

**HEALTHY
MOMS.
STRONG
BABIES.**



**CLINICAL PREVENTIVE SERVICES FOR
ADDRESSING CARDIOVASCULAR
DISEASE RISK TO REDUCE PREGNANCY-
RELATED DEATHS AMONG WOMEN**

OUR MISSION

March of Dimes leads the fight for the health of all moms and babies.

OUR VISION

We believe in a world where every mom and baby is healthy, regardless of wealth, race, gender, sexual orientation, or geography.



QUESTIONS FOR THE STUDY COMMITTEE

Identifying Gaps in Preventive Services:

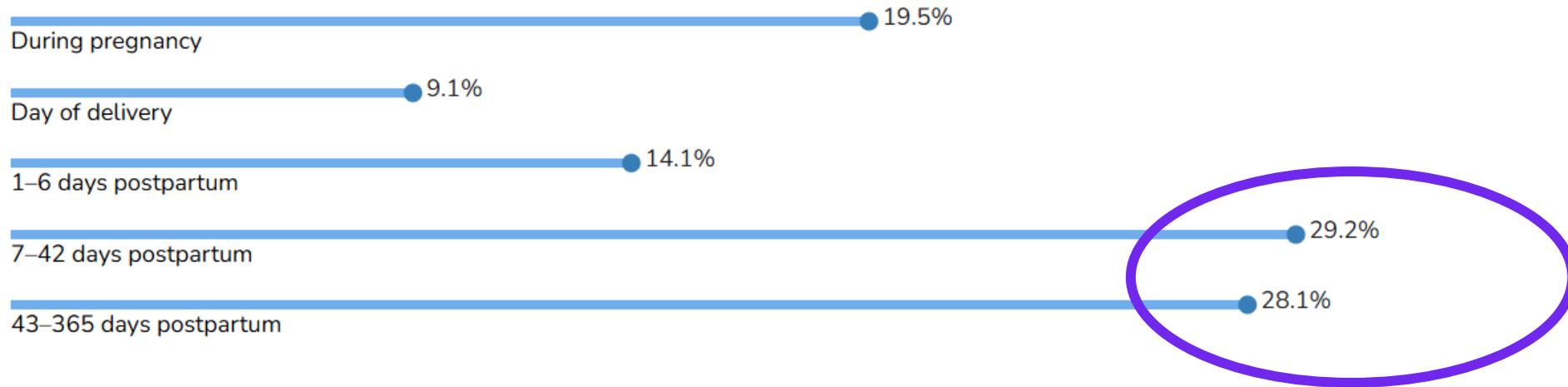
What evidence-based clinical preventive services are currently lacking for women to effectively prevent cardiovascular disease (CVD) related to pregnancy—including the pre-pregnancy, pregnancy, and postpartum periods? What considerations should be made regarding the timing of these services and screenings?

Addressing Barriers to Care:

What are the primary barriers to providing care aimed at preventing CVD before, during, and after pregnancy? What evidence-based or promising strategies could be implemented to overcome these barriers to accessibility, provision, uptake, and utilization of preventive services for CVD among women of reproductive age?

TIMING OF PREGNANCY-RELATED DEATHS

Pregnancy-related deaths by timing of death in relation to pregnancy, 2021^a

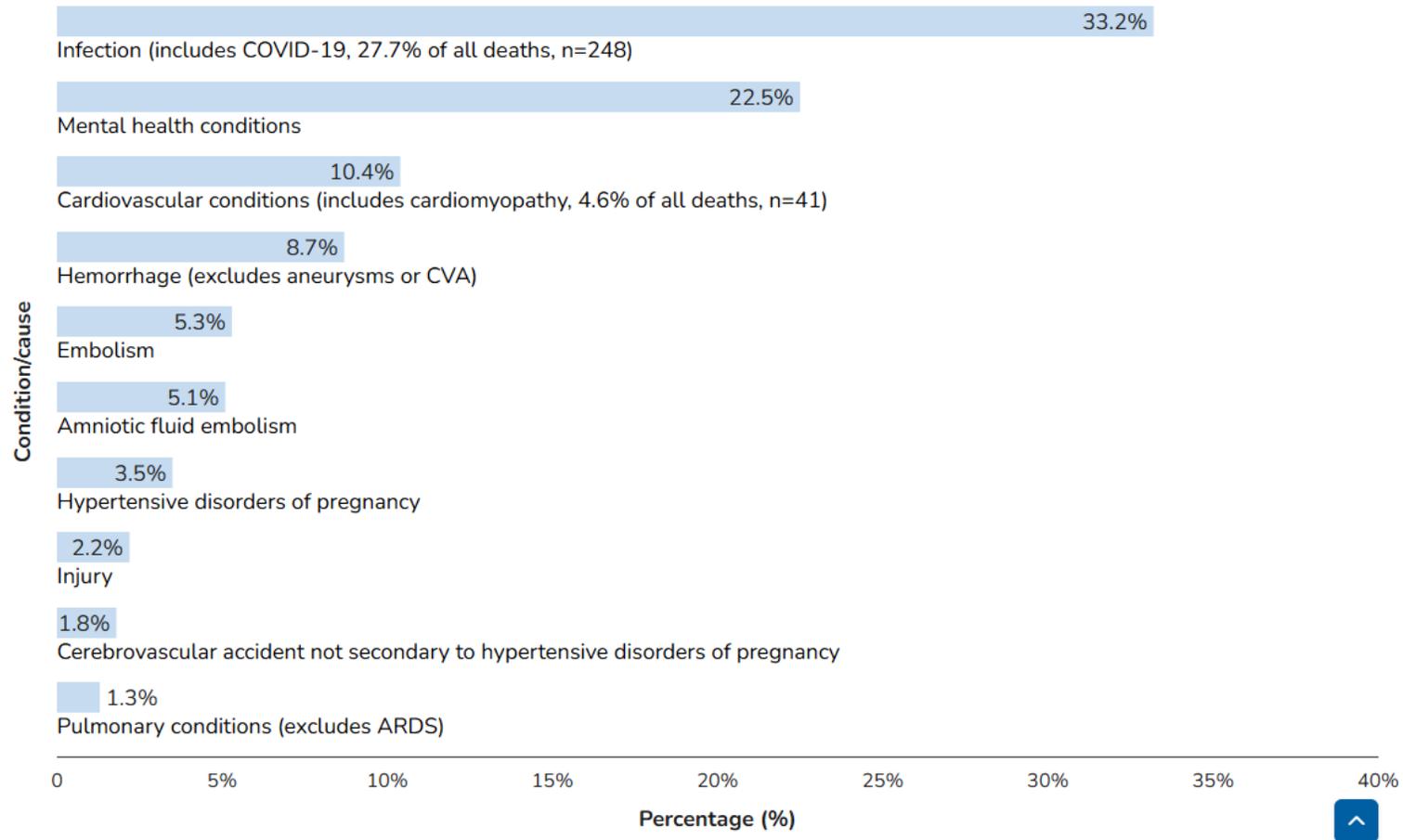


57% of deaths from 1 week to 1 year postpartum

87%

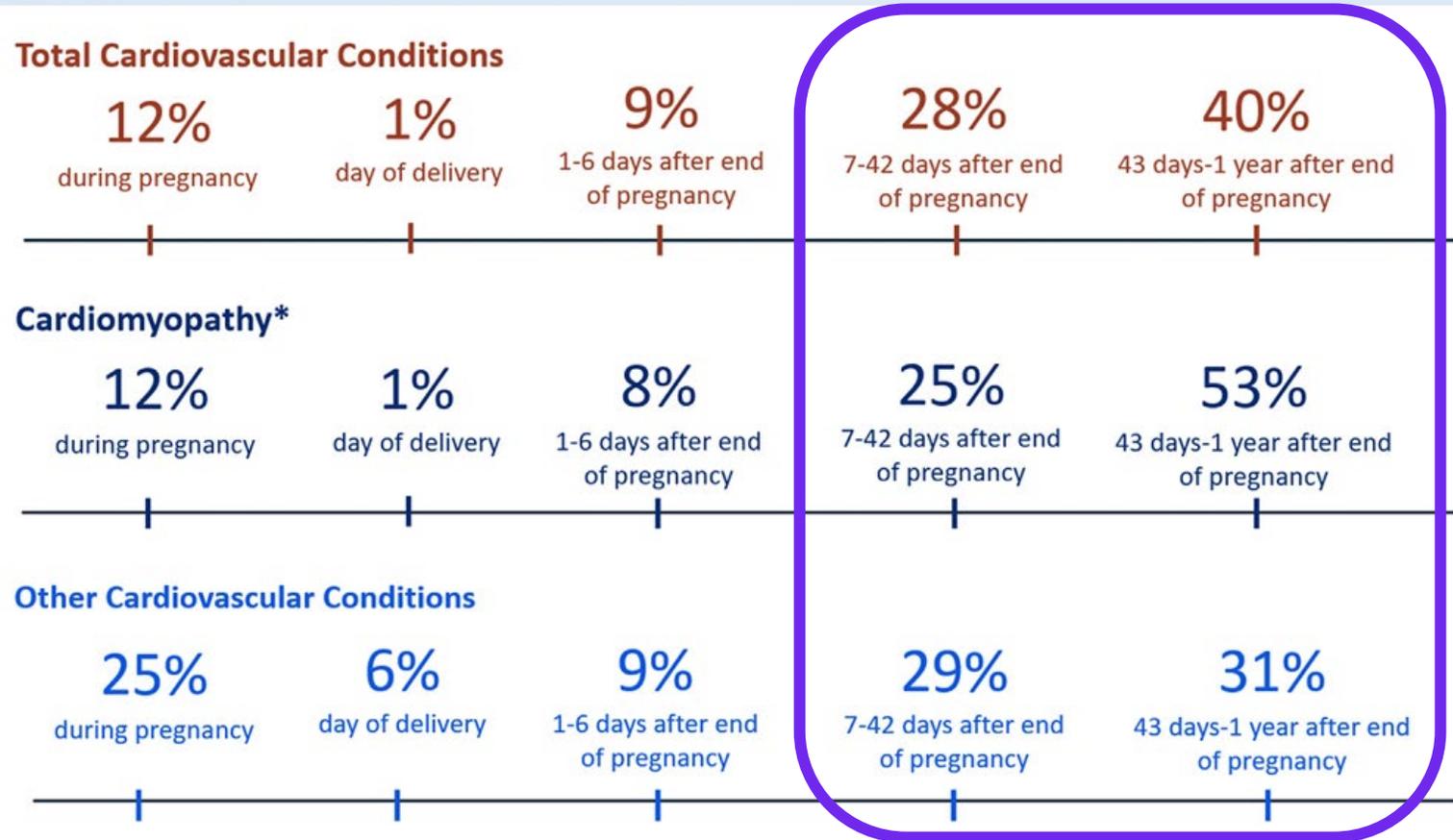
Among deaths with a preventability determination, 87% were determined by MMRCs to be preventable.

CAUSES OF PREGNANCY-RELATED DEATHS



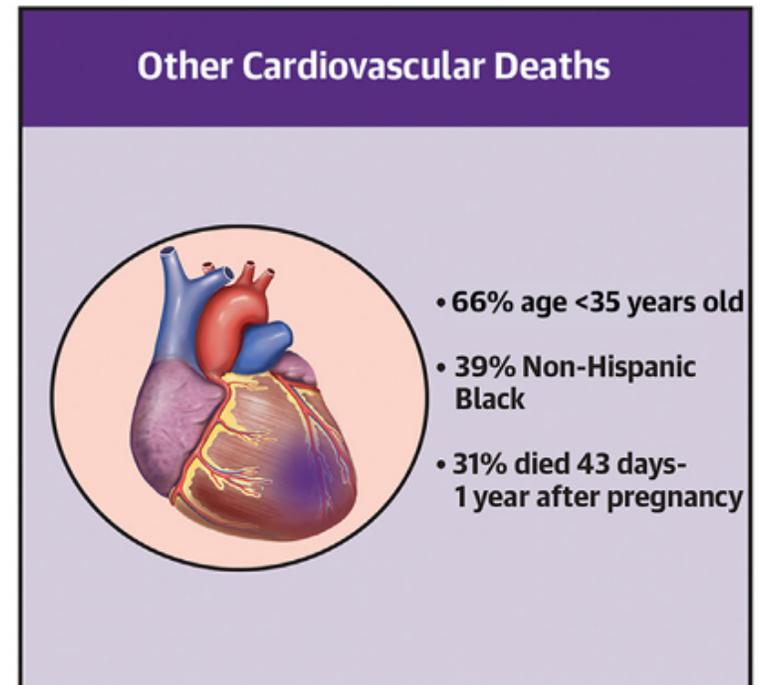
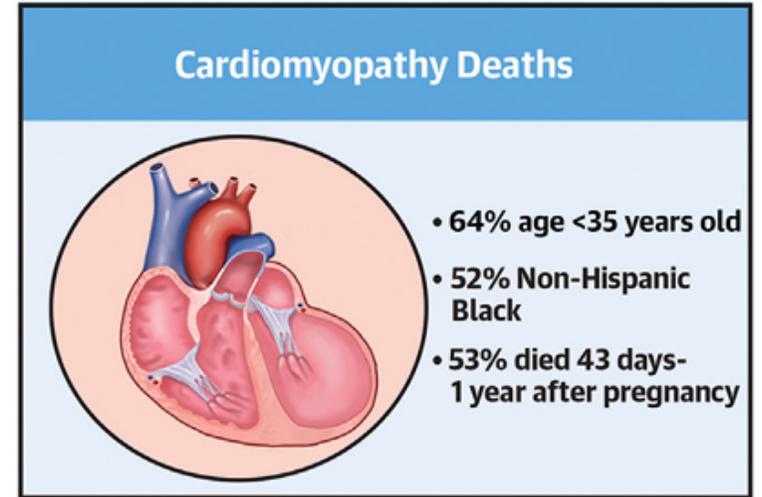
TIMING OF PREGNANCY-RELATED CARDIOVASCULAR DEATHS

FIGURE 1 Timing of Preventable Pregnancy-Related Cardiovascular Deaths



MMRC DATA: CARDIOVASCULAR DEATHS

- MMRC data from 32 states
- 210 pregnancy-related deaths were due to cardiovascular conditions
- **76% of cardiovascular deaths were determined to be preventable**



CARDIOVASCULAR CAUSES OF PREGNANCY-RELATED DEATHS

TABLE 2 Specific Cause of Death Subcategories Among Cardiomyopathy and Other Cardiovascular Conditions Pregnancy-Related Deaths^a

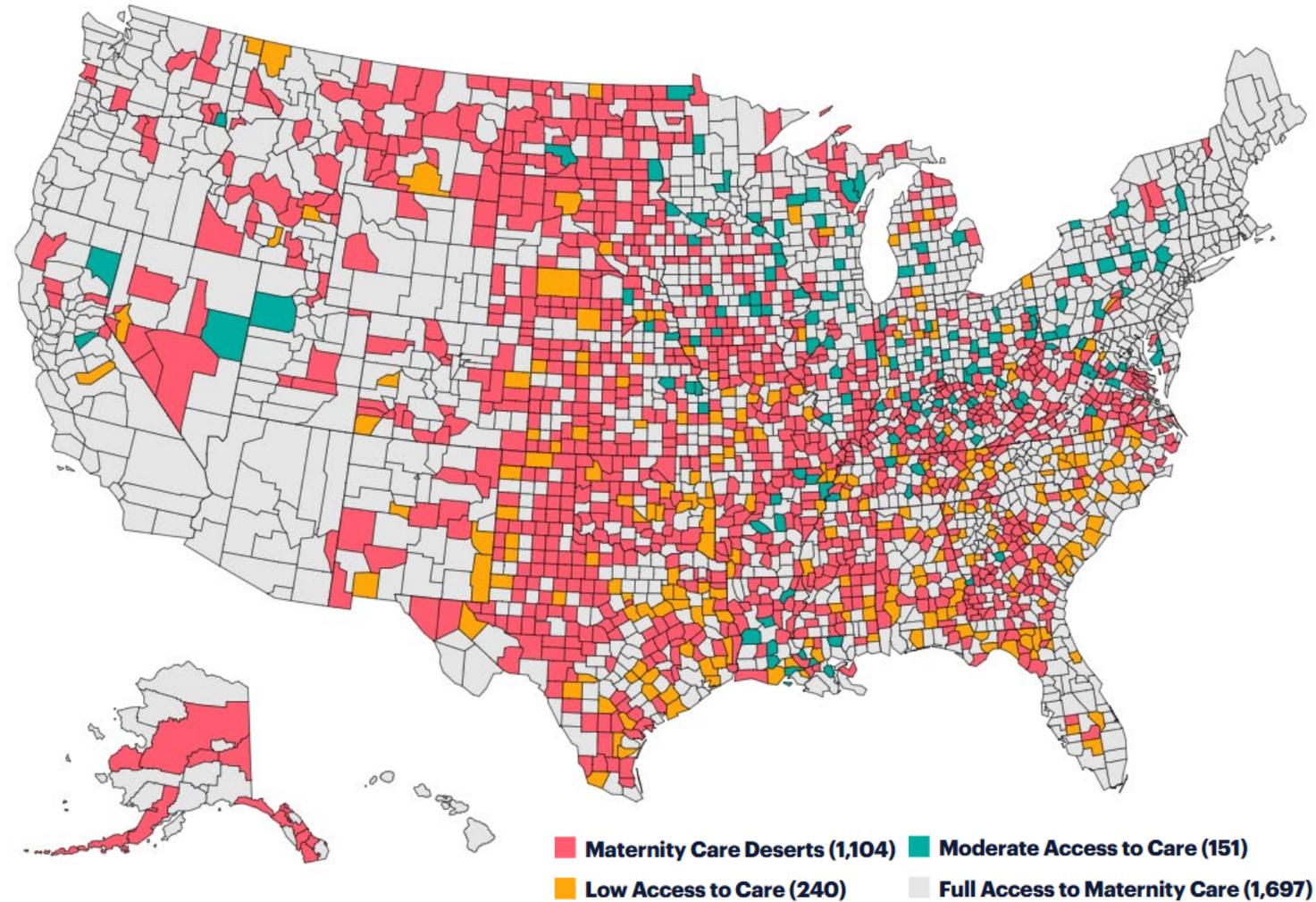
	Cardiomyopathy (n = 84)	Other Cardiovascular Conditions (n = 126)
Postpartum/peripartum cardiomyopathy	47 (56.0)	- (-)
Hypertrophic cardiomyopathy	6 (7.1)	- (-)
Other cardiomyopathy/NOS	31 (36.9)	- (-)
Coronary artery disease/myocardial infarction/ atherosclerotic cardiovascular disease	- (-)	14 (11.1)
Pulmonary hypertension	- (-)	6 (4.8)
Valvular heart disease	- (-)	11 (8.7)
Vascular aneurysm/dissection	- (-)	25 (19.8)
Hypertensive cardiovascular disease	- (-)	18 (14.3)
Marfan syndrome	- (-)	2 (1.6)
Conduction defects/arrhythmias	- (-)	14 (11.1)
Vascular malformations outside head and coronary arteries	- (-)	1 (0.8)
Cardiovascular/NOS, including congestive heart failure, cardiomegaly, cardiac hypertrophy, cardiac fibrosis, nonacute myocarditis	- (-)	35 (27.8)

Values are n (%). ^aExcludes hypertensive disorders of pregnancy and cerebrovascular accidents.

NOS = not otherwise specified.

MATERNITY CARE DESERTS

- **35% of US counties** are maternity care deserts
- **More than 2.2M women** live in maternity care deserts
- **More than 150k babies** born to women in maternity care deserts
- **Higher rates of maternal mortality and pregnancy-related mortality** in maternity care deserts (vs. full-access areas)



GAPS IN PREVENTIVE SERVICES

Appropriate management of hypertension in pregnancy

- Shifting paradigm for treatment of hypertension at lower threshold of 140/90 mmHg noted in CHAP trial

Patient and provider education

- Early Maternal Warning Signs

Follow-up

- Postpartum visit for women with heart disease/cardiovascular disorders
- Care coordination for high-risk patients

ADDRESSING BARRIERS TO CARE

Access to Care

- Assure insurance coverage before, during, and after pregnancy
- Deliver services via telehealth (including remote monitoring/wearable devices)
- Deliver services via mobile care units
- Utilize community health workers and nurse home visitors for education and appropriate health interventions

Readiness

- Utilize regionalized perinatal approaches to care, incorporating recognized maternal and neonatal levels of care
- Improve hospital and pre-hospital (EMS) readiness for obstetric emergencies

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