Cardiovascular presentations in pregnancy & postpartum - MAKE A DIAGNOSIS

Cardiovascular disease (CVD) is a significant cause of maternal death in the UK.

Women who present with signs & symptoms of CVD during pregnancy & post partum are underassessed, underinvestigated and underdiagnosed leading to significant morbidity and mortality

Recognition and response to in the woman's presentation must prompt appropriate investigation, diagnosis and escalation of care

PALPITATIONS

- Palpitations in a woman with a family history of sudden cardiac death
- Palpitations in a woman who has structural heart disease or previous cardiac surgery
- Palpitations with syncope
- Palpitations with chest pain
- Persistent, severe tachycardia

CHEST PAIN

- Pain requiring opioids
- Pain radiating to arm, shoulder, back or jaw
- Sudden-onset, tearing or exertional chest pain
- Associated with haemoptysis, breathlessness, syncope or abnormal neurology
- Abnormal observations

BREATHLESSNESS

- Sudden-onset breathlessness
- Orthopnoea
- Breathlessness with chest pain or syncope
- Respiratory rate >20 breaths per minute
- Oxygen saturation <94% or falls to <94% on exertion
- Breathlessness with associated tachycardia

Additional red flags include:

- personal history of CVD
- repeated presentations with similar symptoms
- family history of cardiovascular disease, specifically CVD in younger relatives (<50yrs), relatives that died suddenly or who have had conditions such as aneurysms, dissections or required interventions e.g. surgery or implantable cardiac devices (ICDs)
- in addition to symptoms listed above, risk factors for CVD e.g. age > 40yrs, BMI >40, pre-existing diabetes or hypertension, known coagulation disorder, previous DVT/ PE, smoker

- Obstetric specific early warning scores (MEWS) must be used to document observations in all pregnant women or those within 6 weeks post-delivery
- Escalate to senior clinicians (consultants) and seek review/ advice from a consultant with expertise in the management of women presenting with symptoms of CVD or who are known to have heart disease in pregnancy.
- Imaging techniques involving radiation exposure e.g. X-ray and computed tomography (CT) should not be withheld from a pregnant patient if they are the most appropriate or readily available investigation for the diagnosis in question - seek specialist advice.
- Pregnancy or recent pregnancy are not contra-indications to cardioversion or thrombolysis - seek specialist advice

MBRRACE-UK 2025
https://www.hqip.org.uk/resource/mbrrace-uk-perinatal-mortality-surveillance-report-2025
Acute care toolkit 15: Managing acute medical problems in pregnancy. Royal College of Physicians.
https://www.rcp.ac.uk/improving-care/resources/acute-care-toolkit-15-managing-acute-medical-problems-in-pregnancy/

SCOTTISH OBSTETRIC CARDIOLOGY NETWORK

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