

# 4th International Congress on Maternal Hemodynamics

# 23-25th June 2022 Crowne Plaza, Maastricht (NL) PROGRAMME BOOK

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#### Dear Colleague,

It is our pleasure to welcome you to our 4th International Congress on Maternal Hemodynamics in the heart of Maastricht. Our International Working Group (IWGMH) continues to grow and this year's congress programme follows our successful format of mixing established and new researchers from Europe and further afield, representing the true international nature of the event.

We have planned a very extensive and stimulating programme of keynote presentations and invited lectures from internationally acclaimed leaders in our field. Free communications and poster presentations continue to be a key feature of the programme content and we have allowed time to encourage interaction and discussion of all of these presentations. Please take time to visit the poster presentations in the exhibition hall during the congress Lunch breaks.

We invite you to stay for our Welcome Reception on Thursday June 23<sup>th</sup> in Crown Plaza. This will be a great opportunity to catch up with colleagues and make new connections. Our Congress Dinner will be held on Friday June 24<sup>th</sup> in the stunning diner facilities of the Crowne Plaza, located in the center of Maastricht and oversees the Maas river.

If you are not a member of our International Working Group, please do speak to us during the meeting to find out how to collaborate. Our members include obstetricians, cardiovascular physicians and researchers with a special interest in maternal hemodynamics. Our mission is to connect international research groups with interest in the normal and abnormal functioning of a pregnant woman's cardiovascular system and its relation to maternal and fetal outcome. The results of our meetings aim to promote translation of our research to improve clinical care.

On behalf of the Congress Committee, we would like to express our thanks to the exhibitors and generous sponsors of the congress, all members of the Working Group, the abstract reviewers, session chairs, the presenters who are charing their research and experience with us and to our delegates who continue to support the Congress.

Please take every opportunity over the next few days to learn, familiarize yourself with new ideas and hear about the latest study results. Share your knowledge with others, build new friendships and meet old acquaintances. We also hope you find time to enjoy the wonderful city of Maastricht.

Prof. Marc. Spaanderman

Dr. Chahinda Ghossein-Doha

#### ORGANISING COMMITTEE

Christoph Lees, London UK
Wilfried Gyselaers, Genk Be
Herbert Valensise, Rome Italy
Basky Thilaganathan, London UK
Joris van Drongelen, Rotterdam NL
Ralph Scholten, Nijmegen NL
Jerome Cornette, Rotterdam NL
Hans Duvekot, Rotterdam NL
Asma Khalil, London UK
Enrico Ferrazzi, Milano IT
Eric Stohr, Cardiff UK

#### **Proposal Conference Maastricht:**

**Title:** International congress on Maternal hemodynamics

**Duration:** 3 days. Starting on Thursday 23th June till Saturday 25<sup>th</sup> June

Location: Maastricht, Crowne Plaza, De, Ruiterij 1, 6221 EW Maastricht, Nederland

# Programme day 1- Thursday June 23th 2022

08:30	Welcome Prof. Marc Spaanderman
00.50	Key note Speaker:
	Title: Protect us from poor clinical research
09:10	Session 1: Hemodynamics/Vascular function (15/10min)
	Chairs: Wilfried Gyselaers, Chahinda Ghossein
09:10	P 1.1: Louis Peeters
	Title: Physiological changes in pregnancy
09:35	P 1.2: Marc Spaanderman
	Title:
10:00	P 1.3: Wilfried Gijselaers
	Title: Venous hemodynamics and maternal organ dysfunction in preeclampsia
10:25	P 1.4: Carmel McEniery
	Title:
10:50	Coffee break (15 min)
11:05	Oral session 1: 6x (7/3min) Chairs: Joris van Drongelen & Enrico Ferrazzi
12:05	Lunch/Poster exhibition
13.30	Session 2: Renal and Cardiovascular system in pregnancy (15/10min)
10.00	Chairs: Marc Spaanderman and Christoph Lees
13:30	P 2.1: Eric Stohr
42.55	Title: Peripartum cardiomyopathy and the role of LVAD therapy
13:55	P 2.2: Christoph Lees Title:
14:20	P 2.3: Basky Thilaganathan
14:20	Title: Does the placenta control maternal hemodynamics
14:45	P 2.4: lan Wilkinson
14.45	Title: How adult antihypertension can teach us lessons
15:10	P 2.5: David Williams
13.10	Title: Renal disease in pregnancy?
15:35	Coffee break (15 min)
15:50	Session 3: Translational science (15/10min)
	Chairs: Asma Khalil & Joris van Drongelen
15:50	P 3.1: Malbrain Manu
	Title: Fluid overload is a major risk factor for abdominal hypertension
16:15	P 3.2:
	Title:
16:40	P 3.3: Stefan Hansson
	Title: communication between endothelial cell and trophoblast
17:05	P 3.4: Asma Khalil
	Title: White Coat Hypertension: diagnostic criteria and management
17:30	P 3.5: Roche sponsored programme (1 hour)
	Title: Value driven care
18:30	Closure Day 1
18:35	Welcome Reception: Crown Plaza

# Programme day 2- Friday June 24th 2022

00.20	Mary and Sarahar Bartalan dala
08:30	Key note Speaker: Paul den dale:
09:10	Title: Lifelong Cardiovascular Prevention, start early enough
09:10	Session 4: Female CV health (15 /10 min)
00.10	Chairs: Herbert Valensise and Basky Thilaganathan P 4.1: Jerome Cornette
09:10	
00.25	Title: Basic principles of novel features in maternal and fetal echocardiography  P 4.2: Chahinda Ghossein-Doha
09:35	
10.00	Title: remote cardiovascular health after preeclampsia  P 4.3: Hans Duvekot
10:00	Title:
10:25	P 4.4: Arnoud van t´ Hof
10.25	Title: Microvascular dysfunction in cardiac diseases
10:45	Coffee break (15 min)
11:00	Oral session 2 (6x 7/3min) Chairs: Chahinda Ghossein and Eric Stohr
12:00	Lunch/Poster Exhibition
	Debate Christoph Lees (Conventional) Vs Basky (Challenger)
13:30	Cardiac output, to correct or not to correct?
14:00	Session 5: Intervention (15 /10 min)
14.00	Chairs: Hans Duvekot and Jerome Cornette
14:00	P 5.1: Herbert Valensise
	Title: Treatment of IUGR fetuses with the RADAR system
14:25	P 5.2: Bram Kroon
	Title: ESC guideline for the treatment of Hypertension
14:50	P 5.3: Enrico Ferrazi
	Title: Effect of Healthy diet on obstetrical outcome
15:15	P 5.4: Marc Spaanderman
	Title: Hemodynamically guided treatment
15:40	P 5.5: John Cockroft
	Title:
16:05	Coffee break (15 min)
16:20	Oral session 3 (6x7/3min) Chairs: Eva Mulder and Asma Khalil
17:20	Closure Day 2
19:00	Conference diner in Crowne Plaza

### Programme day 3- Saturday June 25th 2022

09:00	Session 6: Placenta/fetal/neonatal health (15/10min)
	Chairs: Veronique Schiffer and Salwan Alnasiry
09:00	P 6.1: Joris van Drongelen
	Title: Placental Simulation model
09:25	P 6.2:
	Title:
09:50	P 6.3: Salwan Alnasiry
	Title: Early prediction of placental syndromes
10:15	P 6.4:
	Title:
10:40	Coffee break (15 min)
10:55	Oral session 3 (9x7/3min) Chairs: Veronique Schiffer and
12:30	Lunch/Postersession
13:30	Session 7: Prevention (presentation 15/10min)
	Chairs: Herbert Valensise & Christoph Lees
13:55	P 7.1:
	Title:
14:10	P 7.2: Isabel Witvrouwen
	<b>Title:</b> The effect of exercise during pregnancy to improve maternal vascular health: focus
	on gestational hypertensive disorders
14:35	P 7.3: Liesbeth Scheepers
	Title: Expect study; Risk based obstetrical care
15:00	P 7.4: Ralph Scholten
	Title: Aerobic exercise training in former preeclamptic women
15:25	Young Talent Prize
16:00	Closing remarks
	Next conference

#### Mission and vision statements, outcome of survey

Underneath, you'll find statements regarding the mission, vision and activities of the International Working Group on Maternal Hemodynamics (IWGMH). It formed the basis of the survey handed out to the group and form the basis of the short document where we stand for. With it, we'll make a transparent signal to others and the mission and vision will help future donors to know to which party they are giving their support. To quantitively assess everybody's IWGMH opinion, members had to fill in the questionnaire. Each statement was awarded by a Likert score ranging from 'I totally disagree to I totally agree'. All statements that have an average score between 4 and 7 or that have a SD > 3 were subjected to groups discussion until agreement. As such, we'll end up with a document that all more or less support.

After the statements, the mission and vision document is presented.

#### **International Working Groups on Maternal Hemodynamics**

Large by lingering little

#### Mission

1. The International Working Group on Maternal Hemodynamics (IWGMH) wants to decrease female cardiovascular dysfunction to improve gestational and remote maternal and offspring health.

#### Vision

- Female cardiovascular disease is superimposed upon preexisting or pregnancy-induced disorders reducing or jeopardizing healthy circulatory function.
- 2. Preconception, gestational and post-gestational evaluation of cardiac, venous and arterial circulatory function before clinical symptoms arise may aid in indicating those at risk for adverse outcome.
- Routine assessment of hemodynamic function in apparently healthy or diseased women before, during and after gestation timely detects those at vascular risk and delineates the form of circulatory dysfunction in the ill.
- 4. By promoting the development, interpretation and implementation of circulatory assessment tools, care for women in and outside pregnancy will shift from reactive to proactive.
- Novel ways to normalize or improve hemodynamic function or lower vascular strain before and during disease preserves maternal condition and lowers maternal disseminated disease and adverse offspring health consequences.

#### **Activities**

- 6. The IWGMH is a platform for knowledge acquirement to preserve and improve female cardiovascular functioning during and outside pregnancy.
- 7. The members of the IWGMH disseminate its knowledge by active involvement in digital spreading of affiliates-interpreted novel findings,
- 8. The members of the IWGMH disseminate its knowledge by publication of position statements and
- 9. The members of the IWGMH disseminate its knowledge by organization of a grand symposium with incorporated hands-on teaching- and training-program every two years.
- 10. The IWGMH is also a safe and supportive international network of professionals initiating multicenter studies to improve pregnancy outcome and distant maternal and descendants wellbeing.
- 11. Individuals are considered full members when part of the IWGMH-structuring core community. Full members meet twice every year sharing ideas, novel findings, questions and concepts that need further collaborative study.

1. Active involvement in digital spreading of affiliates-interpreted novel findings.

Novel findings are presented on a monthly base to members of the society by 3 to 5 minute short digital presentations including the main study findings and a short contextual positional comment.

Presentations, made by IWGMH-affiliates, are offered through the IWGMH website on the members-only account.

Digital aids are offered by the IWGMH.

2. Publication of position statements.

Full members of the IWGMH promote the mission and vision by collaborative publication of position statements.

Topics that need to be addressed or refreshed are discussed at the small meetings held twice every year.

The written style of these position statements largely follow the directives and writing style also used in guidelines, especially when phrasing recommendations.

3. Organization of a grand symposium with incorporated hands-on teachingand training-program every two years.

Individuals are considered members when attending the grand symposium. The yearly membership fee is 25€ that is incorporated in the attendance payment of the grand symposium.

Only members get access to the affiliate-interpreted novel findings on the IWGMH site.

4. Full member community.

Full members meet twice every year sharing ideas, novel findings, questions and concepts that need further collaborative study.

Potential novel candidate full members are first introduced and discussed within the full member community before admittance.

5. Organization conferences and grand symposium.

At the grand symposium, the next (vice)president is announced.

These two full members are responsible for organizing (tele)conferences and there position ends after the grand symposium held at their location, usually their faculty.

Both positions follow logically from the conference city of choice and elects are approached and agreed upon by the full members in the small twice every year meeting.

#### **Maternal Hemodynamics Working Group**

Large by lingering little

#### Mission

The Maternal Hemodynamics Society (MHS) wants to decrease female cardiovascular dysfunction to improve gestational and remote maternal and offspring health.

#### **Vision**

Female cardiovascular disease is superimposed upon preexisting or pregnancy-induced disorders reducing or jeopardizing healthy circulatory function. Preconception, gestational and post-gestational evaluation of cardiac, venous and arterial circulatory function before clinical symptoms arise indicate those at risk for adverse outcome. Routine assessment of hemodynamic function in apparently healthy or diseased women before, during and after gestation, timely detects those at vascular risk and delineates the form of circulatory dysfunction in the ill. By promoting the development, interpretation and implementation of circulatory assessment tools, care for women in and outside pregnancy shift from reactive to proactive. Novel ways to normalize or improve hemodynamic function or lower vascular strain before and during disease preserves maternal condition and lowers maternal disseminated disease and adverse offspring health consequences.

#### **Activities**

MHS is an alliance for knowledge acquirement to preserve and improve female cardiovascular functioning during and outside pregnancy. The alliance members of the MHS disseminate state of the art knowledge by 1. active involvement in digital spreading of novel findings, interpreted by MHS alliance members, 2. publication of position statements and 3. organization of an international grand conference with incorporated hands-on teaching- and training-program every two years that will be large by lingering little.

The MHS is also a safe and supportive international network of professionals initiating multicenter studies to improve pregnancy outcome and distant maternal and descendants wellbeing. Individuals are considered full members when part of the MHS-structuring core community. **4.** Full members meet twice every year sharing ideas, novel findings, questions and concepts that need further collaborative study.

#### 1. Active involvement in digital spreading of affiliates-interpreted novel findings.

Novel findings are presented on a monthly base to members of the society by 3 to 5 minute short digital presentations including the main study findings and a short contextual positional comment. Presentations, made by MHS-affiliates, are offered through the MHS website on the members-only account. Digital aids are offered by the society.

#### 2. Publication of position statements.

In line with mission and vision, full members promote hemodynamic assessment during and outside pregnancy by position statements providing clinical and functional evidence. These view-points are offered either by publication or through the MHS website. Topics are discussed during the full-members meetings and candidate-writers asked and appointed.

3. Organization of a grand symposium with incorporated hands-on teaching- and training-program every two years.

Individuals are considered members when attending the grand symposium. The yearly membership fee is 50€ that is extracted from the attendance payment of the grand symposium. Only members get access to the affiliate-interpreted novel findings on the MHS site. Sponsors to the MHS are encouraged to structurally donate for at least two years. Supporters that commit to a yearly donation exceeding €2,500.00 will be mentioned on the MHS website and information brochures. Invited speakers of the grand symposium will be offered free attendance to the meeting and compensated for travel (economy class) and hotel expenses throughout the meeting. The president and vice president are chosen by full members representing the hosting city for the upcoming international symposium organization. The sequence of the hosting cities will be planned 4 years ahead based on consensus of the core members.

#### 4. Full member sharing community.

Full members meet twice every year sharing ideas, novel findings, questions and concepts that need further collaborative study. To motivate and draw together full members, *safe*, *supportive* and *satisfying membership* are prime understandings for inspirational community formation.

#### **Finances**

MHS Financial balance sheet will be discussed amongst the full members meeting every year and presented by the vice-president/treasurer and distributed on hard-copy during the meeting.