Secondary Stroke Prevention during Pregnancy Philosophies

The following are the important overriding philosophies to the approach of these complex and potentially high-risk scenarios that were shared among the contributors to this consensus statement. (K. Rosene Montella and E. Keely. Medical care of the pregnant patient. 2nd edition)

1) **Maternal health is vital for fetal wellbeing**. All decisions ultimately need to reflect the combination of benefits and risks to both mother and baby.
2) **What would I do if she wasn't pregnant AND what would I do if she hadn't had a stroke?** The initial question to be addressed should start with the best practices in stroke care (without pregnancy) and obstetrical care (without stroke). Existing guidelines and recommendations for standard of care treatment must be considered first, and nuanced only as needed. This is the basis of the approach to any medical issue in pregnancy – first what is the ideal investigation or treatment plan outside of pregnancy and then what needs to be modified due to pregnancy. Thus, these consensus statements will review common/important issues to consider that go beyond existing guidelines. Stroke prevention management decisions should be **individualized** to each woman's medical history, clinical considerations and personal goals and preferences.
3) **Where possible, an interdisciplinary team approach is needed** to address the complex care and management decisions, involving those with stroke expertise (neurologists, internists, and vascular specialists), those with obstetrical expertise (obstetricians, family physicians, maternal- fetal medicine specialists, anesthesiologists) and the patient and family. Collaboration and communication are essential. The consensus panel was intentionally recruited to reflect the multidisciplinary nature of care of women with stroke and pregnancy.
4) **Decisions must be nuanced based on the specific situation.** There are multiple factors to consider that influence risk/benefit analyses in the setting of stroke and pregnancy (see Figures 1 and 2) including timing since stroke, severity of stroke/residual deficits; bleeding risk from stroke or treatment; etiology of stroke and risk for future events; timing within pregnancy; bleeding risk of pregnancy; delivery and treatment; maternal age; other medical comorbidities; access to subspecialty/multidisciplinary services; and the goals/preferences/philosophy of care of the individual woman.