

Maternal Cardiac Round Table

EMERGENCY MEDICINE SCENARIO

Janelle is a 28 yo African American female, G3P3 with a BMI of 43 who presents 6 weeks postpartum to the Emergency Department with cof Shortness of Breath.

Current Medication:

She is taking Nifedipine 60XL for hypertension.

Current Vital Signs

B/P is 135/98 (forearm)
Heart rate is 122 bpm
O2 sat is 94% on room air

The ED provider is concerned with the tachycardia because Janelle is morbidly obese and orders lower extremity dopplers and a CT angiogram to rule out a DVT/PE.

Both studies are negative.

She is treated with a beta-agonist breathing treatment for presumed asthma and her O2 sat improves to 96%.

The ED provider is unaware that Janelle is recently postpartum (they never asked and Janelle never informed them).

Janelle feels better, is discharged and instructed to follow up in 1 week with her PCP.

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
