



AIM

ALLIANCE FOR INNOVATION
ON MATERNAL HEALTH



**Cardiac Conditions
in Obstetrical Care**



Cardiac Conditions in Obstetrical Care

For the purpose of this Bundle, cardiac conditions refer to disorders of the cardiovascular system which may impact maternal health. Such disorders may include congenital heart disease or acquired heart disease, including but not limited to cardiac valve disorders, cardiomyopathies, arrhythmias, coronary artery disease, pulmonary hypertension and aortic dissection.

Readiness — Every Unit

Train all obstetric care providers to perform a basic Cardiac Conditions Screen.

Establish a protocol for rapid identification of potential pregnancy-related cardiac conditions in all practice settings to which pregnant and postpartum people may present.

Develop a patient education plan based on the pregnant and postpartum person's risk of cardiac conditions.

Establish a multidisciplinary "Pregnancy Heart Team" or consultants appropriate to their facility's designated Maternal Level of Care to design coordinated clinical pathways for people experiencing cardiac conditions in pregnancy and the postpartum period.

Establish coordination of appropriate consultation, co-management and/or transfer to appropriate level of maternal or newborn care.

Develop trauma-informed protocols and training to address health care team member biases to enhance quality of care.

Develop and maintain a set of referral resources and communication pathways between obstetric providers, community-based organizations, and state and public health agencies to enhance quality of care.*

Recognition & Prevention — Every Patient

Obtain a focused pregnancy and cardiac history in all care settings, including emergency department, urgent care, and primary care.

In all care environments assess and document if a patient presenting is pregnant or has been pregnant within the past year.

Assess if escalating warning signs for an imminent cardiac event are present.

Utilize standardized cardiac risk assessment tools to identify and stratify risk.

Conduct a risk-appropriate work-up for cardiac conditions to establish diagnosis and implement the initial management plan.

Screen each person for condition associated risk factors and provide linkage to community services and resources.*



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Response — Every Event

Facility-wide standard protocols with checklists and escalation policies for management of **cardiac symptoms**.

Facility-wide standard protocols with checklists and escalation policies for management of people with **known or suspected cardiac conditions**.

Coordinate transitions of care including the discharge from the birthing facility to home and transition from postpartum care to ongoing primary and specialty care.

Offer reproductive life planning discussions and resources, including access to a full range of contraceptive options in accordance with safe therapeutic regimens.*

Provide patient education focused on general life-threatening postpartum complications and early warning signed, including instructions of who to notify if they have concerns, and time and date of a scheduled postpartum visit.

Reporting and Systems Learning — Every Unit

For pregnant and postpartum people at high risk for a cardiac event, establish a culture of multidisciplinary planning, admission huddles and post-event debriefs.

Perform multidisciplinary reviews of serious complications (e.g. ICU admissions for other than observation) to identify systems issues.

Monitor outcomes and process data related to cardiac conditions, with disaggregation by race and ethnicity due to known disparities in rates of cardiac conditions experienced by Black and Indigenous pregnant and postpartum people.

Respectful, Equitable, and Supportive Care — Every Unit/Provider/Team Member

Screen for structural and social drivers of health that might impact clinical recommendations or treatment plans and provide linkage to resources that align with the pregnant or postpartum person's health literacy, cultural needs, and language proficiency.

Engage in open, transparent, and empathetic communication with birthing people and their identified support team to understand diagnoses, options, and treatment plans.

Include each pregnant or postpartum person and their identified support person(s) as respected members of and contributors to the multidisciplinary care team.*