# 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

# 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  $\geq$  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 if 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

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Results abnormal

CVD highly suspected

## **Results Negative**

Signs and symptoms resolved Reassurance and routine follow-up

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