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









For more information, scan the QR code.

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

Maternal Cardiac



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

NO

 \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

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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