Secondary Stroke Prevention during Pregnancy Framework

At the outset of this work, the expert writing group identified two pregnancy-related stroke scenarios as the focus of the consensus statements. These perspectives have been identified based on the timing of stroke relative to pregnancy, and the recognition of differences in decision-making and unique care requirements for each scenario.

These two scenarios include:

1) A woman *with a history of stroke who is planning to become pregnant* (or has had a stroke earlier in pregnancy), with a focus on issues of secondary prevention and management (Figure 1);

2) A woman *who is pregnant and experiences a sudden onset of neurological deficits* during pregnancy or immediate post-partum (first 6 weeks), with a focus on the acute stroke/TIA presentation and issues of emergency investigations, diagnosis, immediate management, and recovery (Figure 2).

The complexities and interdependencies that may arise in these patients require an individualized approach based on the timing of stroke to pregnancy. Several of the common and clinically important issues to consider are illustrated in Figures 1 and 2 below.

**Figure 1: Women with a History of Stroke who are Planning or Become Pregnant**
FIGURE 2: WOMEN WHO EXPERIENCE A STROKE DURING PREGNANCY

Group 2: Stroke during Pregnancy

- Stage of Pregnancy when stroke occurred
- Stroke Severity
- Type of Stroke & Etiology (Ischemic, Hemorrhage)
- Presentation and Deficits
- Medical Co-Morbidities (e.g., hypertension, diabetes)
- Stage of Stroke Care (emergent, prevention, acute, post acute)