

# Recommendations for Preventing CVD in Pregnancy

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# Importance of Preconception Counseling

- Preconception care helps optimize health before pregnancy, reducing risks for both the pregnant person and baby.
- It enables the early identification and management of chronic conditions that may impact pregnancy outcomes.
- Counseling and education empower individuals to make informed decisions about their reproductive health.
- Proper preconception care can improve fertility, reduce pregnancy complications, and enhance overall maternal well-being.
- The history of certain pregnancy-related conditions (GDM, HTN, placental abruption, preterm birth, miscarriage, etc.) contributes to an increased risk of cardiovascular disease later in life.

# Barriers to Preconception Care



- Lack of awareness among patients and healthcare providers about the benefits of preconception care.
- Limited access to healthcare services, particularly for uninsured or underinsured individuals.
- Financial constraints prevent individuals from seeking preventive care before pregnancy.
- A large percentage of pregnancies in the **United States are unplanned/unintended**.
- Fragmentation in healthcare systems makes it difficult for patients to receive coordinated prenatal care.

# Recommended Timing of Services

- Birthing patients with chronic conditions or high-risk factors may need earlier and more frequent consultations.
- Ideally, preconception care should begin **at least three to six months** before attempting pregnancy.
- Routine health assessments, lifestyle modifications, and medication adjustments should be addressed well in advance.
- Preconception counseling should be integrated into routine primary care visits to ensure timely intervention.

# 4<sup>th</sup> Trimester Care

- Earlier and more frequent monitoring should be considered for those with adverse pregnancy-related conditions, due to the higher risk of developing CVD at younger ages.
- Intentional communication between the pregnancy and primary care teams is critical for women to receive adequate postpartum monitoring and testing.
- There is a lack of clinical evidence around monitoring for CVD risk after adverse pregnancy conditions.



# References

- American Academy of Family Physicians. Preconception Care (Position Paper). Aafp.org. 2022.
- Mehta LS, Warnes CA, Bradley E, et al. Cardiovascular Considerations in Caring for Pregnant Patients: A Scientific Statement From the American Heart Association. *Circulation*. 2020;141(23).
- Westfall E, Viere AB, Genewick JE. Preventing CVD in Women: Common Questions and Answers. *American Family Physician*. 2023;108(6):595-604.

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