



KEY TAKEAWAYS

The Heart House on **Reproductive and Maternal Care for the Cardiovascular Patient** identified the following key takeaways.

1

Access to comprehensive reproductive care is an essential part of healthcare for pregnancy-capable people with- and at-risk for cardiovascular disease.

2

Care for cardio-obstetric patients requires a multidisciplinary approach with close collaboration between cardiovascular and obstretical specialists, to ensure optimal outcomes as well as shared decision making with the patient.

3

Most, if not all, cardiovascular clinical trials should include pregnant and lactating patients.

4

There is a critical need to establish a more robust, evidence-based standard of care for patients of reproductive age with and at risk for cardiovascular diseases. Possible solutions could include:

- Practical guidance on different models of 4th Trimester Care.
- Inclusion of pregnancy planning/contraception information relevant to the cardiovascular disease state in all future trans-societal clinical guidelines/statements.
- Inter-societal collaboration.



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1 Access to comprehensive reproductive care is an essential part of healthcare for pregnancy-capable people with- and at-risk for cardiovascular disease.

- a. Insurance coverage—
 - Approximately half of all births in the United States are covered by Medicaid.
 - Advocate for access to Medicaid and coverage of the full spectrum of cardio-obstetric team members and services through 12 months postpartum in all 50 states.
 - Ensure reproductive care, cardio-obstetric services, and postpartum care are appropriately covered and reimbursed.
- b. Patient-level—
 - Encourage preconception care and include cardiovascular assessments if indicated.
 - Access to contraception and termination is critical, especially in patients with cardiovascular disease.
- c. Clinician-level—
 - Develop protocols for obstetrical and cardiovascular clinicians to encourage comprehensive pre-pregnancy screening and risk stratification of patients with and at-risk for cardiovascular disease to guide management and treatment options for their condition prior to conception, and during and after pregnancy.
 - Cardiovascular clinicians should have basic knowledge of family planning, contraception, indications for termination, and termination options tailored to cardiovascular conditions.
- d. Care Delivery—innovations needed:
 - Telehealth to facilitate access to:
 - Contraception and termination
 - Postpartum Care
 - Cardio-obstetric team care
 - Appropriate reimbursement for services.
 - Remote blood pressure monitoring.

2 Care for cardio-obstetric patients requires a multidisciplinary approach with close collaboration between cardiovascular and obstetrical specialists, to ensure optimal outcomes as well as shared decision making with the patient.

- a. All Obstetrics/Maternal Fetal Medicine and Cardiovascular clinicians should have access to an expert cardio-obstetrics specialty team.
 - Utilize the American College of Obstetricians and Gynecologists' (ACOG) Levels of Maternal Care as guidance.
- b. Education for both clinicians and patients are needed to improve patient outcomes.
 - Cardiovascular Clinicians - basic knowledge of cardiovascular care for pregnant and postpartum individuals should be standardized, including:
 - Understanding pregnancy-specific cardiovascular risks using risk assessment tools.
 - When referral to a tertiary care cardio-obstetrics specialty team is appropriate.
 - Cardio-Obstetrics training for clinicians of all disciplines (emergency medicine, family practice, internal medicine). Trans-societal partnerships can help achieve this goal.
 - Patient education focused on describing maternal and fetal risk associated with their cardiovascular condition - this will help empower them to make informed decisions about their reproductive health and pregnancy risk.
 - Patient education focused on recognizing cardiovascular signs, symptoms, and complications during and following pregnancy.
- c. Emphasis is needed on the importance of care coordination for optimal patient outcomes.



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3 Most, if not all, cardiovascular clinical trials should include pregnant and lactating patients.

- a. Clinical trials focused on improving cardiovascular health should include and encourage participation from pregnant and lactating women.
- b. Drug trials should be adequately powered to produce more robust data on pregnancy and lactation risks.
- c. Improve/increase and standardize the collection of more comprehensive reproductive health and pregnancy information in cohort, registry, and trial data collection.
- d. Increase evidence-based guidance for the care of pregnancy-capable individuals with or at-risk for cardiovascular disease.

4 There is a critical need to establish a more robust, evidence-based standard of care for patients of reproductive age with and at risk for cardiovascular diseases. Possible solutions could include:

- a. Practical guidance on different models of 4th Trimester Care
 - Covers the multidimensional needs of this patient population; including transition to long-term care, long-term cardiovascular disease risk, mental health, prevention, and contraception.
 - Different models that seek to standardize comprehensive postpartum care and incorporates nuances based on patients' disease state and geographical location.
- b. Inclusion of pregnancy planning/contraception information relevant to the cardiovascular disease state in all future trans-societal clinical guidelines/statements.
 - Include information on medication safety during pregnancy and in lactating individuals, and contraceptive recommendations for people with, or at risk for, cardiovascular disease.
 - Include information on management, treatment, when/how to refer patients with or at risk for cardiovascular disease throughout the pregnancy time course.
 - Congenital or pre-existing
 - During pregnancy
 - Peripartum
 - Postpartum/lactating
- c. Inter-societal collaboration.
 - Improve and standardize clinician training, patient education, and advocacy.
 - Include a multidisciplinary voice on competencies required in a core team of maternal health clinicians.
 - Advocacy for including cardiovascular care team members to state-based Maternal Mortality Review Committees.