

Maternal Cardiac Round Table

CARDIOLOGY SCENARIO

Janelle is a 28 yo African American female, G3P3 with a BMI of 43 who is on Mother/Baby 1day postpartum following a vaginal delivery. She was delivered for severe preeclampsia. Her hospital course was complicated by pulmonary edema while on magnesium sulfate. The magnesium was discontinued and Janelle was given 2 doses of IV lasix. After Lasix, Janelle “feels much better”. Cardiology has been consulted for management of hypertension prior to discharge home.

Current Medication:

She is taking Nifedipine 60XL for hypertension.

Current Vital Signs

B/P is 145/89 (forearm)
Heart rate is 110 bpm
O2 sat has improved from 93% to 96% on room air

Subjective Symptoms:

Janelle complains that she has to sleep in a recliner and can't sleep lying down in bed.

A BNP is normal and EKG shows sinus tachycardia.

Cardiology evaluates Janelle and reassures her physician that current management is appropriate and patient can follow up outpatient.

Two weeks later 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
