

# Cardio-obstetrics survey reveals new training needs

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Cardiovascular disease is the primary cause of pregnancy-related death, yet a new national survey led by doctors at the Smidt Heart Institute at Cedars-Sinai suggests that few cardiologists, trainees or care team

members are trained in cardio-obstetrics, a specialty that brings together experts from cardiology, obstetrics and primary care.

The [survey results](#), which were recently published in the *Journal of the American Heart Association (JAHA)*, found that only 29% of practicing clinicians reported receiving cardio-obstetrics teachings during training, and just 12% of fellows in training reported formal training in the subspecialty.

Furthermore, 76% of respondents said they lacked access to a dedicated cardio-obstetrics team like that found at Cedars-Sinai.

"These results paint a clear picture of the lack of resources, education and training that cardiologists, fellows, and their care teams receive in the field of cardio-obstetrics," said Natalie Bello, MD, MPH, director of Hypertension Research in the Smidt Heart Institute and lead author of the *JAHA* study. "With rates of pregnancy-related cardiovascular disease on the rise, now is the time to expedite better, and broader, training in the field."

Approximately two thirds of all maternal deaths are from [cardiovascular disease](#), and most of them, Bello notes, are preventable.

"Pregnancy is a stress test for the body," said Sarah Kilpatrick, MD, Ph.D., chair of the Department of Obstetrics and Gynecology at Cedars-Sinai and a nationally known maternal fetal medicine specialist. "For some women, this [stress test](#) leads to sudden cardiovascular complications like preeclampsia, or [health issues](#) that arise over time—even decades after pregnancy and delivery."

Two of the most common hypertensive disorders of pregnancy are preeclampsia, a serious blood pressure condition that develops during pregnancy or just after delivery, and gestational hypertension, which is

newly elevated blood pressure during pregnancy. Both conditions are known to increase a woman's risk of [heart disease](#), heart failure and stroke later in life.

That's why Kilpatrick, Bello and the broader cardio-obstetrics teams—including physician-scientists like S. Ananth Karumanchi, MD—have been at the forefront of interventions for expectant and postpartum mothers.

Karumanchi, director of Nephrology at Cedars-Sinai and a recognized physician-scientist studying preeclampsia, is working to develop a diagnostic test to help doctors understand which patients with preeclampsia are at the highest risk of developing severe symptoms that could quickly become life-threatening.

The Smidt Heart Institute's Postpartum Heart Health Program, part of the Barbra Streisand Women's Heart Center, in collaboration with maternal fetal medicine doctors, specializes on the [heart](#) health of women who have had an adverse pregnancy outcome, including gestational hypertension, preeclampsia, postpartum hypertension, gestational diabetes or spontaneous delivery earlier than 36 weeks.

"As we encourage the rapid evolution of training and care in cardio-obstetrics, we simultaneously need to encourage woman considering childbirth to be aware of any complications or risk factors, and to openly communicate with their [primary care](#) doctor, cardiologist or OB-GYN," said Kilpatrick, also the Helping Hand of Los Angeles Chair in Obstetrics and Gynecology.

New data from the Centers for Disease Control and Prevention (CDC) revealed that hypertensive disorders in pregnancy are on the rise and now affect 1 in 7 hospital deliveries. And, about a third of those who died during hospital delivery had a hypertensive disorder of [pregnancy](#)

documented.

"We have learned through our survey, new data from the CDC, and countless other studies recently published that we need to act to provide all pregnant people with optimal care," said Bello. "While there is much work to be done, the good news is that hypertension-related death can be avoided with timely diagnosis and treatment interventions led by cardio-obstetrics teams."

**More information:** Natalie A. Bello et al, Need for Better and Broader Training in Cardio-Obstetrics: A National Survey of Cardiologists, Cardiovascular Team Members, and Cardiology Fellows in Training, *Journal of the American Heart Association* (2022). [DOI: 10.1161/JAHA.121.024229](https://doi.org/10.1161/JAHA.121.024229)

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