

Maternal cardiovascular health

How to differentiate normal from problematic behaviors

| |  Routine care Offer reassurance |  Caution Non-emergent evaluation |  Stop Prompt evaluation |
|-----------------------------------|---|--|---|
| Risk factors (see list on back) | Absent/mild | Present | Present |
| History of cardiovascular disease | None | None | Yes |
| Self-reported symptoms | None or mild | Yes | Yes |
| Shortness of breath | No interference with daily activities, with heavy exertion only | With moderate exertion, new onset asthma, persistent cough, or moderate to severe OSA | At rest, paroxysmal nocturnal dyspnea, bilateral chest infiltrates on CXR |
| Chest pain | Reflux related that resolves with treatment | Atypical | At rest or with minimal exertion |
| Palpitations | Few seconds, self-limited | Brief, self-limited episodes, no lightheadedness or syncope | Associated with near syncope |
| Syncope | Dizziness only with prolonged standing or dehydration | Vasovagal | Exertional or unprovoked |
| Fatigue | Mild | Mild to moderate | Extreme |
| Vital signs | Normal | Abnormal | Abnormal |
| Pulse (beats per minute) | < 90 | 90 to 119 | > 120 |
| Systolic BP | 120 to 139 | 140 to 159 | > 160 (or symptomatic low BP) |
| Respirations (per minute) | 12 to 15 | 16 to 25 | > 25 |
| Oxygen saturation | > 97% | 95 to 97% | < 95% (unless chronic) |
| Physical exam | Normal | Abnormal | Abnormal |
| Jugular vein distention (JVD) | Not visible | Not visible | Visible > 2 cm above clavicle |
| Heart | S3, barely audible soft systolic murmur | S3, systolic murmur | Loud systolic murmur, diastolic murmur, S4 |
| Lungs | Clear | Clear | Wheezing, crackles, effusion |
| Edema | Mild | Moderate | Marked |



Risk factors for maternal cardiovascular disease:

- Mother is older than 35
- Mother is Black and non-Hispanic
- Mother has obesity
- Presence of a hypertensive disorder in pregnancy (preeclampsia, eclampsia, HELLP syndrome)
- Presence of chronic hypertension
- Presence of diabetes mellitus and gestational diabetes
- Mother has substance use disorder (in other words, uses alcohol, cocaine, methamphetamines)
- Mother uses tobacco
- Strong family history of cardiovascular disease
- History of coronary artery dissection
- IUGR < 5%
- History of placental abruption
- Blood transfusion postpartum
- Peripartum infection

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