FOR YOUR NEXT VISIT

Pregnancy history is heart history.

ASK. RECORD. RESPOND.

01 Know your history

- ☐ High blood pressure, preeclampsia or HELLP
- ☐ Gestational diabetes
- ☐ An early birth or a baby smaller than expected
- ☐ A heart problem during or after pregnancy
- ☐ Not sure? Ask for help finding your records.

These experiences can signal higher future heart risk; they do not mean heart disease is inevitable. Revisit your history around menopause, when aging and hormonal changes can affect risk factors.

02 Share it at your next visit

“I had _____ during pregnancy. What should we check for my heart now?”

03 Leave with a plan

Complete this with your clinician.

My next step _____

Who will help _____

By what date _____

Build your Heart Story

heartreserve.blog/start

Bring it to your primary care or OB-GYN visit.

FOR NICU FAMILIES

Your baby has a care plan. You need one, too.

Your follow-up starts from birth, not NICU discharge.

Within 72 hours

BP assessment for severe hypertension.

Within 7-10 days

BP evaluation after a hypertensive pregnancy.

Within 3 weeks

Contact with your obstetric care provider.

By 12 weeks

A comprehensive postpartum visit.

Your team may arrange earlier or more frequent care. These dates do not mean you should wait if you feel unwell.

Before you leave, confirm:

My clinician / phone _____

My appointment _____

My BP review / call plan _____

Pumping? Bring this question.

“Are my medicines right for me while pumping, especially if my baby was premature?” Ask for lactation support and a medication review. Do not stop prescribed medicines on your own.

GET URGENT HELP

Call 911 for chest pain, trouble breathing, fainting or stroke symptoms. Seek urgent care for a severe headache or vision changes. Tell the team you were pregnant within the past year.

Sources: ACOG postpartum care; CDC Hear Her; LactMed. October 2026.

PREGNANCY. MIDLIFE. MENOPAUSE.

Pregnancy history is heart history.

A pregnancy complication can matter to your heart years later.

After pregnancy. At midlife. At your next visit.

Share your pregnancy history with your clinician.

Build your Heart Story.

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ASK. RECORD. RESPOND.

PARA TU PRÓXIMA CONSULTA

Tu historia de embarazo es parte de la historia de tu corazón.

CONÓCELA. COMPÁRTELA. SAL CON UN PLAN.

01 Recuerda tu historia

- ☐ Presión arterial alta, preeclampsia o HELLP
- ☐ Diabetes gestacional
- ☐ Un parto prematuro o un bebé más pequeño de lo esperado
- ☐ Un problema del corazón durante o después del embarazo
- ☐ ¿No lo recuerdas? Pide ayuda para revisar tus expedientes.

Estas experiencias pueden indicar mayor riesgo futuro; no significan que tendrás una enfermedad cardíaca. Al llegar a la menopausia, vuelve a hablar de tu historia y de tus factores de riesgo actuales.

02 Compártela en tu próxima consulta

“Tuve _____ durante el embarazo. ¿Qué debemos revisar ahora para cuidar mi corazón?”

03 Sal con un plan

Mi siguiente paso _____

Quién me ayudará _____

Para qué fecha _____

Organiza tu Heart Story

heartreserve.blog/start (formulario en inglés)

También puedes llevar esta hoja a tu consulta.

Borrador para revisión clínica y lingüística antes de distribución institucional.

PARA FAMILIAS EN LA UCIN

Tu bebé tiene un plan. Tú también necesitas uno.

Tu seguimiento empieza desde el parto, no desde el alta de tu bebé de la UCIN.

En 72 horas

Evaluación de la presión si tuviste hipertensión grave.

En 7-10 días

Control de presión tras un embarazo con hipertensión.

En 3 semanas

Contacto con tu profesional de atención obstétrica.

A las 12 semanas

Como máximo: una consulta posparto completa.

Tu equipo puede indicarte atención antes o con más frecuencia. No esperes a estas fechas si te sientes mal.

Antes de irte, confirma:

Profesional / teléfono _____

Mi próxima consulta _____

Plan para mi presión _____

¿Te extraes leche? Pregunta:

"¿Mis medicamentos son adecuados mientras me extraigo leche, especialmente si mi bebé nació prematuro?" Pide apoyo de lactancia y una revisión de tus medicamentos. No los suspendas por tu cuenta.

BUSCA AYUDA URGENTE

Llama al 911 si tienes dolor en el pecho, dificultad para respirar, desmayo o síntomas de un accidente cerebrovascular. Busca atención urgente por un dolor de cabeza intenso o cambios en la visión. Informa si estuviste embarazada durante el último año.

Fuentes: ACOG; CDC Hear Her; LactMed. Octubre de 2026.

Borrador para revisión clínica y lingüística antes de distribución institucional.

A HISTORY TO BRING. A PLAN TO CARRY FORWARD.

Maya's sample Heart Story

FICTIONAL EXAMPLE No real patient, appointment or clinical outcome.

What Maya remembers	High blood pressure during a pregnancy several years ago and an early delivery. Patient-reported; records have not been reviewed.
Still unknown	Exact diagnosis, gestational week and discharge recommendations. Unknown does not mean no complication.

Questions for the visit

01 What do my pregnancy records tell us?

02 How should this history inform my heart care now?

03 What is my next step, who is responsible and when is it due?

04 Who should I contact if I cannot arrange the next step?

Illustrative clinician-agreed plan

Action	Review available pregnancy records and discuss ongoing care at a primary-care visit.
Responsible team	Maya's primary-care team - fictional.
Agreed date	November 18, 2026 - fictional; not a recommended follow-up interval.
Access support	Maya needs an appointment time compatible with childcare. The navigator helps her contact the scheduling team.

Follow-up status: completion not confirmed

A referral or scheduled appointment does not establish that care was completed. Confirm the status through the host's approved process. Record a clinician-revised plan separately from completed care.

For your own care: use your own history and discuss next steps with your treating team. This sample is not a diagnosis, risk score or personal care recommendation.

Try the example: campaign.heartreserve.blog/how-it-works
Build your Heart Story: heartreserve.blog/start