

**Transcript: Medical Moments podcast**  
S3E3: CARDIO-OBSTETRICS | At the Heart of Improving Maternal Mortality  
*'We're set to be leaders in this field'*  
Jan. 12, 2021

**[00:00:03.145] - INTRO**

Welcome to Medical Moments, a podcast by the Northside Hospital Health Care system. I'm your host, Marlon Manuel. Thanks so much for joining me as we talk about health and wellness and the issues that influence them. Subscribe to Medical Moments on Apple Podcasts, iHeartRadio and Spotify. You can also listen to all of our episodes at [podcast.northside.com](http://podcast.northside.com). Email me at [PodcastComment@Gmail.com](mailto:PodcastComment@Gmail.com). Let me know what you think about this and other episodes.

**[00:00:37.135] - MARLON MANUEL**

My guest today is Dr. Michele Voeltz. She's a cardiologist with the Northside Hospital Cardiovascular Institute. As a clinical specialist and a researcher, Dr Voeltz will focus on cardio-obstetrics. It's a relatively new practice that centers on the cardiovascular needs of pregnant women. This new line of service is especially important as the United States tackles the growing problem of maternal mortality - the death of a woman within 42 days of the end of her pregnancy. Maternal mortality is an important indicator of the health of a nation because many of the deaths are almost entirely preventable.

**[00:01:15.025] - MARLON MANUEL**

The U.S. has the worst maternal mortality rate among 11 developed countries. Dr. Michele Voeltz's expertise is especially important in Georgia. The state has the highest maternal mortality rate in the nation at 46 deaths for every 100,000 births.

**[00:01:33.075] - MARLON MANUEL**

So, Dr. Voeltz, thanks so much for joining me on Medical Moments today.

**[00:01:36.885] - DR. MICHELE VOELTZ**

Thank you very much for having me.

**[00:01:39.015] - MARLON MANUEL**

So, Dr. Voeltz, tell me about the specialty of cardio-obstetrics. What is it and what are the kinds of conditions that it treats?

**[00:01:47.175] - DR. MICHELE VOELTZ**

Cardio-obstetrics is a relatively new specialty. It has not been formally recognized yet by the American Board of Internal Medicine. However, it's a specialty that centers around caring for pregnant women and their cardiology needs throughout pregnancy and in the peripartum and postpartum period.

**[00:02:08.935] - MARLON MANUEL**

And so often do do these women who become pregnant moms to be do they know that they're in need of some type of cardiovascular care? Is this a surprise, in a lot of cases, for them?

**[00:02:21.055] - DR. MICHELE VOELTZ**

In a lot of cases it's a surprise. We do take care of women who've been struggling with congenital heart problems, meaning they're born with these difficulties or who've had the onset of these issues earlier in life. But the vast majority of the patients that we see have no cardiac related history.

**[00:02:39.715] - MARLON MANUEL**

Are there warning signs or signals that mothers to be should be on the lookout for something that tells them I might need a specialist beyond my OB/GYN or there, there might be something that triggers me calling a cardiologist?

**[00:02:57.185] - DR. MICHELE VOELTZ**

Well, unfortunately, a lot of the things that signify the presence of cardiovascular disease in pregnant women are also present in normal pregnancies. So we watch out for chest discomfort, shortness of breath, swelling in the legs or in the feet. But all of these things can frequently be seen with a normal

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pregnancy. I think that the best thing to do is to talk to your obstetrician about any symptoms that you are having.

**[00:03:25.175] - MARLON MANUEL**

What are some indications that women may get during a pregnancy, that it is actually cardiovascular related as opposed to something related to the pregnancy?

**[00:03:34.445] - DR. MICHELE VOELTZ**

It's very difficult to tell and I would discourage patients from trying to diagnose themselves. I would say that anything related to chest discomfort, shortness of breath, swelling in the legs or in the feet, palpitations, which means the heart rate, skipping, jumping or running away. And any passing out or lightheadedness should be investigated by a physician.

**[00:03:59.385] - MARLON MANUEL**

So it's been well-documented that pregnant women in the United States have a higher risk of death than in other industrialized countries. Why is that? What are some of the factors and what role does cardio obstetrics play in reducing that risk?

**[00:04:15.705] - DR. MICHELE VOELTZ**

I think the cause is multifactorial. I think that women are getting pregnant later in life and they're using more assisted reproductive technologies, such as in vitro fertilization. For that reason, older women are at higher risk also. I think that we are one of the few industrialized countries that does not have universal health care, and as a result, women can struggle to find an obstetrician, a specialist, a hospital or a subspecialist that will accept their insurance or will take care of them if they're uninsured.

**[00:05:10.775] - NARRATOR**

As women age, the maternal mortality rate gets higher based on information from the National Center for Health Statistics, for instance, women ages 40 and older die at a rate of nearly 82 per 100000 births.

**[00:05:25.415] - NARRATOR**

That means they're almost eight times more likely to die compared to women under age 25. So maternal mortality may not be the happiest topic you'll ever talk about, but what shifts the mood into a more joyful tone is when a high risk pregnancy becomes a high five moment, a celebration for families and the medical professionals who care for them. I talked with Dr. Voeltz about that, as well as other ambitions she had in younger days.

**[00:05:52.745] - MARLON MANUEL**

So in isolation, some of the factors we've we've talked about sound pretty gloomy. But can you contrast that with the joy that you've seen in moms who with the right care, they overcome these health challenges and they're able to have a baby and start a family?

**[00:06:09.365] - DR. MICHELE VOELTZ**

Absolutely. There's nothing better than helping a woman through a high risk pregnancy that results in a healthy baby at a healthy amount.

**[00:06:17.465] - MARLON MANUEL**

Now, can you think of a case where the mom found out that she had this condition and unbeknownst to her, she needed perhaps some additional treatment? Just reflect on what that was like to explain that to her. And then at the end, she was able to have a healthy, healthy baby?

**[00:06:34.655] - DR. MICHELE VOELTZ**

So I've had cases of women who have conditions such as postpartum cardiomyopathy, which is a weakness of the heart that's brought on by pregnancy and it's characterized by symptoms of heart failure.

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I've seen these women come in very, very sick. During their pregnancy, even to the point where they have required the support of a mechanical heart device or a left ventricular assist device, and we've been able to get these women through the pregnancy and allow their hearts to heal, remove the mechanical assist devices, and they've gone home with their babies.

**[00:07:11.425] - MARLON MANUEL**

And that that switch from kind of the gloom and doom of that condition to to the joy. Is that something that happens immediately or is that something that's experienced after after the birth of the child?

**[00:07:23.575] - DR. MICHELE VOELTZ**

I think that we all take a deep breath when everybody is happy and healthy and goes home. But I also think that as medical professionals, we understand that the risk doesn't always end with the birth of the baby. And we know that it's very important that the patients follow up with us so that we can continue to manage their risk factors in the future.

**[00:07:46.035] - MARLON MANUEL**

How did you decide that cardio obstetrics, that that was the path for you?

**[00:07:51.395] - DR. MICHELE VOELTZ**

I've always loved obstetrics when I was in medical school. I enjoyed obstetrics and gynecology immensely. However, the physiology of cardiology, the way things work, really drew me in. And so for that reason, I decided to follow cardiology as my passion. But I never really let go of that desire to be part of the process of making a new human, bringing a baby into the world. And so cardio obstetrics allows me to marry those two desires.

**[00:08:23.465] - MARLON MANUEL**

Now, the physiology of cardiology, what piqued your interest specifically, what was ...

**[00:08:28.775] - DR. MICHELE VOELTZ**

Cardiology is is very logical. The heart is a pump. And with adequate knowledge of physics, you can understand how to make that pump work more efficiently and effectively.

**[00:08:42.175] - MARLON MANUEL**

So it sounds like you must have been good in math or physics or other sciences other than the medical sciences.

**[00:08:47.845] - DR. MICHELE VOELTZ**

I was good in the sciences. However, English was actually my my greatest love. I always wanted to write a book, and that remains one of my life goals.

**[00:08:58.465] - MARLON MANUEL**

And so how did you end up going into medicine as opposed to being an author or an essayist or a playwright?

**[00:09:03.985] - DR. MICHELE VOELTZ**

That's an interesting story I wanted and this is rather timely, but I really wanted to be the first black woman on the Supreme Court of the United States. I planned to go to law school and when I was a junior in high school, I had a counselor and he and I were talking about some of the available programs at the University of Michigan. And I mentioned, well, you know, they have this combined medical school and the undergraduate program that allows you to finish in seven years.

**[00:09:34.675] - DR. MICHELE VOELTZ**

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And he said, oh, you'll never get into that. Just go to the University of Michigan for English and go on to law school, because you'll never do well enough to get into that program. And so I saw that as a challenge and I applied and I did indeed get into the program. And that changed my focus to medicine.

**[00:09:53.595] - MARLON MANUEL**

And so do you still stay up at night writing the great American novel?

**[00:09:57.975] - DR. MICHELE VOELTZ**

Well, I have six children, so I don't stay up at night doing anything if I can help.

**[00:10:12.875] - NARRATOR**

Like many of the best doctors, Michelle Voeltz uses personal experience when she works with patients. It can be reassuring for moms to hear and it's gratifying for Dr. Voeltz to lift the heavy weight of fear from a patient's shoulders.

**[00:10:26.885] - DR. MICHELE VOELTZ**

I draw very much on personal experience and all of the medical care I deliver, but particularly with regard to cardio obstetrics, because I remember what it's like to be pregnant and to be scared and to want the best for your baby. And so I really try to think about the whole patient and then my secondary patient, which is the baby about to be born.

**[00:10:49.715] - MARLON MANUEL**

Right. Can you share some of that, especially for the new mother who. Bringing a child into this world is nerve racking in and of itself, but then to discover that they have health challenges that may present complications. Can you share some of that for a woman who who may be going through that?

**[00:11:12.955] - DR. MICHELE VOELTZ**

So being pregnant is is terrifying in many ways. There's so much uncertainty. Will the baby be OK? Will I be OK? Will he get good grades? Will she get into the Goddard School? I mean, there are just a million things that that are going through your head whenever you're pregnant. And I think that the ability to be reassured that you and your baby are going to receive the best medical care takes a lot of that weight off.

**[00:11:42.205] - MARLON MANUEL**

You mentioned cardio obstetrics being a relatively new field with regard to cardiology there. I saw some journal articles that indicate that although this is a clear need for improved quality of care, some physicians don't receive formal training in this field and they learn through experience. What was your experience at this juncture?

**[00:12:06.295] - DR. MICHELE VOELTZ**

There's very little formal training in this field. We have a couple of excellent conferences that take place around the country. And there have been a number of recent journal articles that have been written. But as far as guided training, such as training and fellowship or in a subspecialty fellowship, we've not established that yet. My training in this field was. Sort of collected over a long period of time. I had one patient when I was in Detroit that was particularly complicated and that required. Bringing on about 15 different specialties throughout the hospital and creating a multidisciplinary conference, we were able to get the patient through probably the most high risk pregnancy one could imagine, and the patient and the baby did OK. And seeing that, seeing the fact that if we worked together, we could accomplish good outcomes in many of these cases inspired me to increase my knowledge of cardio obstetrics.

**[00:13:11.265] - MARLON MANUEL**

Was it that particular case? Was it an accumulation of those kinds of experiences? I'm interested in exploring kind of your inspiration for following this path.

**[00:13:20.565] - DR. MICHELE VOELTZ**

I think it was an accumulation of different types of experiences. I have a number of children who were adopted and one of my children's birth mothers actually struggled with vascular disease and vascular complications. And so that contributed to my interest. And then in the past, I had had my own pregnancy loss related to pregnancy complications. And so that was something that I wanted to prevent for other women, if I could do that.

**[00:13:48.015] - MARLON MANUEL**

I can imagine that sharing that with a patient brings them some level of comfort to let them know they're not alone, they're not the only ones who are experiencing that. Do you do you use that when you when you consult with patients or talk to patients?

**[00:14:02.775] - DR. MICHELE VOELTZ**

I certainly whenever it's appropriate, I bring it up. Unfortunately, I didn't have a happy ending to my pregnancy. And so I don't want to discourage my patients by discussing that with them. But if they ask, I'm very open about it. I think that understanding that somebody has walked in your shoes is a big part of trust. And trust is a big part of forming a functional relationship between the doctor and a patient.

**[00:14:29.835] - MARLON MANUEL**

And to me, I would guess that that turning point from discouragement to a patient, a mom to be you know, she can see that there's hope at the end of this and there is a solution for that challenge that must be gratifying as a as a cardiologist and somebody who takes care of women.

**[00:14:48.975] - DR. MICHELE VOELTZ**

I think any time that you can reassure a patient, it's gratifying. Any time that you can take some of the weight off of their shoulders, because we all carry around a very heavy weight, particularly in pregnancy. When you're thinking about bringing a new life into the world and wanting to do everything right, the ability to relieve some of that stress and valuable.

**[00:15:19.625] - NARRATOR**

In our final segment, Dr Voltz talked about establishing what she called an algorithm of care to help reduce maternal mortality. It's an initiative she hopes will start at Northside, spread throughout Georgia and eventually the country.

**[00:15:34.595] - MARLON MANUEL**

When it comes to research, can you talk about some of the things you're interested in pursuing at Northside?

**[00:15:41.345] - DR. MICHELE VOELTZ**

So what I'm most interested in pursuing it, Northside involves the creation of a network to reduce maternal mortality. I'd like that network to begin in the Northside system, and then I want that maternal mortality improvement initiative to be disseminated throughout the state and eventually throughout the country. I would like to work with the maternal fetal medicine doctors, the obstetricians, the anesthesiologists to come up with an algorithm for care so that physicians who don't have access to subspecialists can have a map to follow.

**[00:16:17.645] - DR. MICHELE VOELTZ**

Also, I'd like to reach out on this telehealth basis to some of these underserved areas and assist in the safe delivery of their patients.

**[00:16:27.635] - MARLON MANUEL**

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How do you begin building this network? You mentioned it sounds like it's a team approach in terms of bringing in other specialist who would participate in in assessing the health of the mother and the baby in my following that right?

**[00:16:40.955] - DR. MICHELE VOELTZ**

Absolutely.

**[00:16:41.705] - MARLON MANUEL**

And how do you go about building that? What are the steps in that?

**[00:16:46.055] - DR. MICHELE VOELTZ**

So the first step is to get your own house in order. So it's to continue to build bonds between the specialties here within the Northside system. I want to make certain that our north side physicians have immediate access to somebody with cardio obstetrical knowledge from any one of our five hospitals, including the three legacy hospitals and our Lawrenceville and Duluth locations. Once we have formed, a solid network will sit down and we'll come up with an algorithm for care, a map, if you were, as to how to take care of these patients with a variety of conditions, things to watch out for, studies that should be ordered, things to consider with regard to mode and timing of delivery.

**[00:17:33.575] - DR. MICHELE VOELTZ**

Once we've come up with an algorithm here, then we'll spread that throughout the state, working with other obstetricians, maternal fetal medicine doctors and cardiologists around the state so that we're all doing the same thing and we can make sure that it works and that it works well. Right.

**[00:17:52.445] - MARLON MANUEL**

Can we dig into that idea? The algorithm of care you're talking about, is that useful? Only at the clinical professional level does that also have bearing for the patients you're going to see?

**[00:18:05.585] - DR. MICHELE VOELTZ**

No, it absolutely has bearing for the patients that we're going to see, because if we're all taking care of people the same way, we're consistent. And if we know what we're looking out for, we can reduce mortality. And so this gives physicians who maybe have less experience caring for complex cardiology patients and don't have access to a large tertiary care center from their location, a guideline to follow when caring for their patients, because frequently, if you're three hours away from a tertiary care center, you say, well, should I send them to the centers?

**[00:18:40.835] - DR. MICHELE VOELTZ**

Should I keep them home? That's going to be a lot of disruption associated with sending them so far away. And we can hopefully, hopefully give people a clear guideline for when they need to seek more help and what they can take care of within their own practices.

**[00:18:56.975] - MARLON MANUEL**

Right. So it sounds like that education falls mainly with either the primary care or with the ob/gyn, as opposed to the patient, right so patients are not generally making that determination for their care provider

**[00:19:09.785] - DR. MICHELE VOELTZ**

Correct. Their care provider. We want to make certain that when the patient complains of shortness of breath or chest discomfort, or if the patient has an abnormal study like an echocardiogram of the heart, that the doctor knows where to go next.

**[00:19:24.245] - MARLON MANUEL**

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Northside Hospital has a long, rich history of being the hospital for maternity, labor and delivery. How does that fit into your particular expertise and how can you build upon that for the community at large?

**[00:19:40.415] - DR. MICHELE VOELTZ**

So I think because Northside has had such a long reputation of excellence in labor and delivery, as well as a large number of patients, the onus is on us. We're set to be the leaders in this field. If we can do better here locally and we can help others do better, we can work together to reduce maternal mortality in the state as well as throughout the country.

**[00:20:11.185] - NARRATOR**

The Northside Hospital Cardiovascular Institute brings together leading cardiovascular experts with the resources and technology of the North Side Network to learn more about powerful cardiac care, please go to [NorthsideCVI.com](http://NorthsideCVI.com) Side.

**[00:20:28.645] - NARRATOR**

And next time on Medical moments, I'll share with you more stories about health and wellness and the issues that influence them.

**[00:20:36.265] - NARRATOR**

Listen for more stories about North Side's expertise in surgery, cancer treatment, maternity services and cardiovascular care.

**[00:20:45.265] - OUTRO**

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