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

Symptoms
- 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

Vital Signs
- Resting HR ≥ 110
- Systolic BP ≥ 140
- RR ≥ 24
- Oxygen sat ≤ 96%

Physical Exam
- 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

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 within 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

For more information, scan the QR code.