

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 $\leq 94\%$ with or without personal history of CVD

Prompt Evaluation and/or Hospitalization for acute symptoms

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



Symptoms

- NYHA class \geq 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 $\leq 96\%$

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

≥ 1 Symptom $\pm \geq 1$ Vital Signs Abnormal $\pm \geq 1$ 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 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

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