

A Maternal Mortality Message for Providers

Peripartum Cardiomyopathy

Peripartum Cardiomyopathy is a leading cause of pregnancy-related death in Michigan.

Michigan Data:

- In 2017, there were 167 inpatient hospitalizations with a peripartum cardiomyopathy diagnosis code, giving a rate of 14.1 peripartum cardiomyopathy diagnoses per 10,000 inpatient hospitalizations with obstetric codes present.
 - Black women experience a 5.1 times higher rate of peripartum cardiomyopathy diagnoses as compared to White women.
- During 2012-2016, peripartum cardiomyopathy was a leading cause of pregnancy-related deaths, causing 15.3 percent of those deaths.
 - 50 percent of pregnancy-related cardiomyopathy deaths were determined to be preventable.

Recognition

- ✓ Symptoms
 - ✓ Include dyspnea, lower extremity edema, orthopnea, cough, fatigue, heart palpitations/tachycardia, neck vein distention, fluid retention, exercise intolerance, arrhythmias, paroxysmal nocturnal dyspnea, chest pain, weakness
- ✓ Diagnostic testing
 - ✓ Serum blood tests (blood count, creatinine, urea, electrolytes, cardiac enzymes, **B-type natriuretic peptide (BNP)**, liver functions, TSH), chest x-ray, **echocardiogram**

Response

- ✓ Diagnostic criteria
 - ✓ Development in the last month of pregnancy or within five months postpartum
 - ✓ No other identifiable cause for the heart failure
 - ✓ Ejection fraction <45%
- ✓ Treatment
 - ✓ Consultation with cardiologists, obstetricians, and perinatologists
- ✓ Future pregnancy planning
 - ✓ Contraception and counseling regarding future pregnancies

Data Sources:

Michigan Department of Health and Human Services, Michigan Resident Inpatient Files created by the Division for Vital Records and Health Statistics, using data from the Michigan Inpatient Database obtained with permission from the Michigan Health and Hospital Association Service Corporation (MHASC), 2017.

Michigan Department of Health and Human Services, Michigan Maternal Mortality Surveillance Program, 2012-2016.

Reference:

Johnson-Coyle, L, et al. Peripartum Cardiomyopathy: Review and Practice Guidelines. *Am J Critical Care.* (2012) 21 (2): 89-98.

For more information, please contact:

Heidi Neumayer, Preventable Mortality Epidemiologist
517-335-8959 or neumayerh@Michigan.gov.

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