

# Pregnancy

Pregnancy presents a particular risk in female patients with vascular Ehlers-Danlos syndrome. It is associated with an increased risk of pregnancy-related complications, directly related to the tissue fragility which is characteristic of the disease. Complications occur in about half the pregnancies and include premature rupture of membranes with preterm delivery, rare uterine rupture during labor, severe perineal tears, and antepartum and post-partum hemorrhage.



### WHAT IS RECOMMENDED

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- Discuss any planned pregnancy with the medical and obstetrics referral team prior to conception,
- The occurrence of arterial or digestive system incidents may contraindicate a pregnancy.
- Discuss and suggest the possibility of performing prenatal diagnosis.
- Perform a complete arterial lesion assessment before or in early pregnancy.
- Arrange for increased monitoring of the uterine cervix, especially from the 28<sup>th</sup> week onwards.
- Maintain treatment with celiprolol, or introduce it if the pregnancy started without treatment.



### WHAT YOU SHOULD NOT DO

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- Interrupt treatment with beta-blockers during pregnancy and the peripartum period.