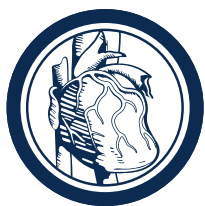




This Expert Consensus Decision Pathway (ECDP) supports cardiovascular care teams in recognizing postpartum patients at heightened cardiovascular risk, mitigating early postpartum events, and leveraging pregnancy history to initiate earlier and more effective long-term cardiovascular prevention and follow-up.

- 1 Actively manage the postpartum period as a cardiovascular risk interval.**
Extend cardiovascular surveillance beyond delivery by reassessing volume status, blood pressure (BP) trends, and symptoms during hospitalization and the first 2 weeks postpartum rather than assuming physiological recovery.
- 2 Routinely incorporate pregnancy history into cardiovascular evaluations.**
Ask about hypertensive disorders of pregnancy, gestational diabetes, and preterm birth during cardiovascular visits and treat these as permanent cardiovascular risk enhancers when determining screening frequency and prevention intensity.
- 3 Engage cardiology early for postpartum patients with known or suspected cardiovascular disease (CVD).**
Provide cardiology involvement during delivery hospitalization and early postpartum follow-up for patients with cardiomyopathy, congenital or valvular disease, pulmonary hypertension, arrhythmias, or prior thromboembolism.
- 4 Evaluate postpartum symptoms promptly and escalate care when indicated.**
Do not attribute dyspnea, edema, headache, chest pain, or palpitations to routine postpartum recovery without assessment; initiate cardiovascular and neurovascular evaluation and delay discharge when red flags are present.
- 5 Use multidisciplinary care models to close gaps in postpartum cardiovascular care.**
Coordinate care across obstetrics, cardiology, primary care, mental health, lactation, and social services to reduce missed diagnoses, delayed treatment, and loss to follow-up in high-risk patients.
- 6 Schedule early postpartum follow-up (7-10 days) for patients with or at risk for CVD.**
Use early visits via in-person care, telehealth, or remote monitoring to assess blood pressure control, volume status, arrhythmia symptoms, medication adherence, and mental health.
- 7 Treat postpartum hypertension earlier and more proactively than during pregnancy.**
Target BP <140/90 mm Hg before discharge, consider medication initiation or escalation at $\geq 130/80$ mm Hg postpartum, and implement home or remote BP monitoring to reduce readmissions and stroke risk.
- 8 Reinstate and optimize guideline-directed medical therapy after delivery.**
Review medications held during pregnancy and promptly restart or initiate evidence-based cardiovascular medications postpartum, including beta-blockers, ACE inhibitors, mineralocorticoid receptor antagonists, and diuretics when indicated.



KEY TAKEAWAYS

Optimization of Postpartum Care for Patients With and At Risk for Premature and Long-Term Cardiovascular Disease: 2026 ACC Expert Consensus Decision Pathway

9

Monitor closely for heart failure and arrhythmias during the early postpartum period.

Assess volume status frequently, use natriuretic peptides when helpful, continue antiarrhythmic therapy without interruption, and adjust monitoring intensity based on clinical risk rather than delivery status.

10

Manage anticoagulation deliberately during the postpartum transition.

Reassess thromboembolic and bleeding risk after delivery, resume anticoagulation promptly when indicated, and select agents compatible with lactation when applicable.

11

Incorporate mental health screening into cardiovascular care workflows.

Screen for depression, anxiety, trauma, and intimate partner violence before discharge and at early follow-up, and refer promptly, recognizing their impact on cardiovascular outcomes and care adherence.

12

Address contraception and reproductive planning as part of cardiovascular risk reduction.

Discuss pregnancy risk, medication teratogenicity, and contraceptive options early, and support immediate postpartum contraception when desired to prevent high-risk unintended pregnancies.

13

Use the 6-12-week postpartum visit to initiate long-term cardiovascular prevention.

Perform comprehensive screening for hypertension, diabetes, dyslipidemia, and obesity, recognizing that traditional ASCVD risk calculators underestimate risk in patients with adverse pregnancy outcomes.

14

Escalate preventive strategies earlier in patients with pregnancy-related risk enhancers.

Implement earlier lifestyle intervention, closer follow-up, and selective use of advanced risk markers to guide shared decision-making around preventive pharmacotherapy.

15

Ensure a clear handoff to longitudinal cardiovascular and primary care.

Document pregnancy-related risk factors in the medical record, communicate them to primary care and cardiology teams, and establish a plan for ongoing cardiovascular surveillance within the first postpartum year.

Scan this QR code to access the full ECDP for detailed figures and clinical nuance.

