

# PQCNC Cardiac Conditions in Obstetric Care

## Facility Snapshot – Before the Initiative

### Introductory questions:

1. Date of this snapshot: \_\_\_\_\_
2. Your name: \_\_\_\_\_
3. Your email: \_\_\_\_\_
4. Your role and unit (RN, MD, etc.; L&D, MBU, etc.): \_\_\_\_\_

### About your facility:

5. Name of your Facility: \_\_\_\_\_
  6. Which level of obstetric care is present at your facility? (from [ACOG's Levels of Maternal Care](#))
    - a. **Accredited Birth Center:** low-risk patients with uncomplicated singleton term vertex pregnancies
    - b. **Level I (Basic Care):** low- to moderate-risk pregnancies with the ability to initiate management of unanticipated antepartum, intrapartum, and postpartum conditions until the patient can be transferred to a facility with specialty maternal care
    - c. **Level II (Specialty Care):** Level I capabilities plus appropriate moderate- to high-risk antepartum, intrapartum, and postpartum conditions
    - d. **Level III (Subspecialty Care):** Level II capabilities plus more complex maternal medical conditions, obstetric complications, and fetal conditions
    - e. **Level IV (Regional Perinatal Health Care Centers):** Level III capabilities plus on-site medical and surgical care of the most complex maternal conditions and critically ill pregnant people and fetuses
    - f. **Other:** \_\_\_\_\_
  7. Which types of providers care for patients in your antepartum, intrapartum, and postpartum units? [choose all that apply]
    - a. Certified Nurse Midwives (CNMs)
    - b. Family Medicine Physicians
    - c. Obstetricians and Gynecologists
    - d. Maternal Fetal Medicine providers
    - e. Other: \_\_\_\_\_
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**8. Which level of nursery care is present at your facility (from [AAP's Levels of Neonatal Care](#))**

- a. **Level I (Well Newborn Nursery):** Provide care to stable term and 35-37 week infants
- b. **Level II (Special Care Nursery):** Level I capabilities plus provide care to infants greater than 32 weeks and weighing more than 1500 grams
- c. **Level III (NICU):** Level II capabilities plus provide care to infants less than 32 weeks and weighing less than 1500 g with full access to respiratory support, pediatric specialists, and advanced imaging
- d. **Level IV (Regional NICU):** Level III capabilities plus capability for surgical repair of complex conditions
- e. **Other:** \_\_\_\_\_

**Status of cardiac care at your facility:**

**9. Regarding screening and risk assessment, my facility [choose all that apply]:**

- Uses a standardized cardiac risk assessment tool to identify and stratify a patient's risk level in pregnancy and postpartum settings.
- Obtains a pregnancy and cardiac history on all patients in all care settings, including in the emergency department (ED).
- Has a standard screening process for current pregnancy or pregnancy in the past year as part of the ED triage process.

**10. Regarding education, my facility [choose all that apply]:**

- Has a patient education plan based on the pregnant or postpartum person's risk of cardiac conditions.
- Has patient education materials on urgent postpartum warning signs, aligning with culturally and linguistically appropriate standards.
- Has educated clinical OB providers and nurses on signs and symptoms of potential cardiac conditions in pregnant and postpartum people in the past two years.
- Has educated clinical ED providers and nurses on signs and symptoms of potential cardiac conditions in pregnant and postpartum people in the past two years.
- Has educated clinical OB providers and nurses on respectful and equitable care in the past two years.

**11. Regarding multidisciplinary teams, my facility [choose all that apply]:**

- Has a multidisciplinary "Pregnancy Heart Team" to coordinate care for patients with cardiac conditions in pregnancy or postpartum (may include internal or external coordination depending on your facility's level of care).
  - Conducts multidisciplinary care planning, admission huddles, and/or post-event huddles for pregnant and postpartum patients at high risk for cardiac events.
  - Performs multidisciplinary reviews of serious complications experienced by pregnant or postpartum patients to identify systems issues (e.g. ICU admissions).
  - Conducts debriefs with patients after serious complications or severe events.
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