Background & Aims: The Rheumatic heart disease was first described by Cheadle in 1889 but it was not until 1944 that criteria for its diagnosis were established by Dr. T. Duckett Jones. Worldwide cases of Rheumatic heart disease has been reported in Asian countries including India, Pakistan, China, Indonesia and Congo accounting for almost 75% of worldwide cases. In Chronic Rheumatic heart disease only mitral valve affects more than 50%. Both the mitral and aortic valve lesions occur in 15%.

Methods: A descriptive cross-sectional study was conducted among 30 women with rheumatic heart disease at Pakistan Institute of Medical Sciences (PIMS) Islamabad, Pakistan from August 2022 to July 2023. The mean age of these patients was 30 ±5.2 years. There was no mortality in our study. A convenient sampling method was used. The outcome of pregnancy in Asian individuals with rheumatic heart disease is influenced by disease severity, access to healthcare, cardiac function, valve involvement, coexisting conditions, timing of pregnancy, multidisciplinary care, nutritional status, and lifestyle factors.

Results: The outcome of pregnancy in the Asian population with rheumatic heart disease is influenced by several factors. In our study 30 pregnant females were studied with rheumatic heart disease. 13 (43.3 %) were presented with left heart failure, 7 (23.3 %) were presented with pulmonary oedema, 5 (16.6 %) were presented with arrhythmias, 3 (10 %) were presented with cardiac arrest and 1 (3.3 % ) presented with systemic embolism. A multidisciplinary healthcare approach involving cardiologists and obstetricians is essential. Adequate nutrition, weight management, and addressing lifestyle factors such as smoking and alcohol use are also significant contributors to successful outcomes. Overall, personalized care and close monitoring are imperative to ensure a safe and healthy pregnancy for women with rheumatic heart disease in the Asian population.

Conclusions: The outcome of pregnancy in individuals with rheumatic heart disease (RHD) within the Asian population is influenced by a range of factors: Disease Severity: The extent and severity of rheumatic heart disease play a critical role. Advanced valve damage can lead to increased risks during pregnancy. Access to Healthcare: Disparities in healthcare access can impact outcomes. Timely and regular prenatal care is essential. Cardiac Function: The baseline cardiac function and the heart’s ability to adapt to the increased demands.