

Medical Management of Congenital Heart block: A Multi-Disciplinary Approach

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G1P0 with CHB presented at 14 wks for pre-syncope secondary to bradycardia

“Pacemaker deferred given normal chronotropic response to activity and radiation in pregnancy”

IOL at 37w complicated by nausea & retching → vagal response → dropped ventricular beats → fetal decel

Isoproterenol gtt + arterial line
→ Improved maternal hemodynamics

Patient concern for prolonged labor course + Elevated BPs in setting of improved chronotropy

Intrapartum C/S managed with Isoproterenol & Phenylephrine gtt

In absence of PPM, a beta-agonist infusion can provide chronotropic support though the peripartum period

Treatment options for unstable bradycardia:

1. Pharmacologic (chronotropic) support
2. Cutaneous pacing
3. Transvenous pacing

Isoproterenol has tocolytic properties and Dopamine has uterotonic properties. These effects are reduced with concomitant oxytocin infusion.