**Peripartum cardiomyopathy: Features of presentation and approach to management.**

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Peripartum cardiomyopathy is a potentially life threatening condition of late pregnancy or the early post-partum period [1]. The cause is multi-factorial, often unknown, presentation may be insidious and management complicated. We present two cases seen within a 3-month period in a Glasgow hospital Maternity unit, one antenatal and the second post-partum.

**Case one:**
Thirty year-old primigravida, presenting at 37-weeks gestation with increasing shortness of breath on a background of previously mild asthma. Early suspicion of cardiac failure and a diagnosis of peripartum cardiomyopathy was confirmed by echocardiogram measured ejection fraction <30%. Emergency caesarean section was required and done with regional anaesthesia and early cardiology involvement. The patient required transfer to GJNH cardiac ICU for invasive support and subsequently discharge home.

**Case two:**
Twenty-eight year-old primigravida twin pregnancy, delivered via uncomplicated elective caesarean section with spinal anaesthesia at 39-weeks gestation. She developed isolated type 1 respiratory failure over the subsequent hours with no evidence of cardiovascular collapse. Initial chest radiograph was inconclusive and diagnosis of postpartum cardiomyopathy was made approximately 20hrs post-deliver with abnormal ECG, worsening chest radiograph and echocardiogram measured ejection fraction of 35%. She was medically managed in a general ICU with a good outcome.

**Discussion**
In the 2006-08 CEMACE report, cardiac mortality accounted for 2.31/100,000 maternal deaths, compared to 1.13/100,000 to sepsis [2]. Approximately ¼ of the cardiac causes were attributed to peripartum cardiomyopathy. Decisions as to best anaesthetic approach for delivery and appropriate placement postpartum are important considerations for the anaesthetic team [3].

**References**
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