

P-SCAD case studies

Pregnancy-related Spontaneous Coronary Artery Dissection

Pregnant and post-partum women are affected by SCAD. 10% of SCADs occur during or after pregnancy and 50% of all post-partum coronary events are due to SCAD.

Lucy's story

Lucy has had two SCAD heart attacks. The first was in 2011, when she was 31 and her daughter was two. The second when her second child, a son, was nine weeks old.

The first heart attack was described as 'freakish bad luck' – the word SCAD was never mentioned. She was put on various heart medicines.

A few years later, aged 34, Lucy and her husband wanted to try for another baby. GP, cardiologist and obstetrician all told her that while another pregnancy was 'a risk' there was no evidence to suggest she'd have another heart attack. Lucy was prescribed pregnancy-friendly drugs and after several early miscarriages Lucy fell pregnant.



"Please be aware of SCAD and all the possible signs of SCAD – however minor they might be."

Severe jaw ache

During the pregnancy a close eye was kept on Lucy, but the only symptom she had was regular severe jaw ache.

Six weeks after the birth, she went back on her former heart medicines but waited for her first period to start before re-starting the Cerrelle oral contraceptive.

On the day she re-started Cerrelle, she started to feel unwell after walking her older daughter to school. She had severe indigestion-like pain that increased in her chest/throat. Lucy used her GTN spray and an ambulance was called.

Paramedics took an ECG, which was unremarkable, but because of Lucy's history the paramedics took her to the nearest heart centre, where SCAD was diagnosed in the Cath Lab.

Read the full story at beatscad.org.uk/useful-documents

Nicki's story

In 2015 Nicki, 36, was pregnant with her second child and was struggling with many difficult symptoms: hyperemesis, early bleeds, the Flu and an unusually high heart rate at 28 weeks.

After being in hospital she was eventually discharged home, then later, while on the phone, she felt a dull pain in her chest and instinctively knew something was very wrong.

With pain going down her arms, feeling light-headed she called an ambulance while trying to stay calm in front of her three-year-old. The ambulance arrived and the paramedics performed an ECG, which looked OK.



"I'm so glad I persevered with saying something was wrong, as if I'd just believed it was a panic attack, my story might have had a very different ending."

'It won't be your heart'

There was no blue light to A&E. The paramedic said: "You're female, pregnant and full of oestrogen – it won't be your heart."

After an eight-hour wait in A&E with further uneventful ECGs, Nicki's pain was becoming unbearable. Eventually blood tests revealed high levels of troponins. She was rushed to a cardiac unit, had an MRI and SCAD was confirmed.

Because of the strain a natural labour would have placed on her already weakened heart, an elective C-section was planned. But baby Erin took matters into her own hands, arriving naturally at 29 weeks weighing in at 3lbs.

Nicki had a further dissection a few days later and was separated from Erin as they both required specialist care.

Nicola's story

Nicola had a SCAD 10 days after the birth of her fourth son by C-section in 2006, aged 34.

Recovering at home, she thought her heart rate was very "fast and poundy" but that it was her body settling down after the birth. After taking a pain killer her symptoms worsened.

Once in hospital blood tests confirmed high levels of troponins in Nicola's blood. She was transferred to a heart centre for an angiogram.

While waiting over a weekend for her angiogram Nicola suffered two more episodes of crushing pain.

She thought she was dying but was just given pain relief.

Nicola barely remembers her angiogram but does remember a lot of confusion and being told she was going to theatre. She woke up the next day in intensive care having had an emergency bypass.

It was over four months before Nicola pushed her son in a pram.

Bronnach's story

Aged 34 in 2012, 30 weeks into her third pregnancy Bronnach started to feel unwell. Her heart kept racing, she had migraines with visual disturbances, her feet, hands and face were swollen all the time and she was exhausted and short of breath. Her GP signed her off work.

At 35 weeks she experienced severe pains in her jaw, ear and shoulder but was told it was nothing to worry about.

At one of her final midwife appointments blood pressure was very high for her – she normally had low blood pressure. However, as it was within the 'normal' range, it was dismissed.

Bronnach's third son was born at 39 weeks and she was discharged two days later.

Eight days after her son's birth, Bronnach started to feel very unwell. All the previous pains returned – but were worse. Her arms felt heavy, it hurt to breathe, like she'd been running for a bus. She felt nauseous and cold to touch.

Panic attack

Bronnach visited her GP and was told she was having a panic attack. Four days later she had the same symptoms and went to the maternity assessment unit and was admitted for observation. During the night she had another episode. A blood clot and infection were ruled out and she was transferred to the cardiac ward. The next morning she suffered another episode during the ward round and was rushed to the Cath Lab for an angiogram. Interventionists saw that her coronary arteries were tearing and her blood was pooling, causing major heart attacks.

The hospital had never come across this condition before and were unsure how to treat it.

Bronnach ended up having a coronary artery bypass with six grafts, was critically ill and spent three months in hospital. She is now living with heart failure.



“Due to the delay in diagnosing my heart attacks and getting treatment I have been left with heart failure. I had to retire from my job as a teacher.”

Mel's story

In 2016, at her 20-week midwife visit, Mel, 37 and pregnant for the third time, complained of terrible chest pain.

She was screened for pulmonary embolism but neither an ECG nor troponin blood test were done. Her symptoms were dismissed as heartburn. She also had regular premature ventricular contractions. No action was taken.

Mel's waters broke at 31 weeks and, following some complications, she had a C-section delivery at 32 weeks in November 2016.

The following day she developed severe bradycardia and hypertension. She was treated for anxiety and had a CT scan to rule out a pulmonary embolism.

Mel's baby was in NICU and she was visiting him even though she was very ill. Three days after the birth, the same agonising chest pain returned. This time bloods were taken.

'Too young for a cardiac event'

A cardiology consultant said it was most likely transient as she was “too young for a cardiac event”.

Crucially for Mel, the blood test results were never checked. If they had been it would have been clear that her troponin levels were raised. She was discharged and six hours later had a STEMI heart attack.

Mel was left with a completely dissected LAD artery and LVSD (Left Ventricular Systolic Dysfunction). She has had an ICD (defibrillator) fitted. Her heart failure is rated as 'severe' and she is likely to need a heart transplant.

Read the full story at beatscad.org.uk/useful-documents



“I almost died because my age, gender and the fact I'd had a baby made it seem impossible for me to have had a heart event, according to the doctors”

Further information

Beat SCAD

beatscad.org.uk (contactus@beatscad.org.uk)
facebook.com/beatscaduk, Youtube: bit.ly/1TXhiLV

SCAD research

Leicester Biomedical Research Centre scad.lcbru.le.ac.uk
European Society of Cardiology SCAD Position Paper
bit.ly/2FkRkMj A summary can be read at bit.ly/2zd1500

Other leaflets in this series:

- What is SCAD?
- Diagnosed with SCAD?
- SCAD for healthcare professionals

- Aftercare for SCAD patients
- Helping children understand SCAD

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