



Addressing Cardiovascular Disease in Pregnancy and Postpartum Care

Challenges, Disparities, and the Need for Comprehensive Cardio-Obstetrics Programs

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Cardiovascular disease is the leading cause of pregnancy-related mortality in the United States, accounting for about 40% of pregnancy-related mortality based on recent estimates [RM1].

Maternal Mortality Review Committees suggest that roughly one-half to two-thirds of these deaths are preventable [RM2]. To address this, many US medical centers have developed multidisciplinary cardio-obstetrics programs to improve the care of birthing individuals with cardiovascular disease from pre-conception into the post-partum period.

Most pregnancy-related deaths from cardiovascular disease occur more than three days after childbirth. During this time, due to either inadequate access to care and/or the provider's inability to recognize the condition or recognize it as high risk, post-partum patients are especially vulnerable. Medical care often focuses on the period before and during labor, neglecting the postpartum



phase. People from Black, Indigenous, and People of Color backgrounds face higher risks of heart-related pregnancy complications. Biases and perceived racial discrimination affect trust in healthcare, causing delays in screenings and research participation.

Addressing cardiovascular disease risk in individuals undergoing childbirth spans from pre-pregnancy to postpartum, including lactation support. However, a recent survey found many physicians feel unprepared to care for a pregnant patient with cardiovascular disease.

The ACC recommends a team approach, but access to a dedicated cardio-obstetrics team is not always available.

While there are recommendations for the management of cardiovascular disease during pregnancy, there is an absence of clear guidelines, leading to uncertainty for the provider and patient and inconsistent counseling for the patient. While a cardio-obstetrics team approach can begin to tackle these issues, more is needed to improve care delivery in this unique patient population.

Objectives of the Reproductive Health and Cardio-Obstetrics Member Section:

1. Enhancing the knowledge of providers caring for pregnant patients with cardiovascular disease to improve the delivery of care from pre-conception to post-partum.
2. Educating the cardiovascular community on issues within cardio-obstetrics to



mobilize efforts to improve the care of pregnant patients with cardiovascular disease as a whole.

3. Encouraging health systems to form collaborative, multidisciplinary teams – merging expertise from maternal-fetal medicine, obstetrics, anesthesia, pediatrics, cardiology, and cardiovascular surgery – to improve care delivery for this patient population.

References:

[RM1] Citation: <https://www.cdc.gov/reproductivehealth/maternal-mortality/>

[RM2] Pfaller. et al, JACC. 2020;75:1443-52.