Society for Women's Health Research

National Academies of Science, Engineering, and Medicine

Clinical Preventive Services for Addressing Cardiovascular Disease Risk to Reduce Pregnancy-related Deaths Among Women

Perspective from the Society for Women's Health Research

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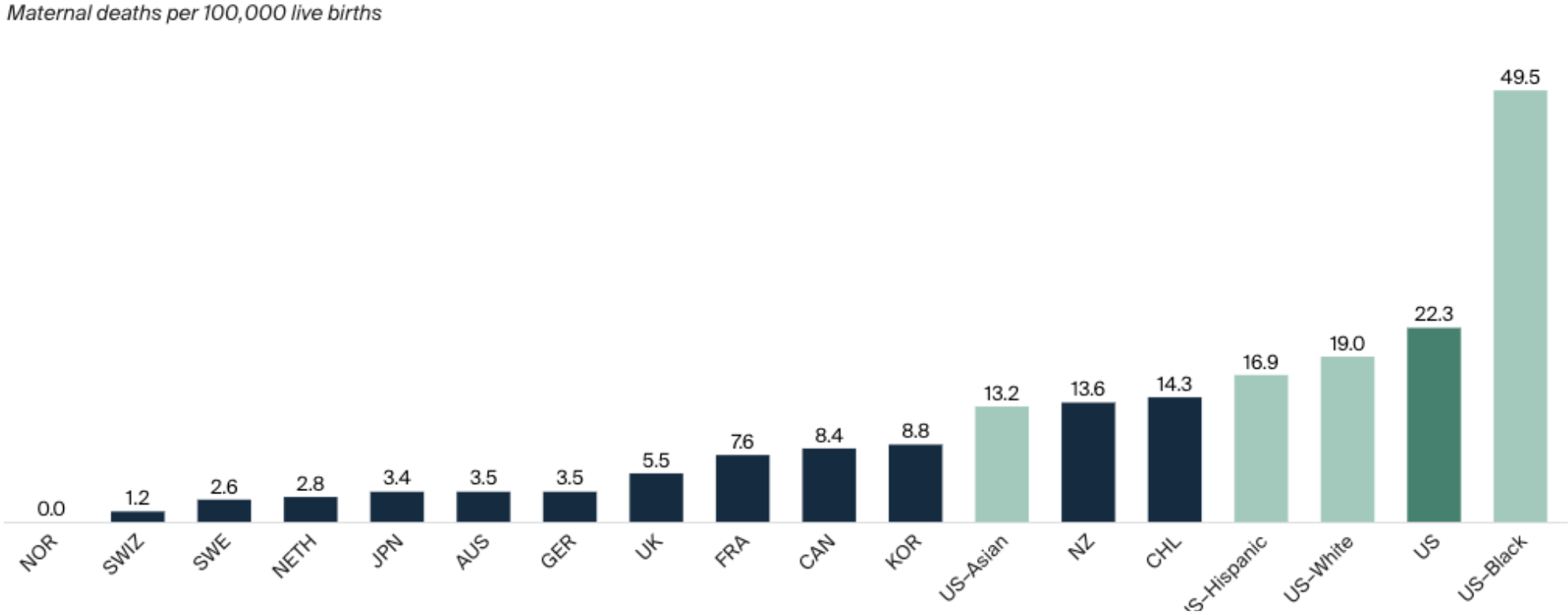
Conflicts of Interest and Disclosures

- I have nothing to disclose

Maternal Health Crisis



Notes: The maternal mortality ratio is defined as the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes. For more information on how maternal mortality is defined, see Organisation for Economic Co-operation and Development, "Maternal and Infant Mortality," in *Health at a Glance 2023: OECD Indicators* (OECD, 2023). 2015 data for FRA; 2017 data for UK; 2018 data for NZ; 2020 data for CAN and SWIZ; 2021 data for AUS, GER, JPN, KOR, NETH, and SWE; 2022 data for CHL (provisional), NOR, and US. Due to sample size limitations, data for US–AIAN cannot be displayed. AIAN = American Indian and Alaska Native. Asian Americans include a wide range of distinct communities. Such groupings are imperfect, as they mask significant difference in maternal mortality rates.

Data: All country data from OECD Health Statistics 2023 extracted on February 29, 2024, except data for US are 2022 data from the Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System, mortality and natality data files, "Maternal Mortality Rates in the United States, 2022."

Source: Munira Z. Gunja et al., *Insights into the U.S. Maternal Mortality Crisis: An International Comparison* (Commonwealth Fund, June 2024). https://doi.org/10.26099/cthn-st75

Gaps in Preventive Services

- Promotion, accessibility, and practice of preconception screening and counseling, particularly for women with pre-existing CVD or known risk factors
- Continuous clinical surveillance during pregnancy and postpartum to identify and mitigate cardiovascular related challenges
- Prompt diagnosis and treatment of CVD in pregnant and postpartum populations

Barriers to Providing Care

- Limited access to preconception preventive care and access to consistent, high-quality prenatal and postpartum care
- Fragmented care and lack of care coordination with inadequate follow-up systems
- Inadequate clinical education for all providers, including allied health professionals, on the risk factors, symptoms, and diagnosis of CVD in pregnant and postpartum populations
- Limited patient awareness of risk factors and warning signs of CVD
- Insufficient information about mechanisms of pregnancy and CVD or a robust evidence base about the safety and efficacy of medication in pregnant and lactating populations

Proposed Strategies

- Integration and coordination of care for pregnant and postpartum populations
- Improved health care provider training including for allied health professionals
- Patient awareness and education
- Robust and accessible public health surveillance systems
- Inclusion of lactating and pregnant populations in research