



WELCOME TO THE MONTHLY LEARNING WEBINAR

The presentation will begin shortly

General Housekeeping



- Use the chat box to register your name, facility represented and all participating team members.
- To prevent distractions, please mute all phones:
 - Please DO NOT put phones on hold to avoid playing background music we are unable to control.
- Use the chat box for questions during the presentation but please hold comments until the end of the session.
- All collaborative members want to learn from your wins and challenges so please share!



Key Driver Diagram: Maternal Hypertension Initiative

GOAL: To reduce preeclampsia maternal morbidity in Georgia hospitals



Key Drivers

Readiness: Implementation of standard processes for optimal care of severe maternal hypertension in pregnancy

Recognition: Screening and early diagnosis of severe maternal hypertension in pregnancy

Response: Care management for every pregnant or postpartum woman with new onset severe hypertension

Reporting/Systems Learning: Foster a culture of safety and improvement for care of women with new onset severe hypertension

AIM: By 12/31/2021, to reduce the rate of severe morbidities in women with preeclampsia, eclampsia, or preeclampsia superimposed on pre-existing hypertension by 20%

Interventions

- Implement standard order sets and/or algorithms for early warning signs, diagnostic criteria, timely triage, monitoring and treatment of severe hypertension
- Ensure rapid access to medications used for severe hypertension with guide for administration and dosage
- Implement system plan for escalation, obtaining appropriate consultation, and maternal transport
- Perform regular simulation drills of severe hypertension protocols with post-drill debriefs
- Integrate severe hypertension processes (e.g. order sets, MEWS/OBEWS) into EHR

- Standardize protocol for measurement and assessment of blood pressure and urine protein for all pregnant and postpartum women
- Standardize response to early warning signs including listening to and investigating symptoms and assessment of labs
- Implement facility-wide standards for patient-centered education of women and their families on signs and symptoms of severe hypertension
- Educate OB, ED, and anesthesiology physicians, midwives, and nurses on implicit bias and recognition and diagnosis of severe hypertension that includes utilizing resources such as the AIM hypertension bundle and/or unit standard protocol

- Execute facility-wide standard protocols for appropriate medical management in under 60 minutes
- Create and ensure understanding of communication and escalation procedures
- Develop OB-specific resources and protocols to support patients, families, staff through major complications
- Provide patient-centered discharge education materials on the signs and symptoms of preeclampsia and postpartum preeclampsia and when to seek medical assistance
- Implement patient protocols to ensure follow-up within 7-10 days for all women with severe hypertension and 72 hours for all women on medications

- Establish a system to perform regular debriefs after all new onset severe hypertension cases
- Establish a process in hospital to perform multidisciplinary systems-level reviews on all severe hypertension cases admitted to ICU
- Continuously monitor, disseminate, and discuss monthly AIM/GaPQC data reports at staff/administrative meetings
- Add maternal hypertension assessment and treatment protocols and education to provider and staff orientations, and annual competency assessments

AIM HTN Structure Measures

S1: Patient, Family & Staff Support	Report Completion Date Has your hospital developed OB specific resources and protocols to support patients, family and staff through major OB complications?
S2: Debriefs	Report Completion Date Has your hospital established a system in your hospital to perform regular formal debriefs after cases with major complications?
S3: Multidisciplinary Case Reviews	Report Completion Date Has your hospital established a process to perform multidisciplinary systems-level reviews on all cases of severe maternal morbidity (including women admitted to the ICU, receiving ≥ 4 units RBC transfusions, or diagnosed with a VTE)?
S4: Unit Policy and Procedure	Report Completion Date Does your hospital have a Severe HTN/Preeclampsia policy and procedure (reviewed and updated in the last 2-3 years) that provides a unit-standard approach to measuring blood pressure, treatment of Severe HTN/Preeclampsia, administration of Magnesium Sulfate, and treatment of Magnesium Sulfate overdose?
S5: EHR Integration	Report Completion Date Were some of the recommended Severe HTN/Preeclampsia bundle processes (i.e. order sets, tracking tools) integrated into your hospital's Electronic Health Record system?

AIM HTN Process Measures

Process Measures	Description
P1: Unit Drills	Drills The number of OB drills performed on any maternal safety topic?
P2: Provider Education	Provider Education The number of OB MDs and CNMs completing an education program on severe HTN/Preeclampsia? The number who completed education on the severe HTN/Preeclampsia bundle elements and unit standard protocol? The number who completed training on implicit bias?
P3: Nursing Education	Nursing Education The number of OB MDs and CNMs completing an education program on severe HTN/Preeclampsia? The number who completed education on the severe HTN/Preeclampsia bundle elements and unit standard protocol? The number who completed education on implicit bias?
P4: Treatment of Severe HTN	Treatment The number of women with persistent new onset HTN that were treated within 1 hour with IV Labetalol, IV Hydralazine or PO Nifedipine?
P5: Administration of Magnesium Sulfate	Magnesium Sulfate The number of mothers with severe preeclampsia or preeclampsia with severe features that were treated with Magnesium Sulfate?

GaPQC Hypertension Goals by 12/2021

Measure	Type	Goal
<p>Severe Maternal Morbidity No. of women with severe maternal morbidities (e.g. Acute renal failure, ARDS, Pulmonary Edema, Puerperal CNS Disorder such as Seizure, DIC, Ventilation, Abruption) / No. pregnant & postpartum women with new onset severe range HTN</p>	Outcome	20% reduction
<p>Appropriate Medical Management in under 60 minutes No. of women treated at different time points (30,60,90, >90 min) after elevated BP is confirmed / No. of women with new onset severe range HTN</p>	Process	100%
<p>Debriefs on all new onset severe range HTN* cases</p>	Process	100%
<p>Discharge education and follow-up within 7-10 days for all women with severe range HTN, 72 hours with all women with severe range HTN on medications</p>	Process	100%

Reporting Requirements



Severe HTN/Preeclampsia

Email completed template to Terrill Flakes at terrill.flakes@dph.ga.gov

Process Measures (P)	Description	Reporting time period (QUARTERLY): July 1, 2019 - September 30, 2019	COMMENTS (NOT REQUIRED)
P1: Unit Drills	Report # of Drills and the drill topics P1a: In this quarter, how many OB drills (In Situ and/or Sim Lab) were performed on your unit for any maternal safety topic?	P1a:	
	P1b: In this quarter, what topics were covered in the OB drills? (Note: add more numbers for additional topics covered, as needed)	P1b: 1. 2. 3.	
P2: Provider Education	P2a: At the end of this quarter, how many OB physicians and midwives (numerator) have completed (within the last 2 years) an education program on Severe HTN/ Preeclampsia ? How many OB physicians and midwives does your hospital have (denominator)?	P2a: Numerator: Denominator:	
	P2b: At the end of this quarter, how many OB physicians and midwives (numerator) have completed (within the last 2 years) an education program on the Severe HTN/ Preeclampsia bundle elements and the unit-standard protocol ? How many OB physicians and midwives does your hospital have (denominator)?	P2b: Numerator: Denominator:	
	P2c: At the end of this quarter, how many OB physicians and midwives (numerator) have completed (within the last 2 years) an education program on Implicit Bias? How many OB physicians and midwives does your hospital have (denominator)?	P2c: Numerator: Denominator:	Begin reporting on P2c the first quarter of 2020 (Jan-March, 2020)
P3: Nursing Education	P3a: At the end of this quarter, how many OB nurses (numerator) have completed (within the last 2 years) an education program on Severe HTN/ Preeclampsia ? How many OB nurses does your hospital have (denominator)?	P3a: Numerator: Denominator:	
	P3b: At the end of this quarter, how many OB nurses (numerator) have completed (within the last 2 years) an education program on the Severe HTN/ Preeclampsia bundle elements and the unit-standard protocol ? How many OB nurses does your hospital have (denominator)?	P3b: Numerator: Denominator:	
	P3c: At the end of this quarter, how many OB nurses (numerator) have completed (within the last 2 years) an education program on implicit bias? How many OB nurses does your hospital have (denominator)?	P3c: Numerator: Denominator:	Begin reporting on P3c the first quarter of 2020 (Jan-March, 2020)
P4: Treatment of Severe HTN	P4a: In this quarter, how many mothers did you have this quarter with a persistent (twice within 15 minutes) new-onset Severe HTN (Systolic: ≥ 160 or Diastolic: ≥ 110), excludes women with an exacerbation of chronic HTN?	P4a: Numerator: Denominator:	Begin reporting on P4 the first quarter of 2020 (Jan-March, 2020)
	P4b: Among the mothers listed above (P4a), how many were treated within 1 hour with IV Labetalol, IV Hydralazine, or PO Nifedipine (numerator)?	P4b: Numerator: Denominator:	Begin reporting on P4 the first quarter of 2020 (Jan-March, 2020)
P5: Treatment with Mag Sulfate	P5a: In this quarter, how many mothers did you have with severe preeclampsia or preeclampsia with severe features that were treated with magnesium sulfate appropriately (numerator)? How many mothers did you have with severe preeclampsia or preeclampsia with severe features (denominator)?	P5: Numerator: Denominator:	Begin reporting on P5 the first quarter of 2020 (Jan-March, 2020)

Reporting Requirements



Structure Measures (S)	Description		Report only ONCE	COMMENTS (NOT REQUIRED)
S1: Patient, Family & Staff Support	S1: Has your hospital developed OB specific resources and protocols to support patients, family and staff through major OB complications?	S1:	Date of Completion:	
S2: Debriefs	S2: Has your hospital established a system in your hospital to perform regular formal debriefs after cases with major complications?	S2:	Date of Completion:	
S3: Multidisciplinary Case Reviews	S3: Has your hospital established a process to perform multidisciplinary systems-level reviews on all cases of severe maternal morbidity (including women admitted to the ICU, receiving ≥4 units RBC transfusions, or diagnosed with a VTE)?	S3:	Date of Completion:	
S5: Unit Policy and Procedure	S5: Does your hospital have a Severe HTN/ Preeclampsia policy and procedure (reviewed and updated in the last 2-3 years) that provides a unit-standard approach to measuring blood pressure, treatment of Severe HTN/ Preeclampsia, administration of Magnesium Sulfate, and treatment of Magnesium Sulfate overdose?	S5:	Date of Completion:	
S6: EHR Integration	S6: Were some of the recommended Severe HTN/ Preeclampsia bundle processes (i.e. order sets, tracking tools) integrated into your hospital's Electronic Health Record system?	S6:	Date of Completion:	



SEVERE HYPERTENSION DATA FORM: BEDSIDE

Header -Section 1- ice team review and document sequence of events, successes with and barriers to swift and coordinated preeclampsia with severe features.

Goal: Reduce time to treatment (< 60 minutes) for new onset severe hypertension (≥ 160 systolic OR > 110 diastolic) with preeclampsia or eclampsia or chronic/gestational hypertension with superimposed preeclampsia (include patients from triage, L&D, Antepartum, PP, ED) in order to reduce preeclampsia morbidity in Illinois.

Instructions: Complete within 24 hrs. after all cases of new onset severe hypertension (> 160 systolic or > 110 diastolic) event in pregnancy up to 6 wks postpartum. Debrief should include primary RN and primary MD to identify opportunities for improvement in identification and time to treatment of HTN.

Date: _____ GA at Event (weeks & days) OR # Days Postpartum: _____

Patient Location (check all that apply) Triage L&D Postpartum Antepartum ED

Maternal Age: _____ Height: _____ Current Weight: _____

Diagnosis: Chronic HTN Gestational HTN Preeclampsia Superimposed Preeclampsia Postpartum Preeclampsia
 Other _____

PROCESS MEASURE (P1): Medical Management

Time: hh:mm	Measure
	BP reached ≥ 160 or diastolic > 110 (sustained > 15 min)
	First BP med given
	BP reached < 160 and diastolic BP < 110

Medications (check all given)

Medications	Dosage(s) given	Reason not given
<input type="checkbox"/> Labetalol		
<input type="checkbox"/> Hydralazine		
<input type="checkbox"/> Nifedipine		
Magnesium Sulfate Bolus	<input type="checkbox"/> 4qm <input type="checkbox"/> 6qm <input type="checkbox"/> Other	
Magnesium Sulfate Maintenance	<input type="checkbox"/> 1gm/hr <input type="checkbox"/> 2gm/hr <input type="checkbox"/> 3gm/hr <input type="checkbox"/> Other	
Any ANS (if <34 wks)?	<input type="checkbox"/> Partial Course <input type="checkbox"/> Complete Course <input type="checkbox"/> Not Given	

BALANCING MEASURE (B1,B2): Monitor Medical Management

B1. Did diastolic pressure fall to < 80 within one hour after meds given?

YES NO

B2. If yes, was there corresponding deterioration in FH rate (Category 3)?

YES NO NA (for postpartum patients)

Opportunities for improvement to reduce time to treatment (identification severe HTN to treatment goal < 60 minutes):
De-brief

Debrief Participants: Primary MD: YES NO Primary RN: YES NO

TEAM ISSUES	Went well	Needs improvement	Comment	SYSTEM ISSUES	Went well	Needs improvement	Comment
Communication				HTN medication timeliness			
Recognition of severe HTN				Transportation (intra-, inter-hospital transport)			
Assessing situation				Support (in-unit, other areas)			
Decision making				Med availability			
Teamwork				Any other issues:			
Leadership							

Footer -Section 1-

GaRQC DATA FORM
Review Tool
(10/1/19)

Adapted from ILPQC and CMQCC's Preeclampsia: Debrief and Chart



SEVERE HYPERTENSION DATA FORM: CHART ABSTRACT

Header -Section 2- ice team review and document sequence of events, successes with and barriers to swift and coordinated preeclampsia with severe features.

Goal: Reduce time to treatment (< 60 minutes) for new onset severe hypertension (≥ 160 systolic OR > 110 diastolic) with preeclampsia or eclampsia or chronic/gestational hypertension with superimposed preeclampsia (include patients from triage, L&D, Antepartum, PP, ED) in order to reduce preeclampsia morbidity in Illinois.

Instructions: Complete within 24 hrs. after all cases of new onset severe hypertension (> 160 systolic or > 110 diastolic) event in pregnancy up to 6 wks postpartum. Debrief should include primary RN and primary MD to identify opportunities for improvement in identification and time to treatment of HTN.

GA at Delivery (weeks & days): _____

OB COMPLICATIONS (check all that apply)

Adverse Maternal Outcome:

Date: _____

- OB Hemorrhage with transfusion of ≥ 4 units of blood products
 Intracranial Hemorrhage or Ischemic event
 ICU admission
 Eclampsia
 Liver failure
 Other _____
- Pulmonary Edema
 HELLP Syndrome
 DIC
 Ventilation
 None

- Oliguria
 Renal failure
 Placental Abruption

Adverse Neonatal Outcome:

Date: _____

- NICU admission IUFD Other _____ None

Maternal Race/Ethnicity (check all that apply):

- White Black Hispanic Asian Other

Maternal Transport:

Transport In? YES NO Date: _____

Transport Out? YES NO Date: _____

PROCESS MEASURE (P2) Discharge Management

A. Discharge Education: Education materials about preeclampsia given?

YES NO

B. Discharge Management: Follow-up appointment scheduled within 10 days

(for all women with any severe range hypertension/preeclampsia)

YES NO

Was patient discharged on meds?

YES NO

If YES: Was follow up appointment scheduled in < 72 hours?

YES NO

COMMENTS about Medical Management, Monitoring, Discharge:

Implicit Bias Training Resources

- <https://implicit.harvard.edu/implicit/takeatest.html>
- <https://www.traliant.com/implicit-bias-training-unconscious-bias-training>

Future training opportunities:

- Cook Ross: Annual Meeting Presentation, Online Training and Train the Trainer Course





PREECLAMPSIA[™]
FOUNDATION

Educating Patients: What they need to know

Presented to

Rebecca Britt

Director of Education & Engagement

Learning Objectives

- Understand why educating all pregnant women about preeclampsia signs & symptoms is important for timely diagnosis of disease.
- Utilize two methods for ensuring patient understanding of information.
- Convey appropriate information during prenatal and postpartum periods.

What is Preeclampsia? Any Woman, Any Pregnancy

- Hypertensive disorder of pregnancy
- Typically occurs after 20 weeks gestation and up to 6 weeks postpartum
- There is no known cause or cure
- Preeclampsia can happen to any woman, any pregnancy



How is Preeclampsia Diagnosed?

- BP 140/90+ (2 readings 4 hrs apart)
 - Or one reading of 160/110+
- Proteinuria: 300 mg in 24 hr urine collection
 - Dipstick reading of 2 Or in the absence of proteinuria:
- In association with (new onset):
 - Thrombocytopenia – low platelet count
 - Impaired liver function
 - Renal insufficiency - poor kidney function
 - Pulmonary edema – fluid around the lungs
 - Cerebral or visual disturbances



Prevalence of Preeclampsia

- 2-8% or approximately 1 in 25 pregnancies are complicated by preeclampsia
- A leading cause of maternal morbidity and mortality
- African American women are 3x more likely to die from preeclampsia
- 75% of Preeclampsia related deaths happen postpartum



Top 5 Reasons Providers Don't Educate Their Patients about Preeclampsia

1. Not enough time
2. Patients already get too much information
 - Can't absorb it all
 - Too anxious about their pregnancies
3. Materials are not written at a low enough grade level
4. My patients only speak Spanish
5. I don't have a budget for education materials



Preeclampsia Challenges

- Syndrome, not a defined disease entity; diagnosis does not predict outcomes
- Missed diagnoses (gall bladder, neurological, “normal” pregnancy, “white coat” HTN)
- Best prenatal care leaves large gaps in time until late in the pregnancy
- Two patients must be considered
- Symptoms are not unique to PE and may/may not be present

Symptoms

- Swelling of the face or hands
- Headache that won't go away
- Visual disturbances
- Stomach or URQ pain
- Nausea/vomiting (after 20 weeks)
- Sudden weight gain
- Breathlessness
- “just not feeling right”; unexplained



Know the **symptoms**

**Early recognition of
preeclampsia
can save your life!**



www.preeclampsia.org/7-symptoms

Patient Education: Does it Really Matter?

- Patient is often the first responder; can speed time to diagnosis, impact outcomes
- What she needs to know is not obvious
- With greater understanding of seriousness, greater compliance and reporting
- Patient education is currently not routinely provided by health care providers
- And when it is, information is often not understood

Factors Associated with Patient Understanding of Preeclampsia

14%

- Pregnant women able to provide characteristics that correctly reflected preeclampsia.

43%

- Score on a quiz of 25 relatively simple questions about preeclampsia.

Factors Associated with Patient Understanding of Preeclampsia

Preventable

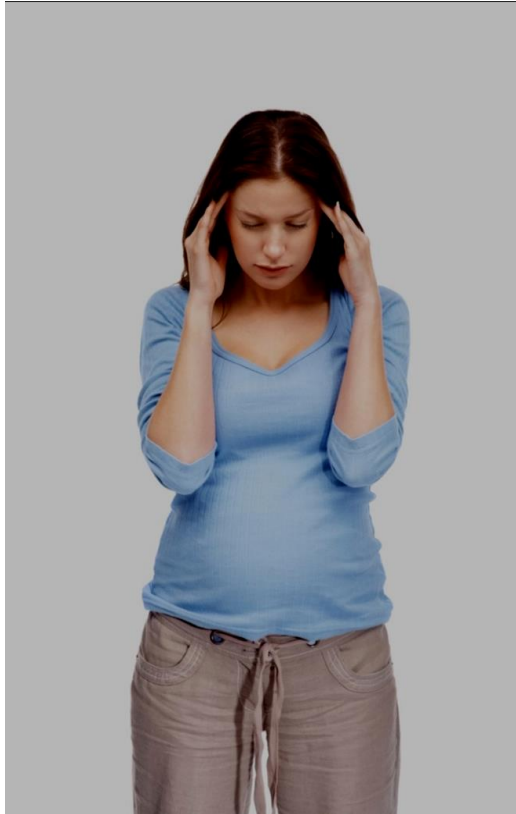
60%

of maternal deaths
due to preeclampsia
are preventable

Deadly Consequences

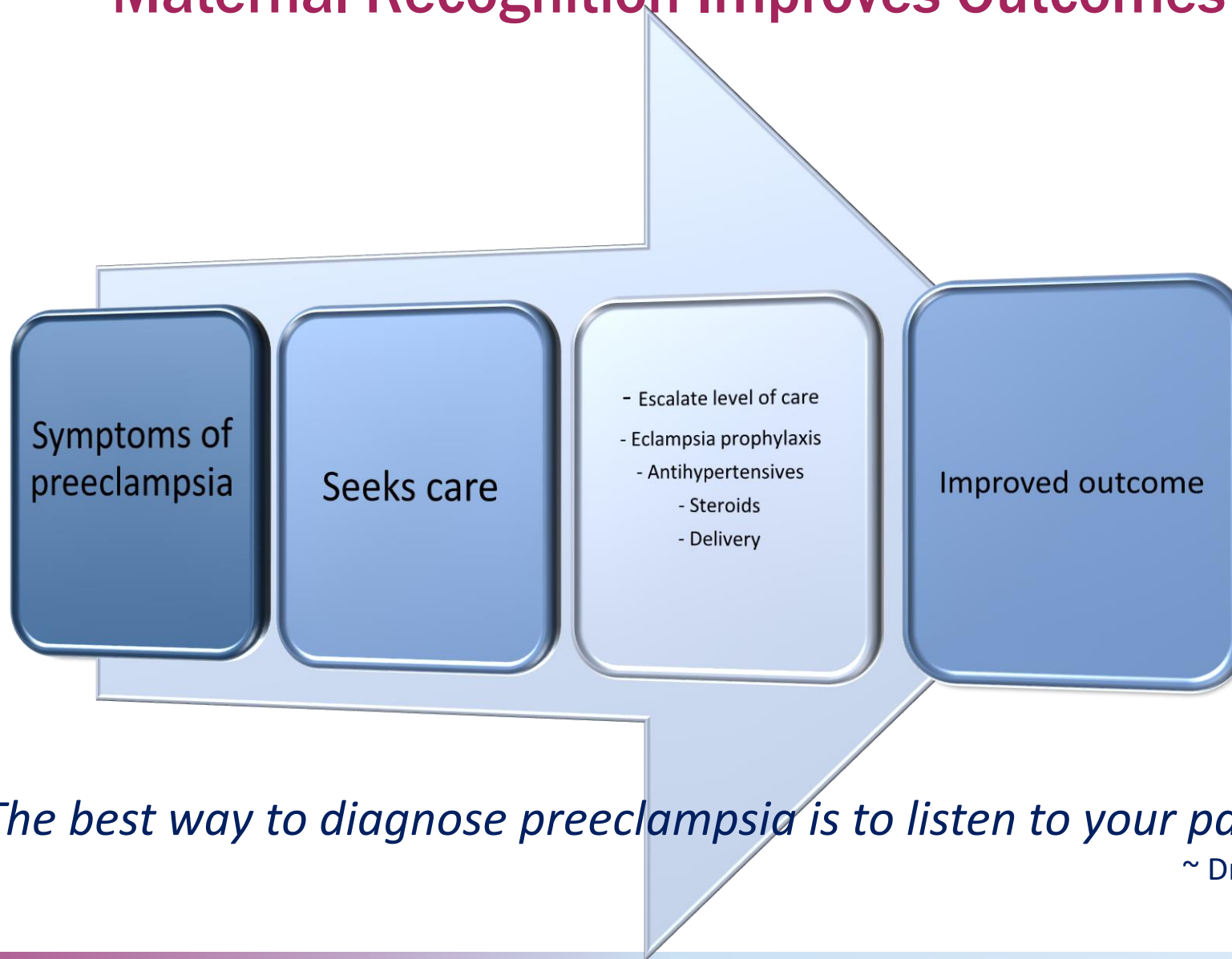
- Based on a CMQCC Maternal Mortality Review of over 200 cases of pregnancy related deaths, delays in seeking care appeared to be directly related to fatal outcomes
- A common theme in cases reviewed was their apparent lack of knowledge of the significance of symptoms and when to seek medical attention.

It Matters Because?



When women know how to recognize the signs and symptoms, and they understand the explanations offered, **they are more likely to report symptoms and comply with prescribed treatments.**

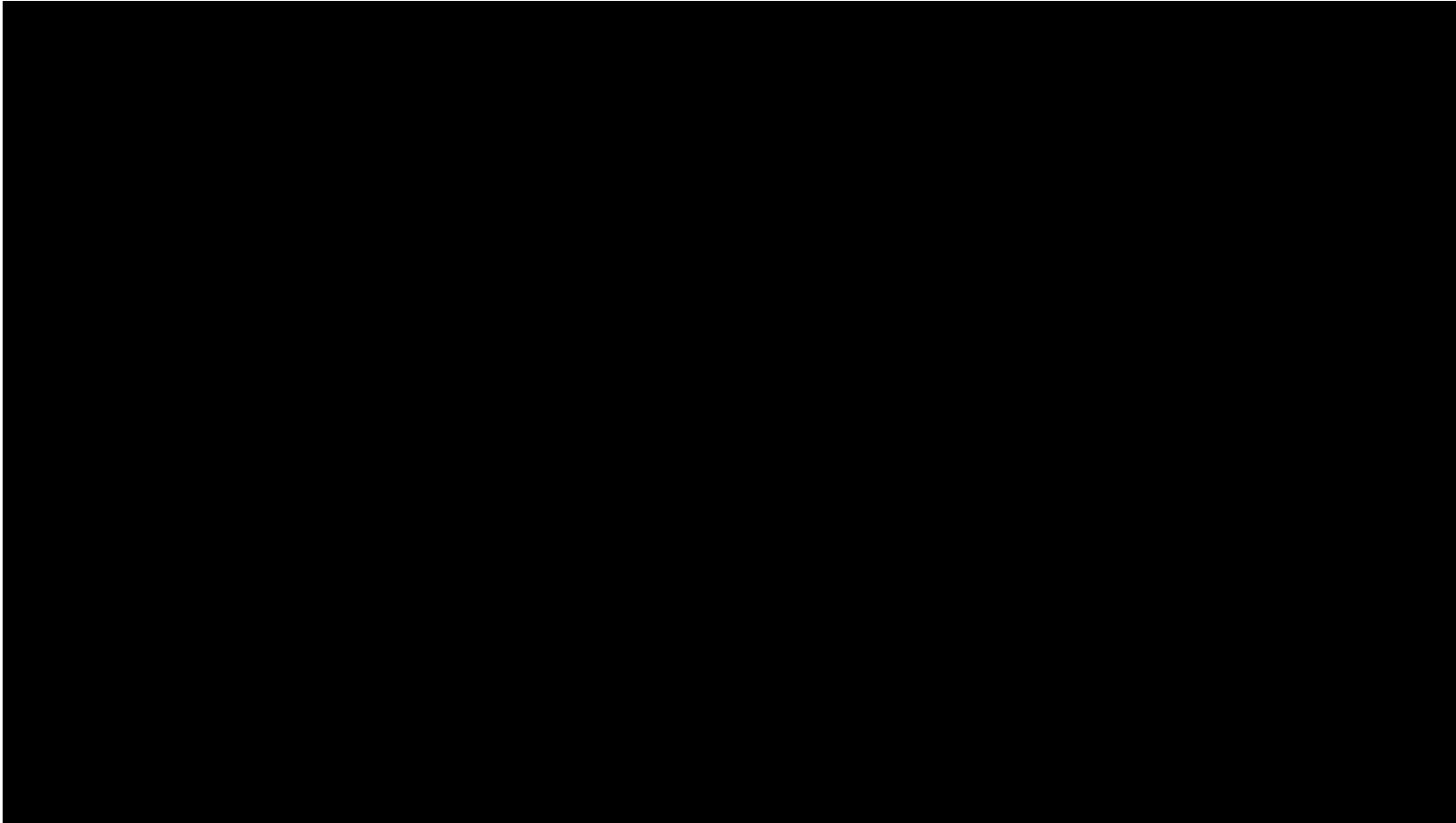
Maternal Recognition Improves Outcomes



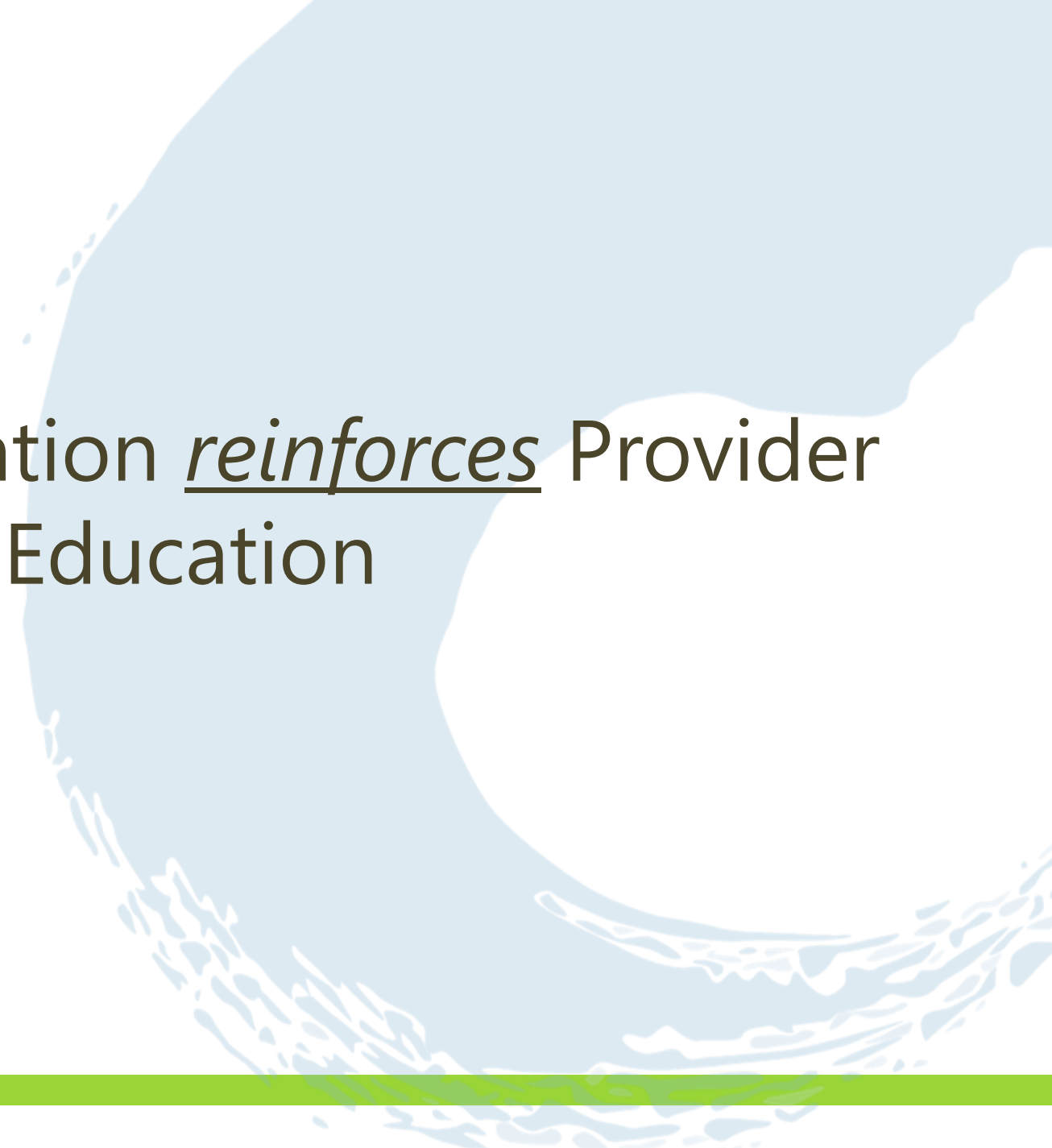
“The best way to diagnose preeclampsia is to listen to your patients.”

~ Dr. Baha Sibai

But It's Not That Easy - Demi's Story



Proper response isn't happening.....



Patient Education reinforces Provider
Education

PREGNANT! HAVING ANY OF THESE?



SEEING SPOTS,
SEEING DOUBLE,
UNABLE TO SEE,



VOMITTING IN LATE PREGNANCY



VAGINAL BLEEDING

ACT NOW!



HEADACHE
ABOVE THE EYES



SWOLLEN HANDS, FEET OR FACE



BELLY ACHIE

CHECK WITH.....



That's Why...

...Now when? And how?

Prenatal Education

15-20 weeks

- Provide printed materials (low lit, magnets, tear off pad)
- Assess patient health literacy. Does she understand?

20 weeks+

- Review warning signs OFTEN for women considered at risk, occasionally for women at low risk.
- Check for understanding. “Have you experienced...?”
- Check proper behavior response. “What would you do if you experienced...?”
- Take home reminders, hardcopy materials

Outpatient management

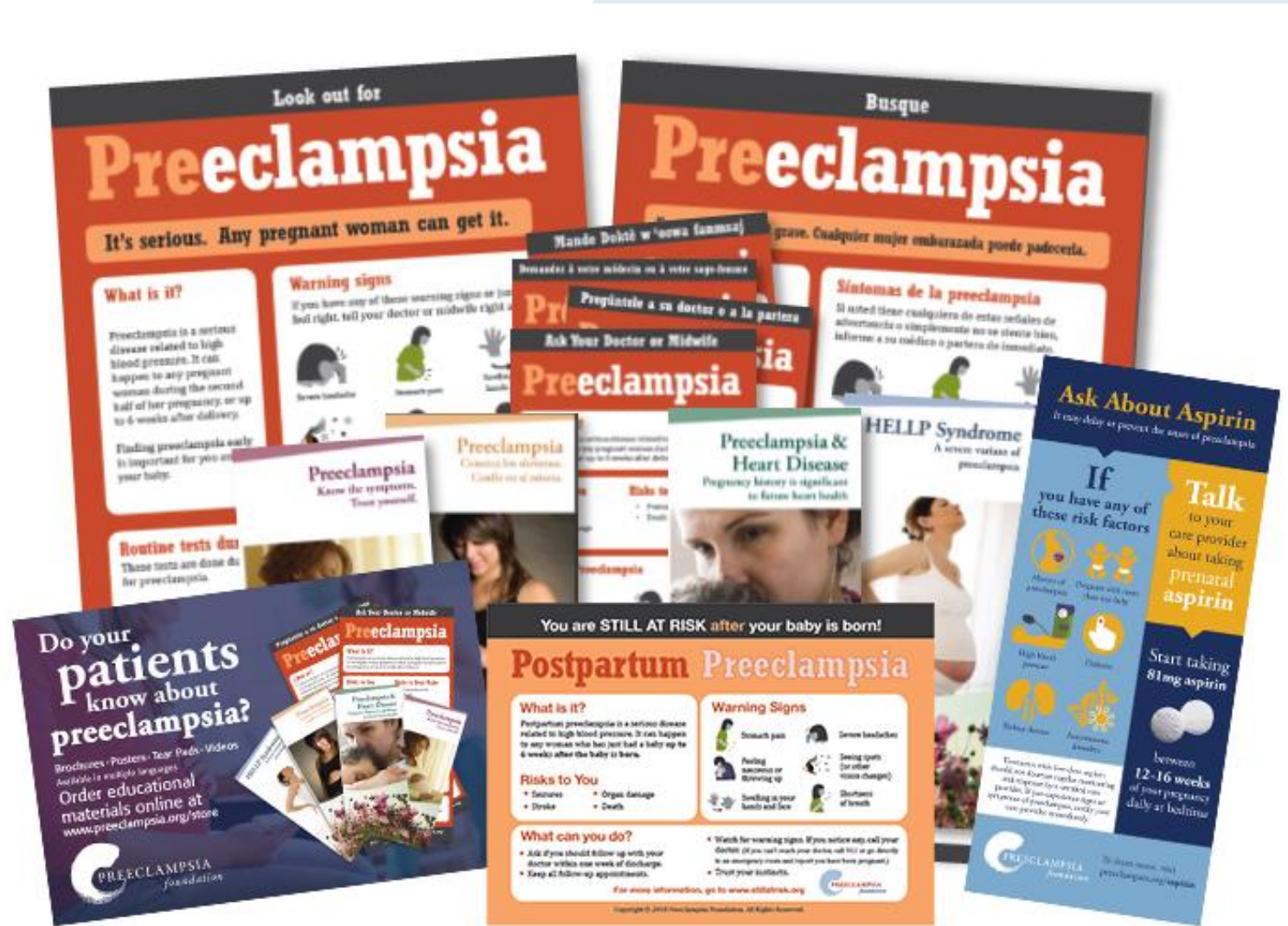
- Extra vigilance to ensure patient knows all warning signs and does not hesitate to make contact immediately.
- Consider geography and length of travel time to care.

Key Strategies for Effective Patient Communication

- Do not assume your patient's literacy level or understanding by appearance
- In both oral and written communication, use plain, non-medical language
- Speak slowly
- Organization information into 2 or 3 components (chunk & check)
- Use “teach back” to confirm understanding with open-ended Q's



Your Patient Education Toolkit



Preeclampsia Tear Pad

- Each tear pad has 50 sheets
- They are double sided with English on the front and Spanish on the back
- The colors are evidence based, and proven to better get an expecting mom's attention
- The illustrations and language is targeted to low literacy audiences
- Increases patient and provider awareness

Ask Your Doctor or Midwife

Preeclampsia

What Is It?
Preeclampsia is a serious disease related to high blood pressure. It can happen to any pregnant woman during the second half of her pregnancy, or up to 6 weeks after delivery.

Risks to You	Risks to Your Baby
<ul style="list-style-type: none">• Seizures• Stroke• Organ damage• Death	<ul style="list-style-type: none">• Premature birth• Death

Signs of Preeclampsia

 Stomach pain	 Headaches
 Feeling nauseous; throwing up	 Seeing spots
 Swelling in your hands and face	 Gaining more than 5 pounds (2,3 kg) in a week

What Should You Do?
Call your doctor or midwife right away. Finding preeclampsia early is important for you and your baby.

For more information go to www.preeclampsia.org
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Antele a su doctor o a la partera

Preeclampsia

¿Qué es?
Preeclampsia es una enfermedad grave que está relacionada con la presión arterial alta. Es algo que puede pasarle a cualquier mujer durante la segunda mitad de su embarazo o hasta 6 semanas después de su parto.

Riesgos para usted	Riesgos para su bebé
<ul style="list-style-type: none">• Convulsiones• Ataque cerebral• Daño a algún órgano	<ul style="list-style-type: none">• Nacimiento prematuro• Muerte

Signos de la preeclampsia

 Dolor de estómago	 Dolores de cabeza
 Náuseas, vómitos	 Ver manchas
 Hinchazón en las manos y en la cara	 Subir más de 5 libras (2,3 kg) de peso en una semana

¿Qué debe hacer?
Llame inmediatamente a su doctor o partera. Detectar a tiempo la preeclampsia es importante para usted y para su bebé.

Para más información, vaya a www.preeclampsia.org
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Postpartum Tear Pad

- New in 2018 – For Postpartum Moms
- Great for use during hospital discharge or for at-risk patients before delivery
- They are double sided with English on the front and Spanish on the back
- The illustrations and language is targeted to low literacy audiences
- Can also help trigger early follow-up appointments

¡AÚN CORRE RIESGO **después** de que el bebe nazca!

Preeclampsia Postparto

¿Qué es? Signos de Advertencia

You are STILL AT RISK **after your baby is born!**

Postpartum Preeclampsia

What is it?
Postpartum preeclampsia is a serious disease related to high blood pressure. It can happen to any woman who has just had a baby **up to 6 weeks after the baby is born.**

Risks to You

- Seizures
- Stroke
- Organ damage
- Death

Warning Signs

- Stomach pain
- Severe headaches
- Feeling nauseous or throwing up
- Seeing spots (or other vision changes)
- Swelling in your hands and face
- Shortness of breath

What can you do?

- Ask if you should follow up with your doctor within one week of discharge.
- Keep all follow-up appointments.
- Watch for warning signs. If you notice any, call your doctor. (If you can't reach your doctor, call 911 or go directly to an emergency room and report you have been pregnant.)
- Trust your instincts.

For more information, go to www.stillatrisk.org

PREECLAMPSIA foundation

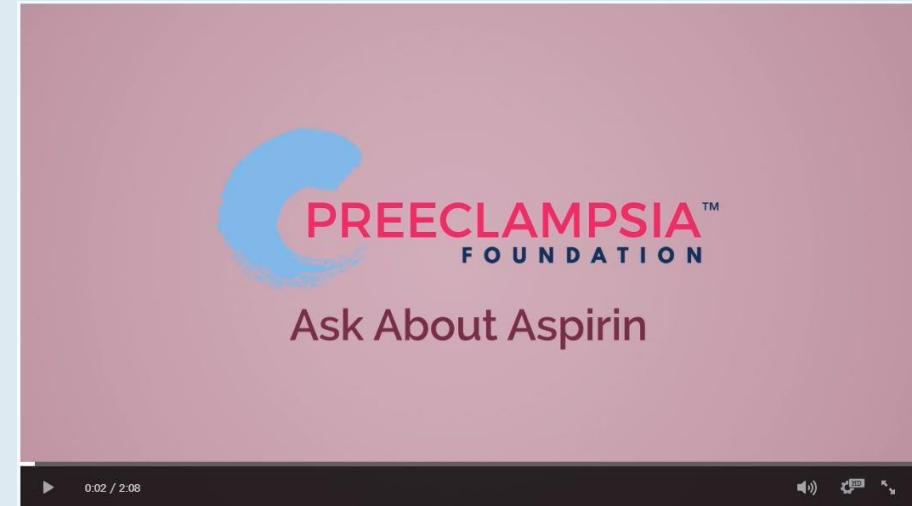
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Postpartum Education

- Common misconception: “Delivery is the cure”
- 75% of preeclampsia related deaths happen in the postpartum period
- Vulnerable period, exacerbated by PPD, unknown experience, sleep deprivation, focus is on baby
- Same warning signs
- Up to 6 weeks PP
- Health systems are not optimized for PP (ER?)
- Discharge instructions must be clear, inclusive!

Von Dadelszen P, Magee LA. Preventing deaths due to hypertensive disorders of pregnancy. Best Pract Res Clin Obstet Gynaecol. 2016; 36:83-102.

Patient Education Videos



Summary

- Prenatal and post partum patient education about preeclampsia is recommended for timely diagnosis and improved outcomes, supported by upcoming ACOG guidelines
- Ensure comprehension; use proven techniques
 - Chunk & Check
 - Teach back
 - Illustrated symptoms tear pads
- Women want/need this information!

Do your patients know about preeclampsia?

Brochures • Posters • Tear Pads • Videos

Available in multiple languages

Order educational
materials online at
www.preeclampsia.org/store



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Patient Education



Patient Education



 POST-BIRTH WARNING SIGNS	
IF YOU HAVE:	YOU SHOULD:
<p>Pain in your chest</p> <p>Obstructed breathing or shortness of breath</p> <p>Seizures</p> <p>Thoughts of hurting yourself or your baby</p>	<p>CALL 911</p>
<p>Bleeding, soaking through 1 pad/hour or blood clots the size of an egg or larger</p> <p>Incision that is not healing</p> <p>Red or swollen leg that is painful or warm to touch</p> <p>Temperature of 100.4 degrees or higher</p> <p>Headache that does not improve, even after taking medication, or a severe headache with vision changes</p>	<p>CALL YOUR HEALTHCARE PROVIDER</p> <p>If you cannot reach your healthcare provider, call 911 or go to the nearest emergency room!</p>
<p>Tell 911, the provider, and emergency department:</p> <p>I HAD A BABY ON <u>(DATE)</u> AND AM HAVING <u>(COMPLICATION)</u></p>	



Hypertension/Preeclampsia



During your hospitalization, you have been treated for hypertension, preeclampsia, or HELLP syndrome. Preeclampsia is a problem that can occur in the late stages of pregnancy and even *during the first few weeks postpartum* (after delivery of your baby), and can cause high blood pressure, protein in the urine and sometimes other symptoms such as headaches, blurred vision, breathlessness, and swelling of the hands or face. In the past, it has been called “toxemia” or “pregnancy-induced hypertension”. HELLP syndrome is a variation of preeclampsia that directly affects your liver and blood platelets.

Preeclampsia can be mild or severe. If it isn’t treated, preeclampsia can turn into a serious problem called “eclampsia” in which seizures occur.

When you go home, follow these instructions:

- Keep your follow up appointments with your doctor. These may be frequent and are very important for your health. Your first follow up appointment should occur within the first 7-14 days after going home.
- Take all medications prescribed for you exactly as ordered.
- Weigh yourself at the same time each day. Write down your weight and take this record with you to your doctor visits.
- If ordered by your doctor, monitor your blood pressure. Write down your blood pressure and take this record with you to your doctor visits.
- Eat a healthy, balanced diet. Your doctor will tell you if you need to follow any special restrictions in what you eat.
- Don’t smoke.
- Don’t drink alcohol or use any drugs not prescribed to you.
- Ask your doctor before taking any medications that he or she didn’t prescribe for you. This includes any over-the-counter medications.

Call your doctor if:

- Your blood pressure is greater than 160 systolic (the top or first number)
- Your blood pressure is greater than 105 diastolic (the bottom or second number)
- You have a severe headache or dizziness.
- You have any headache that is not relieved with Tylenol or ibuprofen.
- You have pain in your belly, especially the right upper area below your ribs.
- You have blurry or double vision, see spots or auras.
- Your swelling is worse.
- You gain more than 3 pounds in 3 days.
- You have serious difficulty catching your breath.
- You have any new or unusual symptoms.
- You have any questions or concerns.

If you have any of the above symptoms, call your physician immediately. If you are unable to reach your physician, you need to go to the emergency room for evaluation. Be sure to tell them you just had a baby and you had preeclampsia.

Education Plan for Hypertension Teams

Webinars

- December 3rd: Clinical Simulation Drills
- January 7th: Complications and Special Circumstances (HELLP, PRES Syndrome, Atypical Preeclampsia)
- February 4th: Outpatient Management of Preeclampsia
- March 3rd: Partnership with Emergency Department

Regional Training:

- Clinical Simulation Drills and Debrief
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Questions?

