



Cardiac Conditions in Obstetric Care

Patient Screening Tool

Patients with a known history of heart disease or certain risk factors may be at higher risk of complications during pregnancy and after delivery. Please answer the following questions.

Do you have any of the following:

Yes **No**

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Do you see a heart doctor now or did you as a child? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is it hard to breathe when you lay flat or on your side? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have trouble breathing when resting? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you passed out/fainted in the past year? |

Have you ever had a:

Yes **No**

- | | | |
|--------------------------|--------------------------|--------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Heart attack |
| <input type="checkbox"/> | <input type="checkbox"/> | Stroke |
| <input type="checkbox"/> | <input type="checkbox"/> | Surgery |
| <input type="checkbox"/> | <input type="checkbox"/> | Chemotherapy |

Your answers may lead to additional questions or testing after discussion with your care provider.



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Provider Follow-Up

This information is intended as clinical guidance and is not intended to be prescriptive. Provider's assessment is imperative.

Additional questions to consider:

If the patient has a cardiologist, who is it, and has the patient seen them recently?

If the patient has shortness of breath or orthopnea, has the patient always had these symptoms or is this new?

If the patient had syncope in the past year, were there any precipitating events?

If the patient says “yes” to any screening questions and/or reports a significant cardiac history and cardiology records are not available:

Consider ordering:

- Echocardiogram
- EKG
- Cardiac event monitor
- BNP or nt-ProBNP

Consider referral to:

- Cardiology
- Maternal-fetal medicine

If patient has a known cardiac history and records are available, see also the “Referral Protocol for Patients with Known Cardiovascular Diagnoses”.

If ordering any cardiac testing or referral to cardiology, please **also notify the Cardio-OB Care Coordinator** at _____.

Yes No

- Cardio-OB Care Coordinator notified