



## Heart Health Fact Sheet

# Let's Chat Peripartum Cardiomyopathy



Peripartum Cardiomyopathy (PPCM) is a form of heart failure during the systolic phase of pumping i.e. the heart pumping with force to circulate blood in the body. PPCM typically presents at late stages pregnancy and in the early post-partum (after birth) period, if there are no other causes for heart failure found.

### What happens to your heart and body during peripartum cardiomyopathy?

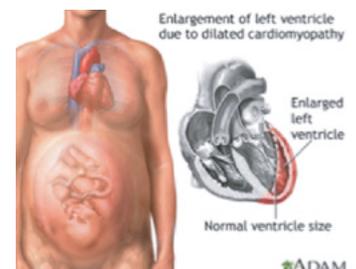
When experiencing PPCM, your left ventricle on your heart (which is responsible for pumping blood into your body) can become enlarged and weakened, therefore not pumping blood properly around the body. As a result, blood can build up in areas of the body such as the lungs, leading to less oxygen for you and can have a noticeable affect such as breathlessness and extreme fatigue.

There are no clear underlying reasons why you may have developed PPCM, however there are suggestions from research that pregnancy-specific related conditions such as pre-eclampsia as well as risk factors such as diabetes and obesity are linked to PPCM.

### What are the symptoms?

It can be difficult to diagnose PPCM and typically it is a delayed diagnosis as many of the signs and symptoms are similar to that of normal changes to your body during pregnancy. It is worth remembering that most women who have PPCM will develop the signs and symptoms within the first few months after giving birth:

- Shortness of breath
- Fluid retention and swelling around the legs
- Palpitations
- Fatigue
- Chest pain
- Abdominal discomfort due to swelling of the liver
- Low blood pressure (hypotension)



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### What are the risk factors?

Pregnancy is the biggest risk factor and many women won't present with symptoms until after they give birth. Those who face the biggest risks are women who:

- Have a history of high blood pressure
- Older age in pregnancy
- Have a family history of cardiomyopathy
- Have had previous pregnancies
- Are overweight

### What are the statistics?

- Most data comes from the United States, where it is estimated that PPCM exists in between 1 in 900 to 1 in 4000 births.
- It is estimated that 50% of women who have PPCM had pre-eclampsia in their pregnancy, however this information is still being researched.
- It is estimated that around 50-80% of women with PPCM will recover within the first 6 months of diagnosis, a figure which has improved substantially due to better recognition and treatment of PPCM.

### What are the treatments?

**Fluid restriction:** In order to reduce the pressure on your heart, your doctors may recommend only drinking between 1.5-2L of fluid daily.

**Reduce salt intake:** Aim for less than 2g per day. If symptoms are serious, a hospital stay may be needed to get them under control.

**Investigations:** Tests which can determine the severity of PPCM include blood tests, ultrasounds (echo) of the heart as well as a chest x-ray.

**Medications:** Diuretics can help reduce fluid levels, beta blockers can relax your heart rate and ACE inhibitors help lower blood pressure.

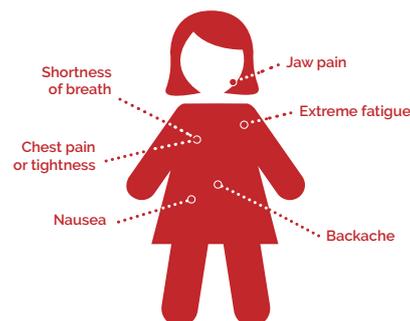
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### Heart Attack Signs in Women

Warning signs differ between men and women. Women's symptoms include chest discomfort which radiates up to the throat, jaw and through to the back and shoulder blades, extreme fatigue, shortness of breath, heart fluttering, light-headedness and nausea.



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### Resources

**Alfred Hospital Women's Heart Clinic**

<https://www.alfredhealth.org.au/services/womens-heart-clinic>

**CMAA info page on PPCM**

<https://www.cmaa.org.au/what-is-cardiomyopathy/peripartum-cardiomyopathy-ppcm/>

**PPCM Survivor support Group**

<https://www.facebook.com/groups/17931387304/>