

Maternal Cardiac Round Table

OB SCENARIO

Janelle is a 28 yo African American female, G3P3 with a BMI of 43 who presents 4 weeks postpartum to the OB office for her postpartum visit.

Current Medication:

She is taking Nifedipine 60XL for hypertension.

Current Vital Signs

B/P is 145/89 (forearm)
Heart rate is 118 bpm
O2 sat is 96% on RA

Subjective Symptoms:

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

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 sleeping in a recliner, it's probably because of how her weight has shifted since delivery.

Referral to Family Medicine for management of her hypertension in 3 weeks.

Three 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
