

WORLD CONGRESS ON RHEUMATIC HEART DISEASE

2-4 November 2023 • Abu Dhabi



Submission Id: 261

Title: Women , Reproductive Health and Rheumatic Heart Disease in Namibia

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Background & Aims: Acute rheumatic fever and its sequel rheumatic heart disease (RHD) are the leading cause of premature cardiovascular morbidity and mortality worldwide. In 2010 Namibia established a specialist RHD Service in the capital Windhoek which participated in the Global Rheumatic Heart Disease Registry (REMEDY).

These highly preventable diseases affect children and young adults with a female preponderance. Heart disease in pregnancy is an important contributor to maternal deaths globally and Namibia.

This study aims to demonstrate the female preponderance and highlight gaps that could inform policy and concerted regional and global strategy .

Methods: A retrospective review of the Namibia National RHD Registry , tertiary centre records and notes,

Results: The Namibian National Registry for RHD kept has 1276 participants of which 829 are female (65%) and 92% of child bearing age . These women presented with such advanced heart disease that nearly a quarter have already had valvular heart surgery . Valve repairs are ideal in this young population, however are not always feasible given the late presentation and damaged valve . Most women receive biological and mechanical prostheses and with the antecedent risks of anticoagulation, bleeding , infective endocarditis and of redo surgery.

financing mechanisms that ensure community engagement and sustainability must also be explored. Health promotion and educational campaigns directed at young people, in particular girls, should be prioritised.

Of importance , preconception counseling , family planning with mWHO classification and contraception is incooperated into each cardiac clinic , however , limited data available regarding decisions and uptake of reliable long acting contraception such as implant remains low . This could be enhanced increasing awareness about RHD and its complications and understanding perceived barrier by the women.

60, 2% of the women live more than 500km from the RHD Specialist center. Bringing the necessary care closer to the patients through taskshifting , patient and healthcare education and incorporating cardiovascular history , examination and point of care hand-held echocardiography and testing (for early detection of rheumatic fever and INR follow up)

Conclusions: Despite advances in prevention , diagnosis and management of ARF, RHD and improving reproductive health , women in LMICs are still dying at young age of heart disease . Education of all healthcare professionals to that the women engage at every interaction with healthcare system and empowering these women and public to enquire and educate themselves to advocate for safe , reliable equitable access to high quality of reproductive care with includes preventing RF and RHD. This demands innovative financing and logistical mechanisms and are infrastructure to ensure diagnosis , availability of resource to care for women through their reproductive years