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Building A Maternal Stroke Response Team

Maternal Stroke Team

- About 50% of maternal strokes are hemorrhagic compared to about 15% in the general population.
- Really important fact to keep in mind because it actually will really impact how you're going to triage these patients



Maternal stroke is under-recognized and under-treated

- Most occur postpartum
- With the highest risk time being 1-2 weeks after childbirth
- 40% of pregnant or postpartum patients with acute stroke had missed diagnosed or diagnostic delays
- Among those with ICH, 50% had delayed diagnosis



How Can We Do Better?

- Recognize the neurological red flags (eg HEADACHES)
- Identify and evaluate stroke symptoms in pregnant and postpartum individuals. The same way we do in those who aren't pregnant or postpartum.
- We need to make use of, and then adapt our existing stroke systems of care which are terrific to account for this population.
- Engage in education and prevention efforts



SCAN ME

Recognizing headache “red flags”

Sudden/Severe/Seizure

Change in position or quality

Altered mental status

Neurological deficits/Nausea and vomiting

Medications without relief

Elevated blood pressure or temperature



Take Home Message



- Stroke: a major cause of maternal M&M, and many are **hemorrhagic**
- Postpartum is a high risk period – ASK the pertinent questions
- Don't dismiss headache red flags – SCAN ME!!!
- Have the right people and the right resources available

