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 sysmptoms

Consultations with MFM and Primary Care/Cardiology Personal History of CVD without Red Flags







For more information, scan the QR code.

For patients with MILD symptoms, no red flags, no hx of CVD, and hemodynamically stable

Maternal Cardiac

watch

Symptoms

NYHA class ≥ II Suggestive of Heart Failure:

- Dyspnea
- Tachypnea
 Mild orthopnea
- Asthma unresponsive to therapy

Suggestive of Arrhythmia: Palpitations

- Palpitations
- Suggestive of Coronary Artery Disease:
- Chest pain Dyspnea

Dizziness/syncope

Physical Exam

Vital Signs
Resting HR ≥ 110

Systolic BP ≥ 140

Oxygen sat ≤ 96%

RR ≥ 24

Abnormal Findings Heart: Loud murmur or Lung: Basilar crackles

Risk Factors

- Age ≥ 40 years
 - African American
 - Pre-pregnancy obesity (BMI ≥ 35)
 - Pre-existing diabetes
- Hypertension Substance use (nicotine, cocaine, alcohol,
- methamphetamines) History of chemotherapy

 \geq 1 Symptom $\pm \geq$ Vital Signs Abnormal $\pm \geq$ 1 Risk Factor or Any Combination Adding to \geq 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

YES

Consultation indicated:

MFM and Primary Care/Cardiology



CVD highly suspected

Results Negative

Signs and symptoms resolved Reassurance and routine follow-up ©California Department of Public Health, 2017; supported by Title V funds. Developed in partnership with California Maternal Quality Care Collaborative Cardiovascular Disease in Pregnancy and Postpartum Taskforce. Visit: www.CMQCC.org for details