

# **Postpartum CV Risk Management:** **Recommendations for Primary Care Providers**

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## **1. Identify adverse pregnancy outcomes as cardiovascular risk factors:**

- a. Hypertensive disorders of pregnancy including: gestational HTN, preeclampsia, HELLP, eclampsia
- b. Gestational diabetes
- c. Idiopathic preterm birth
- d. IUGR
- e. Clinically significant placental abruption
- f. Stillbirth

## **2. Initiate screening/ CV risk stratification for women with these risk factors in the late postpartum period (3-6 months). This includes:**

- a. *Hypertension:*
  - i. Close monitoring in the short-term postpartum for severe hypertension and wean medication as able
  - ii. Accurate diagnostic methods: 24h ambulatory BP, automated office BP, home BP
  - iii. Lactation-appropriate management: labetalol, nifedipine, enalapril
  - iv. Work-up for secondary causes if persistent or diagnosed <20 weeks, referral to IM
- b. *Dyslipidemia:*
  - i. Screening lipid panel regardless of BF status with consideration to repeat at 1 year if elevated while breastfeeding
  - ii. Per 2021 CCS guideline but from AHA: HDP put women in “intermediate risk” category for consideration of statin therapy, CCS recommends hydrophilic statins (pravastatin and rosuvastatin) for less passage across a potential placenta
- c. *Dysglycemia:*
  - i. If prior GDM, 75g OGTT preferred for diagnostic accuracy at 6 weeks to 6 months PP
  - ii. If no prior GDM, screen with HbA1c
  - iii. Lifestyle management +/- medication
- d. *Obesity:*
  - i. BMI/ waist circumference measurement
  - ii. Individualized goal setting
- e. *Kidney disease:*
  - i. If AKI or HDP, assess renal function and screen for proteinuria annually (GFR, ACR or PCR and UA), if +ACR then do 24h urine protein
  - ii. Recognize proteinuria can persist up to 2 years
  - iii. Consider involving internal medicine
  - iv. ACEi and ARB outside of pregnancy, stop at conception w regular monitoring of renal function
- f. *Smoking*
- g. *Mental health*
  - i. Recognize women with CV risk factors are at higher risk of PPD
  - ii. Integrate management of mood and obesity with exercise
- h. *Health behaviour modification:*
  - i. Nutrition
  - ii. Physical activity
  - iii. Substance use
  - iv. Stress management
  - v. Sleep
  - vi. Breastfeeding

## **3. Continue to re-evaluate this risk for your patient annually, or at an interval individualized to your patient especially if planning future pregnancies**