Maternal Cardiac
For patients with SEVERE symptoms and/or personal hx of CVD

Red Flags
• Shortness of breath at rest
• Severe orthopnea ≥ 4 pillows
• Resting HR ≥ 120 bpm
• Resting systolic BP ≥ 160 mm Hg
• Resting RR ≥ 30
• Oxygen saturations ≤ 94% with or without personal history of CVD

Prompt Evaluation and/or Hospitalization for acute symptoms

Consultations with MFM and Primary Care/Cardiology

For more information, scan the QR code.
For patients with MILD symptoms, no red flags, no hx of CVD, and hemodynamically stable

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For patients with SEVERE symptoms and/or personal hx of CVD

Red Flags

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Personal History of CVD without Red Flags

Ga PQC

GEORGIA PERINATAL QUALITY COLLABORATIVE

NYHA class ≥ II
Suggestive of Heart Failure:
• Dyspnea
• Tachypnea
• Mild orthopnea
• Asthma unresponsive to therapy
Suggestive of Arrhythmia:
• Palpitations
• Dizziness/syncope
Suggestive of Coronary Artery Disease:
• Chest pain
• Dyspnea

≥ 1 Symptom ± ≥ Vital Signs Abnormal ± ≥ 1 Risk Factor or Any Combination Adding to ≥ 4

Obtain: EKG and BNP
• Echocardiogram +/- CXR if HF or valve disease is suspected, or if the BNP levels are elevated
• 24 hour Holter monitor, if arrhythmia suspected
• Referral to cardiologist for possible treadmill echo vs. CTA vs. alternative testing is postpartum
Consider: CXR, CBC, Comprehensive metabolic profile, Arterial blood gas, Drug screen, TSH, etc.
Follow-up withing one week

Consultation indicated:
MFM and Primary Care/Cardiology

Results abnormal
CVD highly suspected

Results Negative
Signs and symptoms resolved
Reassurance and routine follow-up

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