Pregnancy-related cardiovascular deaths in Utah

Pregnancy heightens cardiovascular risk, making heart conditions a major contributor to maternal mortality. The Utah Maternal Mortality Review Committee (MMRC) is committed to identifying the root causes of pregnancy-related deaths. The MMRC makes recommendations for changes in policy, education, resources, or support that could have prevented these deaths. Findings from this review process and the Maternal mortality in Utah, 2017-2020 report are shared below. We can all take steps to prevent maternal deaths and help make sure that everyone has a fair chance at health and well-being.

Cardiovascular conditions are a **leading cause** of pregnancy-related deaths.

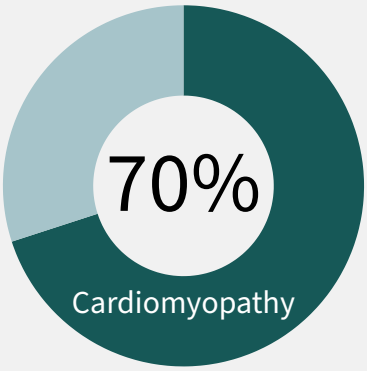
1 in 4 pregnancy-related deaths were due to cardiovascular conditions. Cardiovascular conditions are the 2nd leading underlying cause of pregnancy-related deaths after mental health conditions.

8 out of 10 pregnancy-related cardiovascular deaths were **preventable**.

Pregnancy-related cardiovascular deaths occur **during** and **after** pregnancy.

20%	30%	50%
during pregnancy and day of delivery	1 to 42 days (6 weeks) after end of pregnancy	43 days to 1 year after end of pregnancy

Most cardiovascular deaths were due to **cardiomyopathy.**



Cardiomyopathy is a disease of the heart muscle that makes it harder for the heart to pump blood to the rest of the body.

Some people sought **emergency care** before their death.

Among those who died from pregnancy-related cardiovascular conditions, **30% visited the emergency department prior to their death.**

Department *of* Health & Human Services

Case study: Ashleigh's story

Ashleigh is a fictional character, but her story is inspired by the real-life experiences and tragic deaths of Utahns.

At 30 years old, Ashleigh discovered she was pregnant with her third child. Her medical history included anxiety and obesity. She lived in a rural area, had Medicaid, and received prenatal care at a local clinic.

During prenatal visits, Ashleigh frequently mentioned having a hard time catching her breath and swelling in her legs. Her provider repeatedly reassured her that these were just normal pregnancy symptoms. At 28 weeks, feeling awful and unable to sleep lying flat, she called the clinic. Staff told Ashleigh this was a common pregnancy symptom, though she could go to the closest emergency department an hour away if she wished. Her husband was out of town with their only car and she had no one to watch her two younger children, so Ashleigh stayed home. Discouraged by her care team's response, she stopped mentioning her symptoms at all.

At 39 weeks, Ashleigh delivered a healthy baby at the hospital and was discharged with standard instructions to schedule a postpartum follow-up. In the weeks following delivery, she still felt short of breath and had extreme fatigue, but she thought she was just tired from the sleepless nights. Taking her baby to the pediatrician was exhausting, and she didn't think she could manage another visit for herself. Ashleigh never scheduled her postpartum visit, and the clinic didn't have a system to follow up on missed visits.

Two months after delivery, Ashleigh's husband went to wake her and found her unresponsive and cold to the touch. First responders arrived and pronounced her deceased. An autopsy revealed she died from undiagnosed mitral valve disease causing heart failure. Her heart could no longer pump enough blood to support her body. Her husband later shared that she had been struggling just to get out of bed and had badly swollen legs, but both assumed her exhaustion was from caring for their colicky baby.

What can we do to protect our patients?

Ashleigh's story highlights key prevention opportunities identified by the Utah MMRC.

Learn the urgent maternal warning signs.

- Providers should screen for orthopnea when patients report breathlessness and consider a full cardiac workup.
- Providers and public health agencies should educate patients and staff on urgent maternal warning signs and when to seek care. Learn more at mihp.utah.gov.

Close the postpartum care gap.

- Health systems should encourage scheduling postpartum visits before discharge.
- Health systems should proactively follow up with patients who miss postpartum appointments or fall out of care, offering telehealth options when needed.
- Providers can also refer patients to home visiting and care management for additional support.

Minimize barriers to care.

- Hospital systems should continue to improve telehealth options, while payors and the government should ensure accessible and affordable transportation.
- Doulas, home visitors, and community health workers can provide support in areas that do not have enough care providers.