PRINTABLE FLOW TOOL

Flow Tool 5: Women's and Pregnancy-Related Cardiovascular History Guide

PRINTABLE VERSION

Symptoms can come from a major coronary blockage, problems in the heart's smallest vessels, coronary spasm, rhythm problems, structural heart disease, or causes outside the heart. Use this page to describe the pattern and identify history that may change risk assessment. It does not diagnose the cause. Pregnancy and ovarian history can be clinically relevant regardless of gender identity.

Describe the Pattern

- ☐ Chest pressure, tightness, heaviness, burning, or discomfort
- ☐ Breathlessness out of proportion to the activity
- ☐ Jaw, neck, back, shoulder, arm, or upper-abdominal discomfort
- ☐ New or unusual fatigue, nausea, sweating, or reduced exercise capacity
- ☐ Symptoms with exertion, emotional stress, cold exposure, or meals
- ☐ Symptoms at rest, overnight, or in the early morning
- ☐ Palpitations, faintness, or near-fainting
- ☐ A new, worsening, or more frequent pattern

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Do not assume a new symptom or palpitation is caused by menopause, anxiety, reflux, or a muscle problem without appropriate evaluation.

History That May Change the Conversation

- [ ] Preeclampsia, gestational hypertension, gestational diabetes, preterm delivery, or another serious pregnancy complication
- [ ] Menopause before age 40 or removal of both ovaries at a young age
- [ ] Polycystic ovary syndrome (PCOS), especially with diabetes, high blood pressure, abnormal cholesterol, or excess weight
- [ ] Autoimmune or chronic inflammatory disease
- [ ] Breast or chest radiation, anthracycline treatment, HER2-directed therapy (used for some breast cancers), or another cancer treatment that can affect the heart or blood vessels
- [ ] Prior spontaneous coronary artery dissection (SCAD, a tear within a coronary artery wall), myocardial infarction with nonobstructive coronary arteries (MINOCA, a heart attack without a major artery blockage), Takotsubo or stress cardiomyopathy, or heart failure related to pregnancy (peripartum cardiomyopathy)

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History That May Change the Conversation

- [ ] Migraine with aura, meaning temporary visual, sensory, or speech symptoms before or during a migraine, especially when discussing stroke risk or estrogen-containing contraception
- [ ] A strong family history or known high lipoprotein(a), or Lp(a)

Questions to Ask

- Could a major coronary blockage still explain this pattern?
- Could reduced heart-muscle blood flow without a major artery blockage, called ischemia with no obstructive coronary arteries (INOCA), explain this? Possibilities include problems in the smallest coronary vessels, coronary spasm, or more than one mechanism.
- Does my pregnancy, menopause, autoimmune, or cancer-treatment history change prevention or testing?
- If the first test was reassuring but symptoms continue, what question remains unanswered?

Emergency Reminder

For emergency warning signs and timing, use Flow Tool 6.