Maternal Cardiac Round Table

GAPQC FACILITY SCENARIO

Janelle is a 28 yo African American female, G3P3 with a BMI of 43 who is on Mother/Baby 1 day postpartum from a vaginal delivery following an induction for severe Preeclampsia.

Current Medication:

She is now taking a new medication of Nifedipine 60XL for hypertension.

Current Vital Signs

B/P is 146/86 (forearm)
Heart rate is 110 bpm
O2 sat is 96% on room air

Subjective Symptoms:

Janelle shared that she had to sleep with the head of the bed up and multiple pillow behind her back.

She also complained of an annoying cough that kept her up through the night.

The provider tells Janelle her tachycardia is likely a side effect of the nifedipine but tells her to keep taking it because her heart rate isn't "that high" and she still needs it for her blood pressure.

The provider also tells Janelle not to worry about her sleeping in a recliner, it's probably because of how her weight has shifted since delivery.

She is discharged home and told to follow up in the OB office in 2 weeks for a postpartum check.

8 days later the patient is brought to the Emergency Department by EMS and codes. She is unable to be resuscitated.

Autopsy reveals cardiomyopathy.







1.	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