






# Maternal Cardiovascular Health

## How to differentiate normal from problematic

	 <b>Routine care</b> Offer reassurance	 <b>Caution</b> Non-emergent evaluation	 <b>Stop</b> Prompt evaluation
<b>Risk factors</b> (see list on back)	Absent/mild	Present	Present
<b>History of cardiovascular disease</b>	None	None	Yes
<b>Self-reported symptoms</b>	None or mild	Yes	Yes
Shortness of breath	No interference with daily activities, with heavy exertion only	With moderate exertion, new onset asthma, persistent cough, or moderate to severe OSA	At rest, paroxysmal nocturnal dyspnea, bilateral chest infiltrates on CXR
Chest pain	Reflux related that resolves with treatment	Atypical	At rest or with minimal exertion
Palpitations	Few seconds, self-limited	Brief, self-limited episodes, no lightheadedness or syncope	Associated with near syncope
Syncope	Dizziness only with prolonged standing or dehydration	Vasovagal	Exertional or unprovoked
Fatigue	Mild	Mild to moderate	Extreme
<b>Vital signs</b>	Normal	Abnormal	Abnormal
Pulse (beats per minute)	< 90	90 to 119	> 120
Systolic BP	120 to 139	140 to 159	> 160 (or symptomatic low BP)
Respirations (per minute)	12 to 15	16 to 25	> 25
Oxygen saturation	> 97%	95 to 97%	< 95% (unless chronic)
<b>Physical exam</b>	Normal	Abnormal	Abnormal
Jugular vein distention (JVD)	Not visible	Not visible	Visible > 2 cm above clavicle
Heart	S3, barely audible soft systolic murmur	S3, systolic murmur	Loud systolic murmur, diastolic murmur, S4
Lungs	Clear	Clear	Wheezing, crackles, effusion
Edema	Mild	Moderate	Marked



### **Risk factors for maternal cardiovascular disease:**

- Mother is older than 35
- Mother is Black and non-Hispanic
- Mother has obesity
- Presence of a hypertensive disorder in pregnancy (preeclampsia, eclampsia, HELLP syndrome)
- Presence of chronic hypertension
- Presence of diabetes mellitus and gestational diabetes
- Mother has substance use disorder (in other words, alcohol, cocaine, methamphetamines)
- Mother uses tobacco
- Strong family history of cardiovascular disease
- History of coronary artery dissection
- IUGR < 5%
- History of placental abruption
- Blood transfusion postpartum
- Peripartum infection

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