

September 2020 E-Newsletter: Rural Georgia's Champions for Maternal Heart Disease Awareness.

[View this email in your browser](#)



September 2020 E-Newsletter: Rural Georgia's Champions for Maternal Heart Disease Awareness.

WomenHeart

WomenHeart is a national coalition founded in 1999 by three women who had suffered heart attacks in their 40s and found they had shared experiences such as delay in final diagnosis, feeling isolated, uninformed and depressed until meeting while being interviewed for a magazine article on women and heart attacks.

Sandy Wells RN, and Alicia Roberts were the foundational coordinators of WomenHeart Hinesville. The impressive development of this team of dynamic and determined women began when Alicia was diagnosed with cardiomyopathy and congestive heart failure soon after the delivery of her daughter when she was just 26 years old. Alicia attended cardiac rehab for therapy, facilitated by Nurse Sandy. For additional support with adjusting to the life-changing medical condition, Alicia joined WomenHeart Savannah. Inspired by the program and developing a more positive outlook to her prognosis, Alicia decided to undergo training provided by the national organization and became an educator for WomenHeart. The Hinesville chapter of WomenHeart was founded in February 2018. Their goal is to increase awareness and provide support to women who are at risk, currently have or have had heart disease. This is achieved through monthly support groups, WomenHeart at Work health in services, regular walk schedules, and other special events. WomenHeart Hinesville has partnered with Liberty Regional Medical Center (LRMC) to enhance its community outreach efforts and to serve as a referral source for local cardiac care and rehabilitation. Liberty Regional is a very busy Critical Access Hospital, serving over 50,000 patients and delivering over 200 babies each year.

Dr. Seth Borquaye, OB/GYN, of Liberty Obstetrics and Gynecology, a Liberty Regional physician practice, and Dr. Akinniran Abisogun, Cardiologist with SouthCoast Health, are consulting physician partners of the support group. Other partners include Resurrection Ink, Liberty Chamber, Liberty County Minority Chamber, Liberty County School System, Liberty Regional Medical Center and the City of Hinesville.

Every pregnant woman at LRMC that has chronic hypertension, gestational hypertension, or preeclampsia is referred to Dr Abisogun for a complete cardiac workup. This information is used as a baseline for any future issues. Before discharge home, the OB nurses make sure all postpartum mothers that have risk factors are provided with detailed discharge instructions that include a signs and symptoms flyer, infographic educational sheet, CVD risk factor educational sheet and how to recognize symptoms that warrant immediately contacting a healthcare provider or return to the hospital. The LRMC Perinatal Unit has a synergistic partnership with Dr. Abisogun and patients who are at risk for heart disease or those that may already have signs of heart disease are also referred to him for cardiology follow up, with most women being seen within 3 weeks of delivery.

The WomenHeart Banquet was held during national heart health week in Feb 2020, to educate the community about the pressing issue of heart disease. The Hinesville team came up with ways to involve the community by having a Woman's Heart Health Infographic Challenge for the students as part of the Healthcare Pathways at Liberty College and Careers Academy. The 1st, 2nd and 3rd place winners were recognized at the City of Hinesville Council February meeting. A PSA video was also developed for educating the community, where local survivors shared their lived experiences and humanized the issue of perinatal cardiac disease. This video and the infographic sheet are being used to educate postpartum mothers at LRMC.

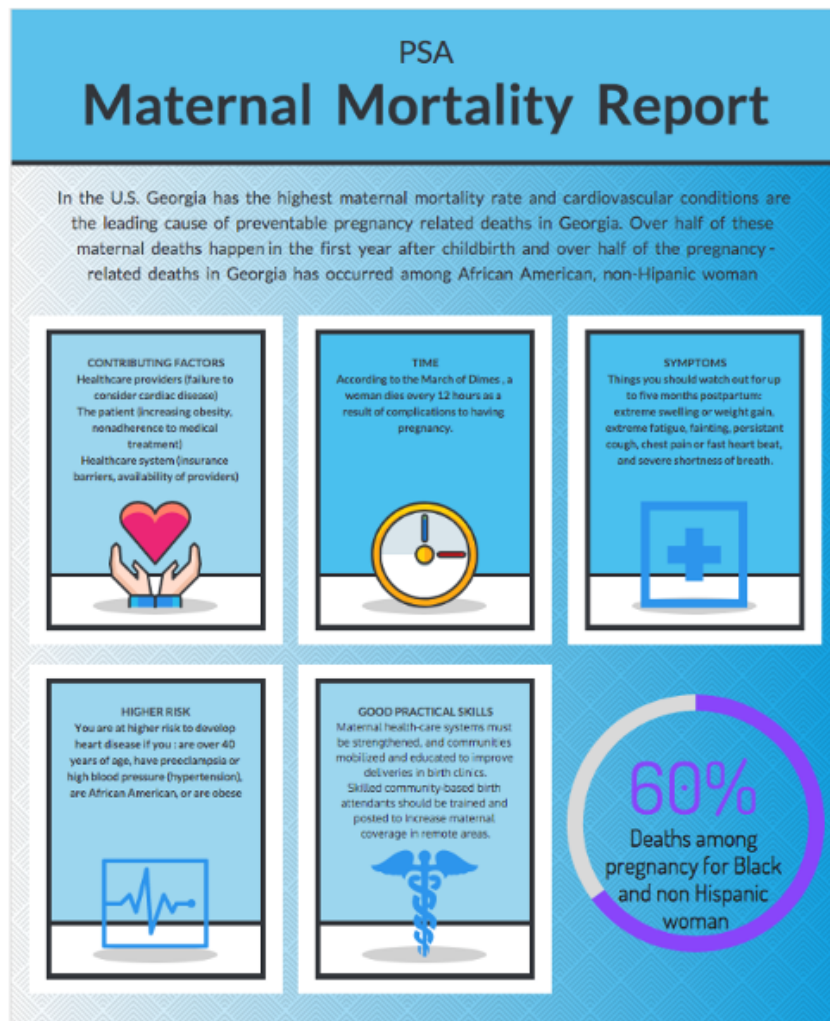
"Why We Fight" Campaign: The health of the community has always been the primary driver for WomenHeart Hinesville and leading the charge to lower the maternal mortality rate in the state of Georgia is important for the community now and in the future. The "Why We Fight" Campaign brought together patients, the medical community, educators, businesses and community leaders to make a change. The primary focus is reeducating the public and even health care providers to consider heart disease as a potential cause for complications during pregnancy and postpartum. WomenHeart Hinesville's goal is to educate and inspire.

A major challenge the Hinesville team faces with the community they serve is behavioral or lifestyle changes. While they acknowledge people need continued support and coaching, funding for these activities is difficult to come by.

Future goals:

- Work with LRMC to educate medical staff about the risk of cardiovascular disease in women who have complications during pregnancy. This includes prioritizing education, training, and access to medical resources for healthcare providers.
- Educate as many as they can reach on the importance of lifestyle modification when risk factors are present.
- Research to determine the impact of lifestyle modification on heart disease in women who have complications during and or after pregnancy.
- Community outreach to provide awareness of the risks and ways to prevent the progression of the disease.
- Call upon government, education systems, and businesses to partner with the medical community to educate the community about lifestyle modifications. (Expand upon the partnerships they have already developed to include local businesses and organizations.)

The remarkable work this multidisciplinary team performs in the corner of the state is no doubt a model of best practice that appears to be easily replicable in other locales. The impact of their outreach interventions may seem to be the tip of the iceberg; nevertheless, they continue with gusto and tenacity to raise awareness of cardiovascular disease in women, targeting not just those at risk, but all members of the community who has a loved one who could benefit from the knowledge gained.



DEDICATION

—This article is dedicated to the memory and service of **Alicia Roberts**
10/6/1983 - 2/23/2020



Overview of Peripartum Cardiomyopathy:

Peripartum cardiomyopathy (PPCM) is defined as heart failure that may develop toward the end of pregnancy or in the months following delivery, where no other cause of heart failure is identified. The etiology remains ambiguous,

but symptoms can be mild or severe. Though prognosis has improved substantially over the past several years, women with peripartum cardiomyopathy are still at risk for adverse outcomes. Preeclampsia and eclampsia are associated with PPCM and may have shared pathophysiology

Stats in U.S. and GA

Peripartum cardiomyopathy occurs in 25–100 per 100,000 live births in the United States. According to the ACOG Practice Bulletin, #212; “Pregnancy and Heart Disease, in the U.S.”, cardiovascular disease is currently the primary cause of death in pregnant women and women in the postpartum period, (4.23 deaths per 100,000 live births), equating to 26.5% of pregnancy-related deaths. Georgia maternal mortality review (MMR) data from 2012-2015 revealed Cardiomyopathy accounted for over 25% of pregnancy-related deaths. (DPH 2020)

Most women (50-80%) will make a full recovery with a normal or near-normal ejection fraction within the first 6 months after developing PPCM. These women have significantly lower mortality rates and better chances of improved cardiac function.

Of the women who continue to have reduced cardiac function, subsequent pregnancies are associated with a 25% mortality rate and an ongoing decline in cardiac function. However, with increased recognition understanding of heart failure management and improved treatment, PPCM mortality rates have decreased to as low as approximately 3% within 6 months postpartum.

Management: ACOG recommends patients with moderate and high-risk cardiovascular disease should be managed during pregnancy, delivery, and the postpartum period in medical centers with a multidisciplinary team that includes obstetric providers, maternal-fetal medicine subspecialists, cardiologists, and an anesthesiologist at a minimum.

References:

ACOG (2019). Practice Bulletin, #212; Pregnancy and Heart Disease.

OBSTETRICS & GYNECOLOGY (133) 5, pp. e320-e356

Georgia Department of Public Health. (2020), Maternal Mortality Fact Sheet 2012-2015. Retrieved from <https://dph.georgia.gov/document/document/mm-factsheet/download>

WomenHeart <https://www.womenheart.org/>

Copyright © 2020 Georgia Perinatal Association, All rights reserved.

Want to change how you receive these emails?
You can [update your preferences](#) or [unsubscribe from this list](#)

