

**Introduction :**

\*Pregnancy in carrier women of prosthesis mechanical heart is a high-risk pregnancy.

\*Indeed, the risk of accidents thromboemboliques even on well led anti-coagulation therapy remains high due to the presence of the state of hypercoagulability, mechanical prosthesis and the peri-partum hemorrhage.

\*Multidisciplinary follow-up is essential.

\*The prescription of anticoagulant therapy must comply with the principles and consensual indications in order to minimize maternal and fetal complications.

\* The aim is to define treatment modalities and to maintain optimal obstetric in a patient with mechanical heart valve prosthesis.

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**méthods :**

\* It is a monocentric and retrospective study from January 2000 to October 2015.

\*Among 183 cardiac prosthesis thrombosis cases, there are 24 pregnant women.

\*20 have been operated under cardiopulmonary bypass with four abortions and 04 receiving anticoagulant therapy with two abortions.

**Résultats :**

\*We will deplore no deaths for the two groups.

\*With release of prosthesis of the non surgical group.

**Conclusion:**

\*Pregnancy in carrier women of cardiac prosthesis should remain exceptional domain from the point of view of cardiac surgeons.

\*For the obstetricians it is sometime difficult to ban the pregnancies in nulliparous.

\*The discussion will be on a case by case basis taking into account the cultural and social level of the patient.

**Bibliographie:**

1- Guidelines on the management of valvular heart disease (version 2012), The Joint Task Force on the Management of Valvular Heart Disease of the European Society of Cardiology (ESC) and the European Association for Cardio-Thoracic Surgery (EACTS) *European Heart Journal* (2012) 33, 2451–2496.

**2- 2014 AHA/ACC Guideline for the Management of Patients With Valvular Heart Disease: A Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines.** Rick A. Nishimura, Catherine M. Otto, Robert O. Bonow, Blase A. Carabello, John P. Erwin III, Robert A. Guyton, Patrick T. O'Gara, Carlos E. Ruiz, Nikolaos J. Skubas, Paul Sorajja, Thoralf M. Sundt III and James D. Thomas. *Circulation. published online March 3, 2014;*

3- Edmunds LH Jr, Clark RE, Cohn LH, Grunkemeier GL, Miller DC, Weisel RD. *Guidelines for reporting morbidity and mortality after cardiac valvular operations. Ad hoc liaison committee for standardizing definitions of prosthetic heart valve morbidity of the American association for thoracic surgery and the society of thoracic surgeons. J Thorac Cardiovasc Surg* 1996; 112: 708-11.