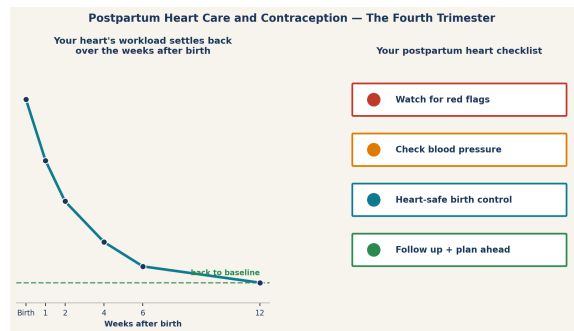


Postpartum Heart Care and Contraception

Caring for your heart in the weeks and months after delivery — the fourth trimester

The weeks after birth are a busy time for your heart. Know the warning signs, watch your blood pressure, and choose birth control that is safe for your heart.



Online: <https://go.riasalimd.com/postpartum-heart-guide>

Rias KS Ali, MD FACC

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Names & Terms You Will Hear

Term	Meaning
Fourth trimester	The first weeks to months after birth, while your body and heart recover and reset.
Postpartum period	The time after delivery, often counted as the first 6 to 12 weeks but with heart effects that can last longer.
Postpartum preeclampsia	Dangerous high blood pressure that starts after delivery, sometimes days to weeks later.
Peripartum cardiomyopathy (PPCM)	Heart-pump weakness that can begin late in pregnancy or in the months after birth. See our PPCM guide.
Adverse pregnancy outcome	A pregnancy problem (like preeclampsia or gestational diabetes) that also signals higher heart risk for life.
US MEC	The CDC's Medical Eligibility Criteria — a chart doctors use to match birth control to your health, including your heart.
Cardio-obstetrics follow-up	A heart-and-pregnancy team that keeps watching your heart after delivery, not just during pregnancy.

Call 911 now if a new mother cannot breathe, has chest pain, faints, has sudden weakness or trouble speaking, or has no pulse. Start Hands-Only CPR if she is unresponsive and not breathing: push hard and fast in the center of the chest, about twice per second (the beat of the song "Stayin' Alive"). **Call your team right away** for a severe headache, vision changes, or sudden swelling (possible postpartum preeclampsia), or trouble breathing while lying flat (possible heart-pump weakness). The danger window stays open for weeks after birth.



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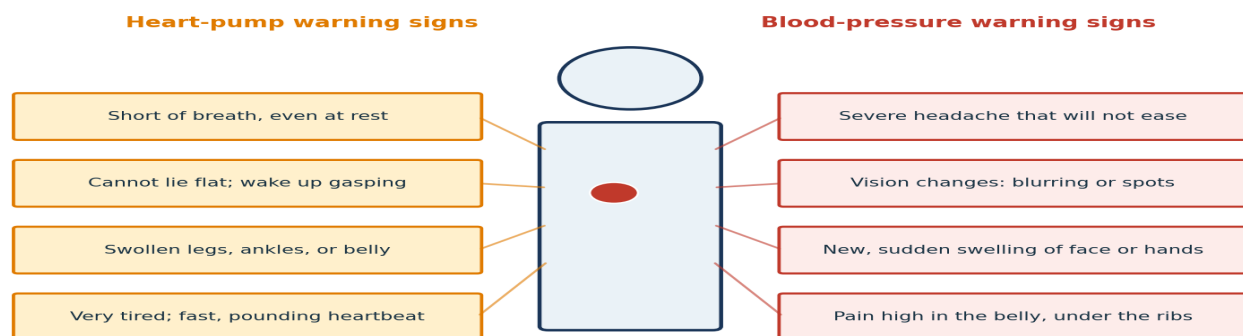


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Postpartum Heart Care and Contraception?

- After you give birth, your heart is still healing. In pregnancy your blood went up a lot. In the days and weeks after birth, the extra fluid moves back out. Your heart slowly returns to its usual work. This reset is the fourth trimester.
- Most of the healing happens in the first 6 weeks. Some heart changes take 3 to 6 months to fully settle. Feeling more tired or winded than usual for a while can be normal.
- But some signs are not normal. A weak heart pump (called PPCM) can start late in pregnancy or in the months after birth. High blood pressure can stay high or be new after birth. New high blood pressure after birth is called postpartum preeclampsia.
- Pregnancy is like a stress test for your heart. Did you have preeclampsia, high blood sugar, or an early birth? Each one is a sign you carry higher heart risk for life. So now is the time to start care.
- Birth control matters for your heart. Methods with estrogen raise the risk of blood clots. They are usually not used in the first weeks after birth, while breastfeeding, or if you have had clots, some heart problems, or high blood pressure.
- Progestin-only methods and IUDs (with or without hormones) are safer for the heart. Your team uses the CDC US MEC chart to match a method to your health.
- Many heart medicines are safe to take while breastfeeding. A few are not. Never start or stop a medicine without asking your team first.

Postpartum Heart Red Flags — Get Checked Right Away



Postpartum heart red flags, in two groups. Orange signs point to heart-pump weakness (peripartum cardiomyopathy). Red signs point to high blood pressure or postpartum preeclampsia. Any of these means get checked right away.



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Your Heart in the Fourth Trimester

- **The reset:** the extra blood and fluid of pregnancy move back out over the weeks after birth. Most of this is done in the first 6 weeks. Full healing can take 3 to 6 months.
- **What is normal:** being a bit more tired, mild swelling that gets better, and energy that comes back slowly as you heal.
- **Red flag, the pump:** short of breath lying flat, waking up gasping, more swelling, being very tired, and a fast or pounding heartbeat. These can mean a weak heart pump. Get checked.
- **Red flag, blood pressure:** a bad headache, vision changes, or sudden swelling can mean postpartum preeclampsia, even days to weeks after birth.
- **Read more:** see our [peripartum cardiomyopathy guide](#) and our [high blood pressure guide](#).



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Contraception and Your Heart

- **The clot question:** methods with estrogen (the combined pill, patch, and ring) raise the risk of blood clots. The first weeks after birth already raise clot risk. So estrogen is usually not used then.
- **When estrogen is not used:** early after birth, while breastfeeding, and if you have had clots, some heart problems, high blood pressure, or smoke and are 35 or older.
- **The heart-safer choices:** progestin-only methods (the mini-pill, implant, or shot) and IUDs (with or without hormones) have little or no clot risk. They are usually safe with breastfeeding.
- **How the choice is made:** your team uses the CDC US MEC chart. It matches a method to your health, including your heart.
- **Read more:** see our [heart disease in women guide](#) for long-term heart care.



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Why It Matters

- Most mothers who die in the United States die after birth, not during it. Heart problems are a top cause. The weeks after birth are a real danger window, not just a rest period.
- Postpartum preeclampsia can hit days to weeks after birth, often once you are home. Most cases come in the first week or two. But it can come up to about 6 weeks out. A bad headache or vision changes are signs to act on fast.
- A weak heart pump is easy to miss. Its early signs (being tired, swelling, feeling winded) look like normal new-parent life. Caught early, about half to two-thirds of women get their pump back to normal.
- A pregnancy problem is a window into your future heart health. Women who had preeclampsia have a higher risk of high blood pressure, heart attack, stroke, and heart failure for life. Knowing this lets you act early.
- The wrong birth control can be risky. Estrogen methods add to the clot risk that is already high right after birth. That is why timing and method choice matter.
- Some women stop their heart medicine on their own out of fear it will reach the baby. But many heart medicines are safe with breastfeeding. Stopping the right one can be more risky than the medicine.

Pregnancy Is a Stress Test for Your Heart

Preeclampsia, gestational diabetes, or preterm birth raise lifelong heart risk. Postpartum is the time to act.



A pregnancy complication is a signal of higher lifelong heart risk. Postpartum is the time to start prevention and lower that risk.



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The look-alike trap: tiredness, swelling, and feeling winded are common in new parents. But breathing trouble when lying flat, waking at night gasping, a pounding heartbeat, or sudden weight gain are different. If that is you, ask for a heart check.



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Risk Factors

Some patients are more likely to develop this condition. Knowing your risk helps your care team take extra precautions.

Risk Factor	Why It Increases Risk
Preeclampsia or high blood pressure in pregnancy	Raises the chance of postpartum high blood pressure and of heart disease later in life. See our high blood pressure guide.
Peripartum cardiomyopathy in this or a past pregnancy	The pump may stay weak or weaken again, especially in the months after birth. See our PPCM guide.
Gestational diabetes	Signals a higher lifelong risk of type 2 diabetes and heart disease, so prevention should start now.
Preterm birth or a small baby	An adverse pregnancy outcome that is linked to higher future heart risk for the mother.
History of blood clots (DVT or PE)	The early postpartum period already raises clot risk; estrogen birth control would add to it.
Known heart condition or weak heart muscle	The extra fluid and strain of recovery can stress an already-vulnerable heart; some birth control is unsafe.
Smoking, especially age 35 or older	Adds to clot risk and makes estrogen birth control unsafe; a key time to quit.
Obesity or a family history of early heart disease	Background risks that the postpartum visit is a good time to find and start treating.



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Birth Control and Your Heart — Three Safety Groups

Heart-safer (no estrogen)	Case-by-case	Usually avoided early (estrogen)
• Progestin-only pill, implant, injection • Hormonal IUD • Copper IUD (no hormones) • OK while breastfeeding	• Timing of any method after birth • Choice if you have a specific heart condition • Your team uses the CDC US MEC chart • Barrier methods as a backup	• Combined pill, patch, ring • Higher blood-clot risk • Avoided early after birth and while breastfeeding • Avoided with clot history or high blood pressure



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Treatment Options

- Go to your postpartum visits. Ask for an early blood-pressure check if you had high blood pressure or preeclampsia in pregnancy. Many offices now do a blood-pressure check in the first week or two.
- Do you have new or rising blood pressure after birth? Your team may start or change your blood-pressure medicine. Many choices are safe while breastfeeding. See our high blood pressure guide.
- Signs of a weak heart pump are being short of breath lying flat, swelling, being very tired, and a fast heartbeat. If you have these, you need a heart ultrasound (an echo) to check the pump. See our PPCM guide.
- Plan birth control before you leave the hospital, or at your first visit. Estrogen methods are usually not used in the first weeks after birth. Progestin-only methods and IUDs are common heart-safe choices.
- Make sure every medicine is safe with breastfeeding. Many heart medicines, including many for blood pressure, are safe. A few are not. Your team can pick a safe one.
- Did you have a hard pregnancy? Start long-term heart care now. That means blood-pressure and cholesterol checks, healthy food, moving as you heal, and not smoking. This is the time to lower your risk for life.
- Plan your next pregnancy if you may want another baby. Waiting between babies and a heart check before you try lower the risk next time. See our pregnancy and heart disease guide.
- Use a team. Your heart doctor, your OB, and your main doctor should share the plan so nothing is missed after you go home.



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Contraception by Heart Safety: Estrogen vs Progestin-Only vs IUD

Birth control and your heart — sorted by clot risk		
Estrogen methods	Progestin-only	IUDs
Generally avoided early after birth and while breastfeeding	Generally heart-safer; OK while breastfeeding	Generally heart-safer; no estrogen
Combined pill	Mini-pill	Hormonal IUD
Patch	Implant	Copper IUD (no hormones)
Vaginal ring	Shot (injection)	

Birth control sorted by heart safety. Estrogen methods (red) are usually avoided early after birth. Progestin-only methods and IUDs (green) are heart-safer. Your team uses the CDC US MEC chart to choose.



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Birth Control and the Heart — Method by Clot/Heart Consideration

Method	Heart / clot consideration
Combined pill, patch, or ring (estrogen)	Raises clot risk. Usually avoided in the early weeks after birth, while breastfeeding, and with clot history, certain heart conditions, or high blood pressure.
Progestin-only pill (mini-pill)	No estrogen, so much lower clot risk. Generally heart-safe and OK while breastfeeding.
Implant or injection (progestin-only)	No estrogen. Long-acting and generally heart-safe; the injection may cause some weight gain.
Hormonal IUD	No estrogen. Very effective, long-acting, and generally heart-safe.
Copper IUD (no hormones)	No hormones at all. Generally heart-safe; can make periods heavier.
Barrier methods (condoms) or none	No heart risk, but less reliable. Often used as a backup, not a main plan.



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Breastfeeding, Medicines, and Future Pregnancies

- **Breastfeeding and heart medicines:** many heart medicines, including many for blood pressure, are safe with breastfeeding. A few are not. Your team can pick a safe one.
- **Never go it alone:** do not start or stop a heart medicine on your own because of breastfeeding. Stopping the right one can be more risky than the medicine.
- **Start care now:** did you have preeclampsia, high blood sugar, or an early birth? Begin long-term heart care. That means blood-pressure and cholesterol checks, healthy habits, and not smoking.
- **Plan the next pregnancy:** waiting between babies and a heart check before you try lower the risk next time. The fourth trimester is the right time to plan.
- **Read more:** see our [pregnancy and heart disease guide](#) for planning ahead, and our [hypertensive emergencies guide](#) for very high blood pressure.



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Comfort Measures at Home (No Medication Needed)

These simple steps support healing and ease symptoms. Use them alongside any medication your doctor prescribes.

- Rest when you can, but tell your team if you feel breathless lying flat or wake up gasping. That is not normal tiredness.
- Weigh yourself the same way every few days if you had heart failure or high blood pressure. A fast weight gain or new swelling can be a warning sign.
- If you were given a home blood-pressure cuff, use it as your team advised and write down the numbers. Bring them to your visit.
- Eat well and limit salt if you have high blood pressure or a weak heart. Stay hydrated, especially if you are breastfeeding.
- Ease back into activity as you heal and as your team allows. Gentle walking helps your heart and your mood.
- Do not smoke, and avoid alcohol. Both raise heart and clot risk at a time when you are already more vulnerable.
- Ask for help with the baby so you can sleep and recover. Exhaustion can mask warning signs.



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Risks, Benefits, and Alternatives

Every choice has trade-offs. Use this table to start the shared decision conversation.

Option	Risks	Benefits	Alternatives
Postpartum heart and blood-pressure follow-up	Means extra visits and checks during a busy, tiring time.	Catches high blood pressure and heart-pump weakness early, when they are most treatable.	Skipping follow-up (not advised). Problems found late are harder and more dangerous to treat.
Progestin-only or IUD birth control	Progestin methods can cause irregular spotting; IUD placement has a small risk of cramping or, rarely, perforation.	Effective birth control that does not add clot risk, and that is safe with breastfeeding and most heart conditions.	Estrogen methods (usually avoided early postpartum). Barrier methods or none (less reliable). See our heart disease in women guide .
Estrogen-containing birth control (combined pill, patch, ring)	Raises the risk of dangerous blood clots, most of all in the early weeks after birth and in women with clot history, certain heart conditions, or high blood pressure.	Reliable birth control with good cycle control once it is safe to use, usually well after delivery in low-risk women.	Progestin-only methods or an IUD (heart-safer choices). Your team uses the CDC US MEC chart to decide.
Continuing heart medicines while breastfeeding	A few medicines pass into milk and are avoided; your team checks each one.	Keeps your heart protected; many blood-pressure and heart medicines are compatible with breastfeeding.	Stopping medicine on your own (risky). Not breastfeeding to take a medicine (rarely needed; ask first).
Starting long-term prevention after a complicated pregnancy	Means ongoing checkups and habit changes when life is already full.	Lowers your lifelong risk of high blood pressure, heart attack, stroke, and heart failure.	Waiting until problems appear (riskier). See our heart disease in women guide .



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Common Misconceptions

Myth	Reality
Once the baby is born, the heart danger is over.	Most maternal heart problems and deaths happen after delivery, not during it. Postpartum preeclampsia and heart-pump weakness can appear days to months later. The danger window stays open.
High blood pressure cannot start after I deliver.	It can. Postpartum preeclampsia can begin days to weeks after birth, often after you are home. A severe headache, vision changes, or sudden swelling are reasons to seek care fast.
Any birth control is fine now that I am not pregnant.	Not for the heart. Estrogen methods raise clot risk and are usually avoided early after birth, while breastfeeding, and in women with clot history, certain heart conditions, or high blood pressure. Progestin-only methods and IUDs are heart-safer.
My pregnancy problems do not matter now that they are over.	They do. Preeclampsia, gestational diabetes, and preterm birth are signals of higher lifelong heart risk. Pregnancy was a stress test, and now is the time to start prevention.
I should stop my heart medicine so it does not reach the baby.	Do not stop on your own. Many heart medicines are safe with breastfeeding, and stopping the wrong one can be more dangerous than the medicine. Always check with your team first.
Feeling tired and short of breath is just new-parent life.	Often it is. But breathlessness while lying flat, waking at night gasping, swelling, or a pounding heartbeat can mean heart-pump weakness. If that is you, get your heart checked.
If I felt fine in pregnancy, my heart is fine now.	Some heart problems first appear after delivery. A smooth pregnancy does not rule out a postpartum heart issue. Keep your follow-up visits and know the warning signs.



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Possible Complications

Knowing what can go wrong helps you spot problems early. Most complications are uncommon, especially with treatment.

Where / What	What Can Happen
Postpartum preeclampsia (dangerous high blood pressure)	High blood pressure that starts after delivery, sometimes days to weeks later. It can lead to seizures, stroke, and heart failure. Warning signs are a bad headache, vision changes, upper-belly pain, or sudden swelling. See our hypertensive emergencies guide.
Peripartum cardiomyopathy (heart-pump weakness)	The heart muscle weakens and cannot pump well. It can start late in pregnancy or in the months after birth. Signs are breathlessness lying flat, swelling, fatigue, and a fast heartbeat.
Blood clots (DVT and pulmonary embolism)	The early postpartum period naturally raises clot risk. A clot in the leg (DVT) can travel to the lungs (PE). Leg pain and swelling, or sudden breathlessness and chest pain, are warning signs. Estrogen birth control adds to this risk.
Stroke	Very high blood pressure after delivery raises the risk of stroke. Sudden weakness, trouble speaking, face drooping, or the worst headache of your life is a 911 emergency.
Lasting high blood pressure or heart disease	An adverse pregnancy outcome raises the chance of long-term high blood pressure and earlier heart disease. This is preventable risk, which is why follow-up matters.
Mood and recovery strain	Exhaustion, anxiety, and postpartum depression are common and can hide physical warning signs. Ask for help and tell your team how you feel.



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Postpartum Red Flag — What It May Be — What to Do

Warning sign	What it may be	What to do
Breathless lying flat; waking up gasping; swelling; fast heartbeat	Heart-pump weakness (peripartum cardiomyopathy)	Call your team today; ask for a heart ultrasound. Call 911 if breathing is very hard.
Severe headache; vision changes; upper-belly pain; sudden swelling	Postpartum preeclampsia (dangerous high blood pressure)	Call your team now; this can occur days to weeks after birth.
Sudden weakness, face droop, trouble speaking, worst-ever headache	Stroke	Call 911 right away.
Pain, redness, or swelling in one calf; sudden chest pain or breathlessness	Blood clot (DVT or pulmonary embolism)	Call your team today; call 911 if sudden chest pain or breathlessness.
Chest pain or pressure; fainting; racing heartbeat that will not settle	A possible heart emergency	Call 911.



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Points to Know

If you remember nothing else, remember these key points.

- The fourth trimester is a real heart event. Your heart keeps healing for weeks to months after birth. Most heart problems in mothers happen after birth.
- Know the red flags. Short of breath lying flat, swelling, being tired, and a fast heartbeat can mean a weak heart pump. A bad headache, vision changes, or sudden swelling can mean postpartum preeclampsia. Get checked.
- High blood pressure can come days to weeks after birth. Ask for an early blood-pressure check if you had high blood pressure or preeclampsia.
- Pregnancy is a stress test. Preeclampsia, high blood sugar, or an early birth mean higher heart risk for life. Start care now.
- Estrogen birth control raises clot risk. It is usually not used early after birth, while breastfeeding, or if you have had clots, some heart problems, or high blood pressure.
- Progestin-only methods and IUDs (with or without hormones) are heart-safer. Your team uses the CDC US MEC chart.
- Many heart medicines are safe with breastfeeding. Never start or stop one without asking your team.
- Plan your next pregnancy with a heart check first. Keep your heart doctor, OB, and main doctor on the same plan.



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When to Call Us - and When to Call 911

If you are not sure, call. We would rather hear from you twice than miss a real problem.

- Trouble breathing at rest, gasping for air, or coughing up pink frothy spit — call 911.
- Chest pain or pressure, fainting, or a racing heartbeat that will not settle — call 911.
- Sudden weakness, face drooping, trouble speaking, or the worst headache of your life — call 911; this can be a stroke.
- A severe headache that will not ease, vision changes (blurring or spots), or pain high in the belly under the ribs — call your team now; these can be postpartum preeclampsia.
- Sudden, severe swelling of the face or hands, or a fast weight gain over a few days — call your team today.
- Shortness of breath when lying flat, or waking at night needing to sit up to breathe — call your team today.
- Pain, redness, or swelling in one calf — call your team today; this can be a blood clot.
- Heavy bleeding, fever, or feeling that something is very wrong — call your OB right away.

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Trusted Resources

The links below are the trusted resources Dr. Ali used to write this guide and that he recommends you visit for more information. Each is a clickable link in the digital version and a Short.io tracked URL on the printed version.

- [American Heart Association — Pregnancy and Maternal Health](#) - Heart health before, during, and after pregnancy, including the postpartum period.
- [CDC Hear Her — Urgent Maternal Warning Signs](#) - The postpartum warning signs every new mother should know and act on.
- [CDC — US Medical Eligibility Criteria for Contraceptive Use, 2024](#) - The chart doctors use to match birth control to your health, including heart conditions and clot risk.
- [ACOG — Conditions to Watch for After Childbirth](#) - Plain-language guide to postpartum warning signs and recovery.
- [Preeclampsia Foundation — Postpartum Preeclampsia](#) - What postpartum preeclampsia is, when it strikes, and the signs to act on.
- [AHA Hands-Only CPR](#) - How to do Hands-Only CPR if someone collapses — push hard and fast in the center of the chest.



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Sources Used to Build This Guide

Every recommendation in this guide is grounded in one or more of the studies, guidelines, or trusted resources below. Short links are tracked so Dr. Ali can see which references patients are reading; nothing personally identifying is captured.

- [Cardiovascular Considerations in Caring for Pregnant Patients — AHA Scientific Statement \(Mehta et al., Circulation 2020\)](#) [Guideline]
Postpartum cardiovascular surveillance, fourth-trimester risk window, hypertension and cardiomyopathy follow-up, and lifetime risk after adverse pregnancy outcomes
- [U.S. Medical Eligibility Criteria for Contraceptive Use \(US MEC\) — CDC, 2024 \(MMWR RR-73-4\)](#) [Guideline]
Authoritative category ratings for estrogen-containing contraception postpartum, while breastfeeding, and with VTE history, peripartum cardiomyopathy, valvular disease, and hypertension; basis for the heart-safer progestin-only and IUD framing
- [U.S. Medical Eligibility Criteria for Contraceptive Use, 2024 — CDC clinician portal](#) [Guideline]
Quick-reference contraindications for combined hormonal contraception in women with hypertension, VTE history, peripartum cardiomyopathy, and valvular disease
- [Adverse Pregnancy Outcomes and Cardiovascular Disease Risk — AHA Scientific Statement \(Parikh et al., Circulation 2021\)](#) [Guideline]
Pregnancy-as-a-stress-test message: preeclampsia, gestational diabetes, and preterm birth raise lifelong maternal cardiovascular risk and warrant postpartum prevention and follow-up
- [ACOG Committee Opinion 736 — Optimizing Postpartum Care \(the fourth trimester\)](#) [Guideline]
Postpartum visit timing, early blood-pressure follow-up after hypertensive disorders of pregnancy, and the team-based fourth-trimester care framework
- [ACOG — 3 Conditions to Watch for After Childbirth](#) [Patient-Education]
Patient-facing postpartum warning signs (including postpartum preeclampsia) and when to seek care
- [CDC — Hear Her: Urgent Maternal Warning Signs](#) [Patient-Education]
Postpartum red-flag symptoms (chest pain, breathlessness, severe headache, swelling, leg pain) and when to seek emergency care
- [Cleveland Clinic — Peripartum Cardiomyopathy](#) [Patient-Education]
Plain-language peripartum cardiomyopathy onset window, recovery, future-pregnancy counseling, and contraception considerations
- [Cleveland Clinic — Postpartum Preeclampsia](#) [Patient-Education]
Timing (days to weeks after delivery), symptoms, and urgency of postpartum preeclampsia in plain language
- [Mayo Clinic — Postpartum Preeclampsia: Symptoms and Causes](#) [Patient-Education]
Patient-friendly description of postpartum preeclampsia warning signs and time course used to frame the red-flag callout
- [Preeclampsia Foundation — Postpartum Preeclampsia](#) [Patient-Education]
Resource on postpartum preeclampsia timing (most cases within the first week, risk up to about 6 weeks) and the signs to act on
- [American Heart Association — Pregnancy and Maternal Health](#) [Patient-Education]
Patient-facing overview of heart health before, during, and after pregnancy, including the postpartum period



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About This Guide

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Reviewer note: Reviewed: Cleveland Clinic, Mayo Clinic, AHA, ACOG, and CDC patient pages, plus the AHA pregnancy heart statement and the CDC US Medical Eligibility Criteria for Contraceptive Use (2024). This guide adds a postpartum red-flag body map, a birth-control-by-heart-safety panel, a stress-test timeline, and a red urgent-signs callout.

Disclaimer

This guide is for educational purposes only and does not replace medical advice from your physician. Recommendations may not apply to every patient. Always follow the specific instructions of Dr. Ali and your care team. In an emergency call 911 or go to the nearest emergency department.



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