Canadian Cardio-Obstetrics NETWORK

Date: May 30th, 2025

Summary of the First Network Meeting

Present (28): Mansi Patel, Dr. Jasmine Grewal, Dr. Candice Silversides, Aidan Gallagher, Dr. Robin Ducas, Dr. Rohan D'Souza, Dr. Akram Mikaeilpour, Dr. Alex Saunders, Dr. Angela Kealey, Dr. Arsha Karbassi, Dr. Beatriz A Fernandez, Dr. Danna Spears, Dr. Dave Javier, Dr. Francois-Pierre Mongeon, Dr. Javier Ganame, Dr. Jennifer Oakes, Dr. Jonathan Windram, Dr. Katherine Ross, Dr. Lisa Albertini, Dr. Marie Chaix, Dr. Marina Vainder, Dr. Marla Kiess, Dr. Michelle Keir, Dr. Markus Schwerzmann, Dr. Samuel Siu, Dr. Sarah Blissett, Dr. Valerie Rychel, Dr. Elizabeth Bedard

Absent (14): Dr. Nazneem Wahab, Dr. Nancy Soliman, Dr. Stephanie Cooper, Dr. Steven Pylpchuk, Dr. Keivan Alizadeh, Dr. Jessica Cudmore, Dr. Laura Chisick, Dr. Janine Hutson, Dr. Natalie Bottega, Dr. Line Leduc, Dr. Annie Dore, Dr. Habibat Garuba, Dr. Emilie Laflamme, Dr. Maria Luz Garagiola

The first meeting of the Canadian Cardio-Obstetrics (CanCOB) Network marked the formal launch of the network and outlined its mandate, governance, and priority initiatives.

Background and Purpose

CanCOB was established in response to the Heart & Stroke Foundation (H&S) call to form interdisciplinary, multi-provincial, and equity-driven networks aimed at addressing disparities in maternal cardiovascular health. Pregnancy-related cardiovascular morbidity and mortality remain significant issues in Canada, with gaps in evidence, care delivery, and system coordination. CanCOB seeks to bridge these gaps by fostering collaboration across disciplines and regions, and by integrating patients and knowledge users into its work.

The network is part of the broader CaNCaM-Preg initiative, initiated by Dr. Rohan D'Souza, which provides an overarching framework. Within this structure, CanCOB focuses on Program Area 2

(cardiovascular health during and after pregnancy in individuals with pre-existing heart disease) and Program Area 3 (improving outcomes in rheumatic valvular disease and mechanical heart valves).

Mandate, Mission, and Vision

The mandate of CanCOB is to bring together Canada's leading cardiac disease-in-pregnancy experts with patients, policy makers, not-for-profit organizations, healthcare providers, and academic institutions. The goals are to:

- Generate evidence and grow a pan-Canadian research registry.
- Provide education for patients, trainees, and professionals.
- Share expert advice and resources to influence systems change, care pathways, and guidelines.
- Strengthen partnerships and innovative funding models to sustain this work.

The mission is to reduce maternal cardiovascular morbidity and mortality in Canada, while the vision is to support Canadian and international collaborations in research and education that improve the lives of pregnant and postpartum people with cardiovascular disease. The network's values include collaboration, high-quality and confidential data sharing, transparency, and building learning health systems.

Executive Committee and Membership

The executive committee is co-chaired by Dr. Silversides and Dr. Grewal. Members were selected to represent different regions of Canada.

Governance and Structure

A Memorandum of Understanding (MOU) was circulated to all members. It outlines the governance structure, roles, authorship guidelines, and opportunities for involvement. Members are encouraged to engage actively in at least one area of the network's activities. Data storage and authorship procedures will be further defined as projects move forward.

Each site will have designated site leads, and members were asked to identify any gaps. The Patient Advisory Network will be developed by building a pregnancy-focused arm within the existing National CHD LEC structure established in Calgary by Dr. Michelle Keir.

Committees and Initiatives

The network will operate across three pillars of work: research, education, and clinical care. While the entire group will meet biannually, smaller committees and subgroups will convene more frequently to advance projects. Members will select which initiative(s) they wish to participate in.

Research Initiatives and Registry

A prospective, multicentre registry involving 15 Canadian cardio-obstetric centres is in development. The registry will capture consecutive enrolment, clinical data, and patient-reported outcomes.

Protocol development is underway, with informed consent processes adapted to local site requirements (eICF via email, in-clinic recruitment, or waiver of consent for retrospective baseline data).

Early research projects (supported by HSFO funding) include:

- Development of a risk-stratification tool for valvular disease (Jasmine/Rohan).
- Nationwide anticoagulation management study (Jasmine/Rohan).
- Outcomes of bioprosthetic and mechanical valves (Jasmine/Rohan).
- Impact of beta-blockers in rheumatic valvular disease (Jasmine/Rohan).
- ART and pregnancy outcomes (Jasmine/Candice/Sam).
- Cardiomyopathies in pregnancy (Bety/Candice).
- Cardiometabolic health (Sam/Candice).
- Pre-conception counselling (Sarah/Bety).
- Distance-to-care studies (Sam/Sarah/Robin).

A proposal process was outlined: members must complete a research proposal form, which will be reviewed by the executive committee, requiring majority approval.

Education Initiatives

Development of knowledge-sharing resources, including updated one-page summaries, educational videos, and online risk calculators for professionals and patients. All educational content will be shared via the CanCOB website. Members were invited to suggest additional tools and formats to address resource gaps.

Clinical Care Initiatives

Standardized, customizable templates will be created to support patient-centred care and consistency across Canada. Existing materials will be updated based on current evidence and best practices. Clinical care statements will address specific questions that arise during practice.

Website Development

The CanCOB website is under construction and will serve as a central hub for patient stories, research updates, and educational/clinical materials. It will also host tools such as calculators and standardized templates. A new logo is being developed, and members will be asked to provide site information, clinic contacts, and patient stories where available.

Open Discussion

- State of cardio-obstetric care: Dr. Ducas proposed documenting the current landscape of cardio-obstetric services across Canada, which could serve as both a methodology paper and a foundation for advocacy. Dr. Silversides emphasized including care pathways and frameworks for establishing centres of excellence.
- AI and technology integration: Concerns were raised about the cost, feasibility, and regulatory challenges of implementing AI and new software in certain provinces, particularly Manitoba. A proof-of-concept and strong REB compliance will be essential.
- Data collection methods: Discussion on prospective versus retrospective data, sample sizes, and sustainability.
- Funding and staffing: Questions were raised regarding availability of funds for research coordinators and appropriate pay scales, which vary by institution. Dr. Grewal confirmed that salary ranges will be guided by local university/institution frameworks, with per-patient enrolment funding available.
- Knowledge exchange: Members shared site-specific experiences, such as the new NBHC clinic in New Brunswick, which has seen 40 patients since opening.

Next Steps

Members were asked to:

- Confirm a site lead (one per site).
- Indicate their preferred initiative(s) for participation.
- Complete the post-meeting survey to confirm involvement and provide site infrastructure details.

Future meetings will be organized at both the full-network and subgroup levels, with the next phase focused on advancing registry development, education content, and clinical care pathways.