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

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.

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

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.
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.

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

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-base Maternal Mortality Review Committees.