

# Double danger: The peril of childbirth for women with rheumatic heart disease

## Introduction

Women of childbearing age who suffer from Rheumatic Heart Disease in low- to moderate-income countries like Uganda face a double danger: Increased risk of complications during pregnancy - including death - while also bearing a cultural burden and expectation that they'll become mothers, according to a new study.

Today, most people in the United States rarely think of rheumatic heart disease (RHD) - or the rheumatic fever that causes it - as more than a historical footnote.

Rheumatic fever, which usually starts as strep throat, was essentially eliminated as a life-threatening disease with the use of penicillin in the early 20th century [1].

But for much of the developing world, RHD still kills. Estimates range that between a quarter-million to 330,000 people a year die from what has been called the "disease of poverty" across Africa, the Middle East, Central and South Asia and the South Pacific.

Worse, women of childbearing age who suffer from RHD face a double danger: They

face increased risk of complications during pregnancy - including death - while also bearing a cultural burden and expectation that they'll become mothers [2].

That was among the findings in a recent study in Uganda led by researcher. The survey of 75 women last year is among the first qualitative studies of female RHD patients and their attitudes toward cardiovascular disease and reproduction [3].

## Conclusion

The study has its origins in clinical observations at the Ugandan Heart Institute. A health-care provider there was hearing from women who were cautioned by their doctors about the dangers of bearing and delivering children- but who were also being told by their families and community that they must get pregnant [4,5].

Tension between maintaining one's own health and the social expectation of becoming pregnant was clearly illustrated in the Ugandan study. Our findings suggest that health programs targeting RHD in low- to moderate-income countries have to pay special attention to female patients of childbearing age.

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