

Peripartum Cardiomyopathy



- Peripartum cardiomyopathy is a leading cause of maternal mortality.
- Risk factors include obesity, African-American, hypertension during pregnancy, chronic hypertension, twin/multiple gestation pregnancy, family history of heart failure, anemia, and illicit drug use (methamphetamine, cocaine).

<p>Questions to Ask</p>	<ul style="list-style-type: none"> • History of cardiopulmonary conditions • Worsened physical activity tolerance • Unexplained fatigue • Worsening symptoms, including chest pain, palpitations, or dizziness • New onset of cough or wheezing • Lower extremity edema • Orthopnea/difficulty breathing while lying down • History of substance abuse or cigarette use
<p>Management</p>	<p>Unstable: stabilize or transfer to a venue capable of intervention.</p> <p>Stable: evaluation can proceed.</p> <p>Symptoms:</p> <ul style="list-style-type: none"> • Shortness of breath • Wheezing • Palpitations • Edema • Chest pain/pressure • Dizziness • Fatigue • Activity intolerance <p>Signs</p> <ul style="list-style-type: none"> • Hypertension (>140/90 mmHg) or hypotension (<100/50 mmHg) • Tachycardia (>120 bpm) • Rales • Hypoxia/Low O2 saturation (<90%) • Tachypnea <p>Tests to evaluate:</p> <ul style="list-style-type: none"> • Assess for dilated cardiomyopathy and hypertrophic heart disease • Monitor O2 saturation and vitals • EKG • Echocardiogram • Chest x-ray • Labs: BNP, troponin <p>Treatment:</p> <ul style="list-style-type: none"> • Supplemental oxygen (or intubation if required) • Loop diuretic therapy for congestion/fluid overload • Hemodynamic support with inotropes and vasopressors if required • Follow recommended guidelines for either systolic or diastolic heart failure management • Consider antiarrhythmic medications <p>Postpartum patients are at high risk for VTE. Consider prophylaxis.</p>
<p>Consult</p>	<p>If peripartum cardiomyopathy is suspected, consider consulting Cardiology and an OB/GYN, or call the MIST Consultation Line at 800-UAB-MIST (800-822-6478)</p>

For more information or resources, please visit ALPQC.ORG.
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