CODE BLUE SERIES
Addressing the growing threat of non-communicable diseases on maternal health

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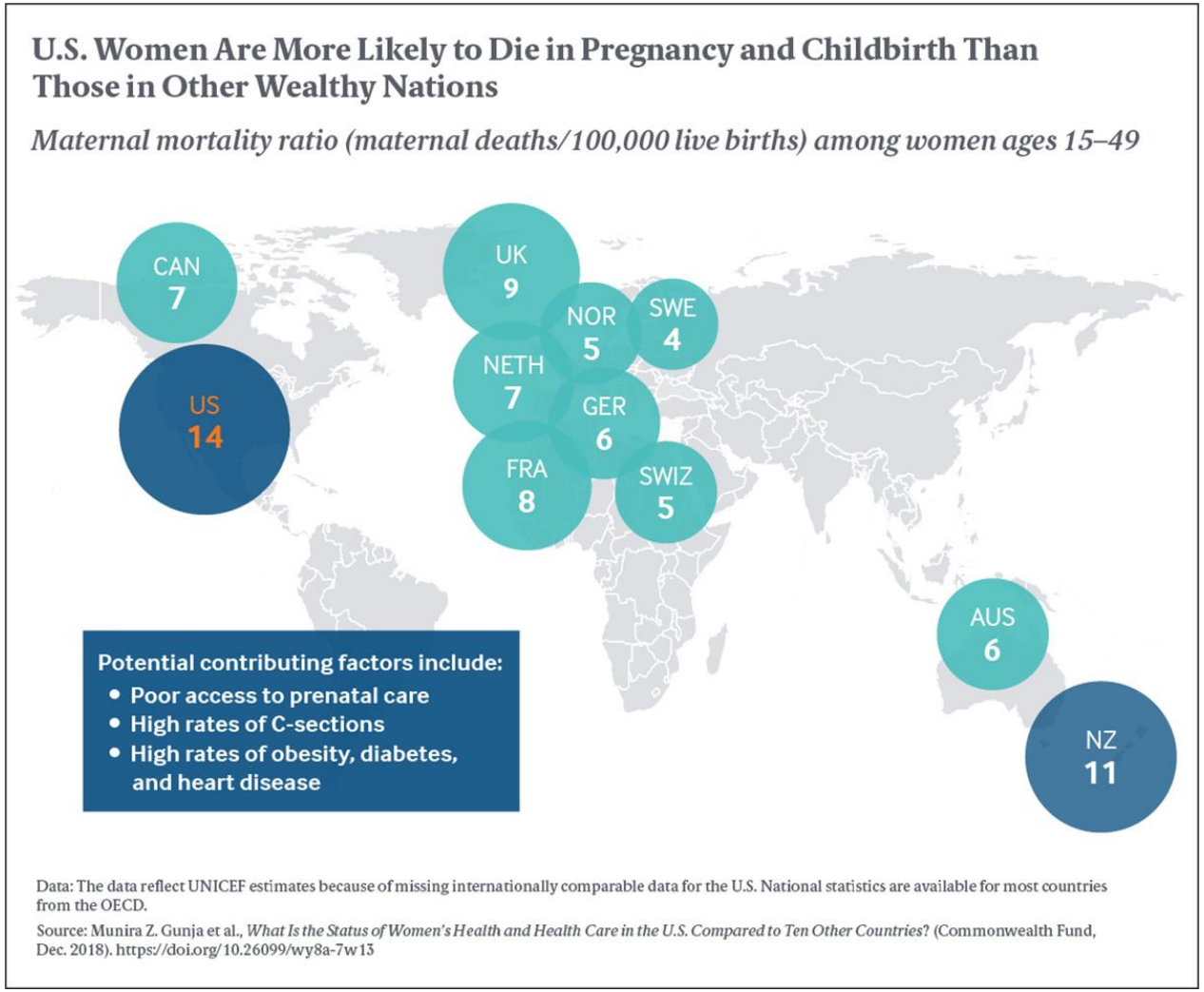
Comparing Mortality Rates



CVD -a non-communicable disease contributor to maternal mortality

- CVD is the leading cause of death in pregnancy and postpartum in the U.S.
- 25% of maternal deaths are due to CVD or cardiomyopathy
- Myocardial infarction, postpartum cardiomyopathy, arrhythmia and congenital heart disease are common conditions
- Growing rates of gestational and type 2 diabetes and obesity in childbearing women contribute to CVD risk

Cycle of obesity, diabetes and CVD

Health inequity in access and treatment

- Barriers
  - Barriers to pre-pregnancy CVD assessment
  - Missed opportunities to identify risk factors during prenatal care
  - Gaps in intrapartum care
  - Minimal postpartum follow-up

- African American women have a 3 times higher risk of death from CVD compared to white women
  - institutional and systemic barriers
  - racial bias and gender inequity

ALLIANCE FOR INNOVATION ON MATERNAL HEALTH AIM

National Public Health and Professional Organizations

- Engage/coordinate national partners and resources
- Develop QI tools
- Support multi-state data platform
- Support inter-state collaboration

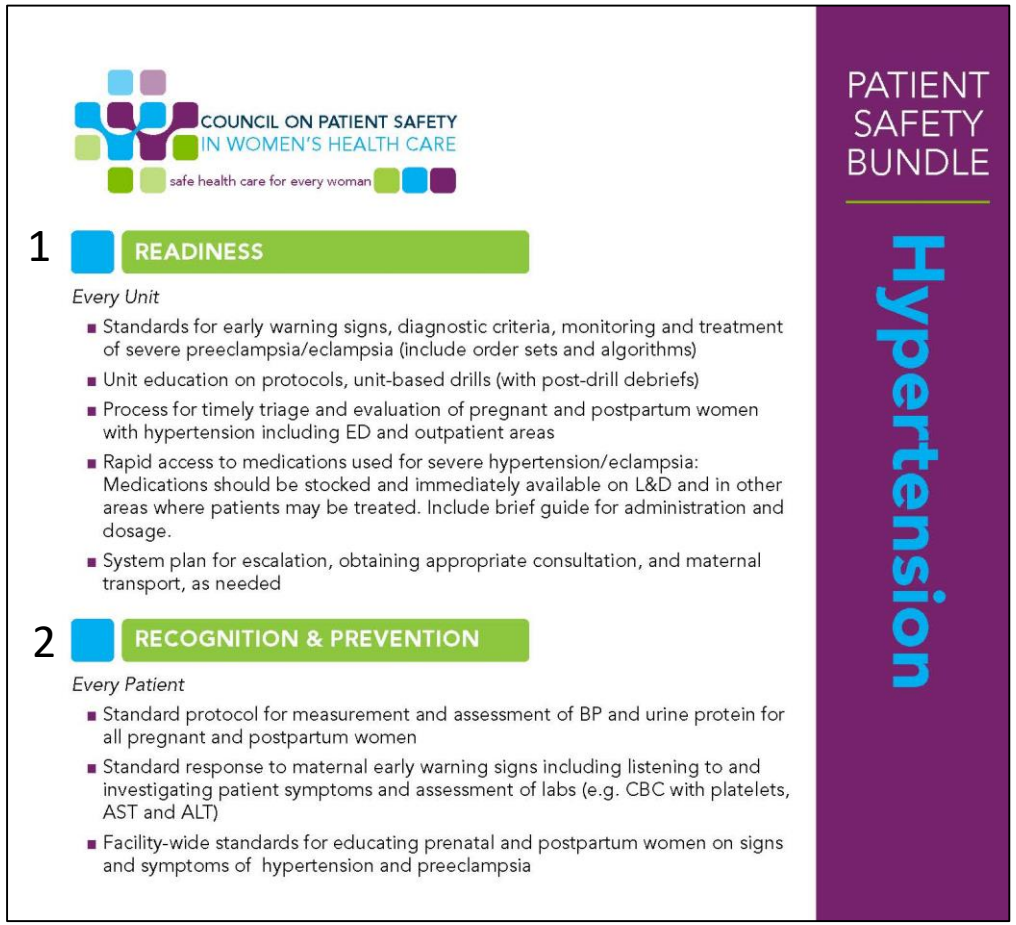
Perinatal Collaborative, Department of Public Health, Hospital Assoc., Professional Groups

- Support/coordinate hospital efforts
- Share tools, resources, and best practices
- Use state data for outcome metrics
- Share and interpret progress

Hospitals, Providers, Nurses, Offices, and Patients

- Create QI team
- Implement bundles
- Share best practices
- Collect structure and process metrics
- Review progress

Maternal Safety Bundles: **4 Rs**-**R**eadiness, **R**ecognition, **R**esponse, **R**eporting



Available with resource links at:
safehealthcareforeverywoman.org

Circulation

AHA/ACOG PRESIDENTIAL ADVISORY

Promoting Risk Identification and Reduction of Cardiovascular Disease in Women Through Collaboration With Obstetricians and Gynecologists

A Presidential Advisory From the American Heart Association and the American College of Obstetricians and Gynecologists

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On behalf of the American Heart Association and the American College of Obstetricians and Gynecologists

In 2001, the Institute of Medicine (now known as the National Academy of Science) published a seminal monograph, *Exploring the Biological Contributions to Human Health: Does Sex Matter?*,[1] describing the importance of both sex and gender on human biology and physiology. Gender-specific medicine, which recognizes gender differences and similarities in cardiovascular disease recognition, prevention, and management, has exerted a powerful salutatory effect on women. Significant improvement in mortality and morbidity rates in women have been seen over the past 2 decades, in part as a result of initiatives such as the American Heart Association's (AHA's) Go Red For Women movement. Go Red For Women initially focused on raising awareness of heart disease as the No. 1 killer of women. This campaign expanded gender-focused research and the development of gender-based guidelines that led to a significant reduction in the rates of death among women.

Despite these advances, gender-based inequalities continue, with women being less likely to receive guideline-recommended diagnostic testing and therapies. Furthermore, despite the above-stated declines in mortality, more recently there has been an increase in mortality rates in women.[2] Despite significant efforts to raise awareness about heart disease, the most recent data show that only 45% of women identify heart disease as their leading cause of death and that fewer than half of primary care physicians consider cardiovascular disease to be a top concern in women, after breast health and weight.[3]

A majority of women consider their obstetrician/gynecologist (OB/GYN) to be their primary care physician, particularly women during their childbearing years, and we know that many of the life-span milestones for women impart unique effects on cardiovascular health, particularly pregnancy and menopause. Shaw et al[4] use the term *healthcare team for women* to describe the importance of collaboration among clinicians who care for women in order to improve quality and equitable healthcare gaps in women. We now know that 90% of women have at least 1 risk factor for developing heart disease and that optimal prevention strategies (eg, the AHA's Life's Simple 7) begin decades before clinical heart disease is apparent. For these and many other reasons, a partnership with an OB/GYN to optimize early identification and modification of risk factors for heart disease and stroke can be a critical element in improving women's health.

CURRENT STATE OF CARE FOR WOMEN

Traditional Cardiovascular Risk Factors

Traditional atherosclerotic cardiovascular disease (ASCVD) risk factors, such as hypertension, diabetes mellitus, hypercholesterolemia, and obesity, affect both sexes, but some may affect women differently and are considered to be more

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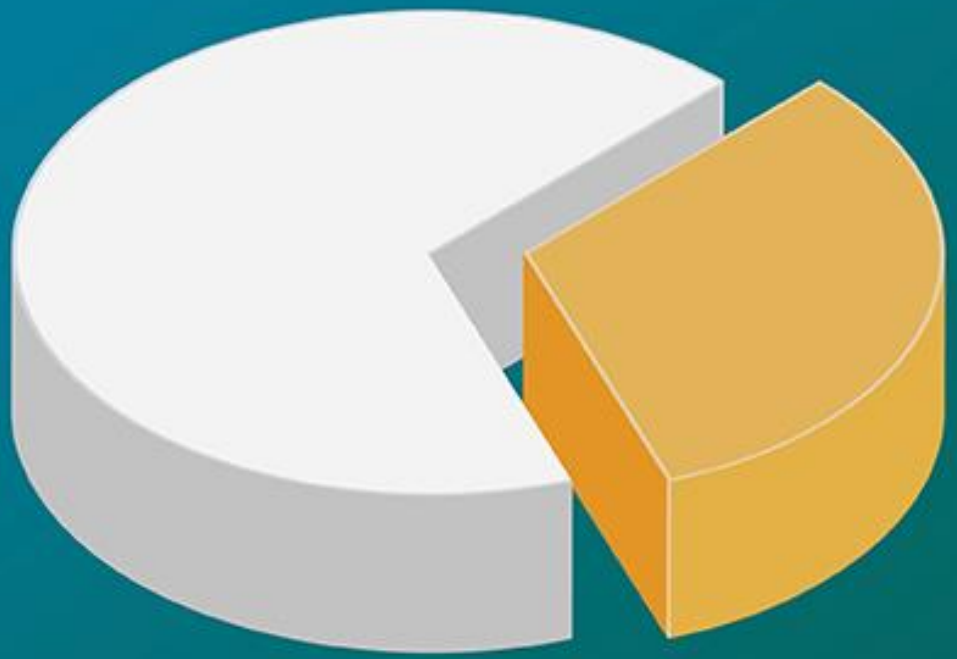
Key Words: AHA Scientific Statements ■ cardiovascular diseases ■ prevention ■ risk factors ■ women's health

http://circ.ahajournals.org

ACOG and American Heart Association –a call to action for pregnancy and postpartum care

- Low threshold for investigating cardiac symptoms in pregnancy and postpartum
- Suspect ischemic heart disease or cardiomyopathy with symptoms of shortness of breath or chest pain
- Provide clinical work-up (EKG, chest X-ray, echocardiogram and CT pulmonary angiography)
- Women at high-risk of cardiovascular disease may need careful monitoring for up to one year postpartum

From ACOG Presidential Task Force on Pregnancy and Heart Disease, Obstetrics and Gynecology, May, 2019



Approximately 33% of pregnancy-related **deaths occur in the postpartum period.**

Source: CDC MMWR Pregnancy-Related Deaths, United States, 2011-2015, and Strategies for Prevention, 13 States, 2013-2017

ACOG

Eliminate preventable maternal mortality

#EveryMomEveryTime

Postpartum care that integrates lifestyle change with medical surveillance

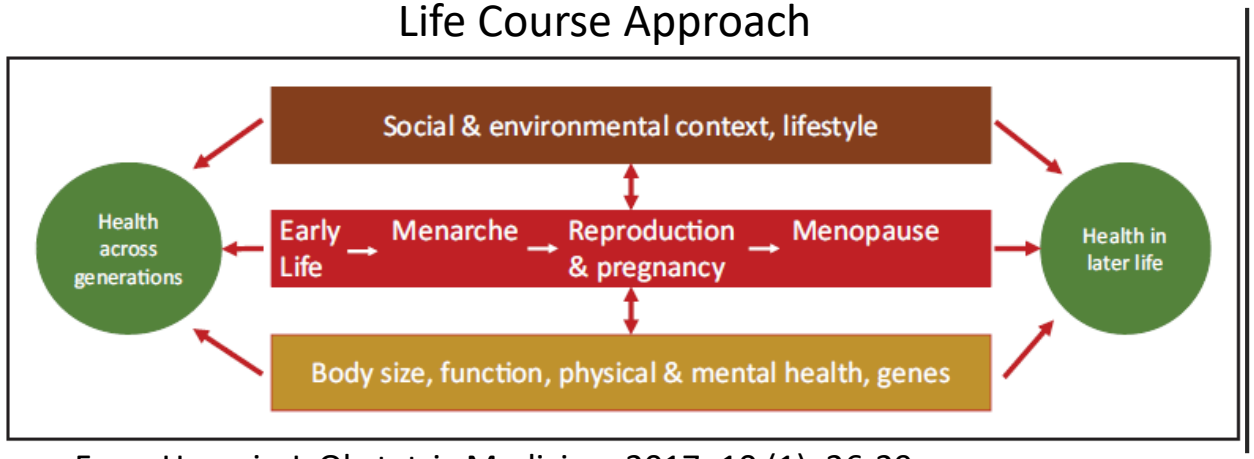
- Postpartum HTN, glucose treatment
- Lifestyle behaviors (nutrition, physical activity)
- Psychosocial, depression, anxiety
- Collaborative
- Clinical partners

Healthy Transitions

better health at every phase of life

University of North Carolina

Life Course Approach



From Hussein J, Obstetric Medicine, 2017; 10 (1): 26-29

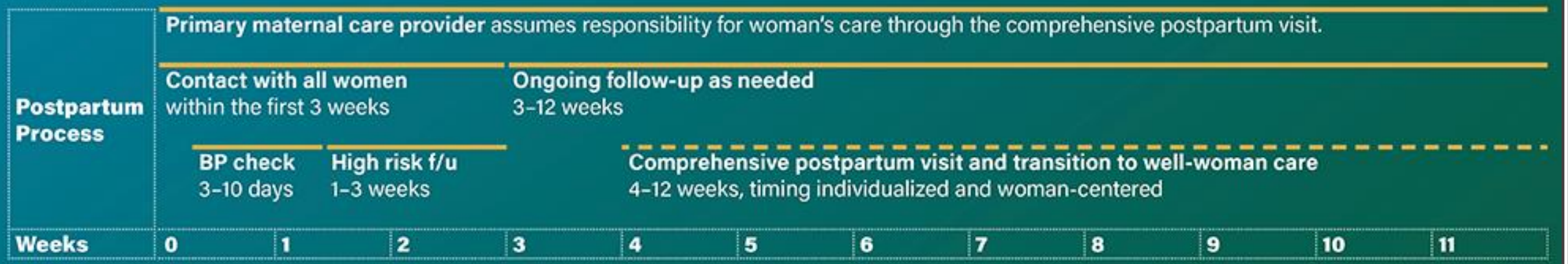
Pursuing a Life Course Approach to Reduce Threats of Non-Communicable Diseases

Alliance for Innovation on Maternal Health (AIM) Goal: Reduce maternal deaths and severe maternal morbidity

By

Promoting safe maternal care for every U.S. birth.	Engaging multidisciplinary partners at the national, state and hospital levels.	Developing and implementing evidence-based maternal safety bundles.	Utilizing data-driven quality improvement strategies.	Aligning existing safety efforts and developing/ collecting resources.

Proposed Paradigm Shift for Postpartum Visits



Modified from ACOG's "Optimizing Postpartum Care" Committee Opinion.

ACOG

Eliminate preventable maternal mortality

#EveryMomEveryTime