

Health Highlights: Mental health/pregnancy + sudden cardiac arrest in women
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Video Version

ANCHOR INTRO:

ADDRESSING WHAT CAN HELP A PREGNANT WOMAN WITH HER MENTAL HEALTH – AND HOW WOMEN CAN SPOT RISK FACTORS FOR SUDDEN CARDIAC ARREST. MATT SHEEHAN SHARES MORE IN TODAY'S HEALTH HIGHLIGHTS.

<<(EVERY YEAR – ABOUT 350-THOUSAND PEOPLE SUFFER SUDDEN CARDIAC ARREST OUTSIDE OF A HOSPITAL. ALMOST 90 PERCENT OF ALL CASES ARE DEADLY.

40 PERCENT OF THESE EPISODES ARE MADE UP BY WOMEN. WHILE MEN AND WOMEN EXPERIENCE DIFFERENT SYMPTOMS OF HEART DISEASE – THE RISKS OF SUDDEN CARDIAC ARREST ARE DIFFERENT TOO.

NANCY DAGEFOERDE (**DAG-uh-ferd**) – AN ADVANCED PRACTICE NURSE WITH THE OSF HEALTHCARE CARDIOVASCULAR INSTITUTE – SAYS SUDDEN CARDIAC ARREST CAN HAPPEN TO ANY ADULT... MOSTLY THOSE 30 AND OLDER. IT DEPENDS ON RISK FACTORS... FAMILY HISTORY.. AND OTHER ISSUES SUCH AS A HEART BIRTH DEFECT.

Nancy Dagefoerde | advanced practice nurse | OSF HealthCare Cardiovascular Institute

"Sudden cardiac arrest occurs when there's an irregular heartbeat. We call it an arrhythmia that causes the heart not to beat or have electrical activity anymore. So, in general, there'll be no breathing and no pulse when you come upon a person that's having a sudden cardiac arrest."

DAGEFOERDE SAYS SUDDEN CARDIAC ARREST IS DIFFERENT THAN A HEART ATTACK... WHICH HAPPENS WHEN THERE IS A BLOCKAGE IN THE CORONARY ARTERY ON THE OUTSIDE OF THE HEART.

WHILE THE STIGMA AROUND MENTAL HEALTH IS STILL PRESENT – PEOPLE ARE MORE LIKELY TO SEEK TREATMENT. A WOMAN WHO HAS JUST BECOME PREGNANT MAY WONDER – SHOULD I STOP TAKING MEDICINES LIKE ZOLOFT OR PROZAC? (**ZOE-loft // PRO-zack**). WILL THEY HURT MY BABY?

SARAH SHOEMAKER (**SHOE-may-ker**) – A CERTIFIED NURSE MIDWIFE AT OSF HEALTHCARE – SAYS YOU SHOULD TALK TO YOUR PROVIDER ABOUT THIS EARLY... IDEALLY, BEFORE YOU GET PREGNANT.

Sarah Shoemaker | certified nurse midwife | OSF HealthCare

"There are some women who take years to find the perfect combination of medications that keep them stable and healthy. We don't want to mess with that. Very rarely do we have to completely disrupt somebody's medication regimen. Nothing in our field is black and white. There's no such thing as bad medication or strictly dangerous medication. We weigh the pros and cons and decide what's best for each patient."

IN THE RARE CASE YOU NEED TO MAKE A CHANGE – A PROVIDER MAY PUT YOU ON A SUPPLEMENT. WITH TODAY'S HEALTH HIGHLIGHTS... I'M MATT SHEEHAN.)>>