**CLINICAL AND ECHOCARDIOGRAPHIC PROFILE AND PREGNANCY OUTCOMES IN PATIENTS WITH RHEUMATIC HEART DISEASE AT THE UNIVERSITY OF THE PHILIPPINES-PHILIPPINE GENERAL HOSPITAL**

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Rheumatic Heart Disease (RHD) remains prevalent in the Philippines. Younger women affected with RHD, whom are of childbearing-age, are at risk of adverse outcomes if ever they become pregnant. Since pregnancy can unmask subclinical heart conditions. This is a cross-sectional retrospective study of admitted pregnant patients in our institution with RHD from January 2010–October 2011. Clinical and echocardiographic data were gathered and medications, pregnancy outcomes and presence of maternal complications were noted.64 cases were included. The median age was 26 years old and median age of gestation was 38 weeks. Most common reason for consult was labor (80%) with 23% in preterm labor. The most common type of lesions seen was mitral stenosis (63%), and combined significant lesions seen in 33%. Digoxin (59%) was the most common drug used and infective endocarditis prophylaxis given 56% of the time. Preterm birth occurred in 22% and small for gestational age (SGA) babies occurred in 16%. Most preterm births were seen with patients with severe pulmonary hypertension (42%) and significant mitral stenosis (67%), while SGA seen more in patients with severe pulmonary hypertension (44%) and severe mitral regurgitation (44%). Maternal complications, such as congestion and hypotension occurred in 17% of cases with all cases. RHD in pregnancy notably showed increased percentages of preterm births (23% vs. 5-9%) and SGA babies (16% vs. 7-10%) compared to the general population. These adverse events plus maternal complications were also noted in lesions with worse severity those with moderate to severe pulmonary hypertension.