

Maternal Cardiac Round Table

FAMILY MEDICINE SCENARIO

Janelle is a 28 yo African American female, G3P3 with a BMI of 43 who presents to her Family Medicine physician 7 weeks postpartum for management of chronic hypertension and newly diagnosed asthma.

Current Medication:

She is taking Nifedipine 60XL for hypertension.

She is taking albuterol prn- given to her when she visited the ED last week.

Current Vital Signs

B/P is 135/98 (forearm)

Heart rate is 125 bpm

O2 sat is 94% on RA

The FM provider reassures the patient that the SOB is likely from her weight and being tired, and that she can stop the albuterol because she does not likely have newly diagnosed asthma.

Tachycardia is attributed to being a side effect of albuterol use and nifedipine and the patient is switched to a beta blocker and instructed to follow up in 1 month.

The next week the patient is brought to the Emergency Department by EMS and codes. She is unable to be resuscitated.

Autopsy reveals cardiomyopathy.



1. Could screening this patient for CVD have potentially prevented the patient's death?

a. Should this be any different if Janelle were 3, 6, 9, or 11 months postpartum?

2. What interventions could you implement to help aid in CVD screening?

(educating providers and nursing about screening, posters, badge buddies, EHR screening, etc.)

3. Who do you need to engage to help make universal CVD screening a reality?

(Be specific- write names and email addresses)

4. What will you commit to implementing over the next 6 months to increase CVD screening in pregnancy and postpartum? (think small interventions initially, that lead to larger interventions)

5. What are the first next steps you need to take to make this happen.

6. Create a timeline for implementation: 1 month, 3 months, 6 months, 12 months
