking and obesity. In these cases, the treatment would be specific to the root condition. To make an accurate diagnosis of peripartum cardiomyopathy, these additional conditions must be excluded as causes when a woman shows symptoms of cardiomyopathy in the peripartum period.

### Is it safe for women with peripartum cardiomyopathy to have more children?

The question of having additional children usually hinges on to what degree the mother has recovered from her peripartum cardiomyopathy.

*If the heart does not completely recover its work capacity:* Another pregnancy is generally not recommended. While there is no direct risk to the baby, going through an additional pregnancy with an abnormally functioning heart can cause additional heart damage for the mother, which could in turn harm the developing fetus.

*If the heart has completely recovered from the previous pregnancy:* An additional pregnancy can be attempted if the heart is periodically monitored with echocardiograms and stress tests. Echocardiograms check how the heart functions at rest and stress tests measure how the heart works under strain.

“Even with a 100% healthy heart, there’s still a higher risk for cardiomyopathy recurring with a second pregnancy,” says Dr. Barouch. “But in cases where there’s complete recovery and a normal stress test, I would give my patients a cautious go ahead to attempt another pregnancy.”

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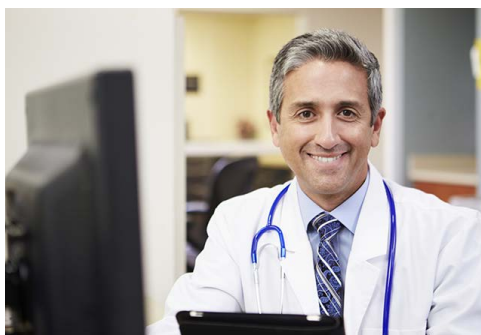


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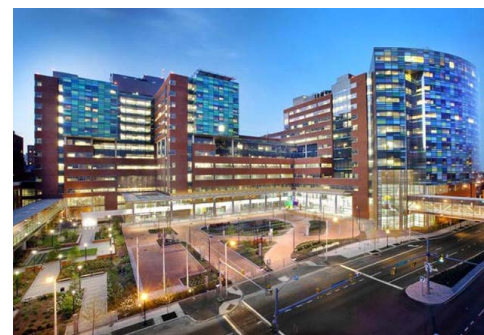
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