

2024-2025 Severe Hypertension Initiative

Oregon Perinatal Collaborative



Hypertensive disorders of pregnancy are a leading cause of maternal morbidity and mortality. Starting in June 2024, 25 hospitals, representing over 60% of Oregon births, participated in 12-month quality improvement (QI) initiative to implement an Oregon specific toolkit on Severe Hypertension. This toolkit was created by a multidisciplinary team and used the Alliance for Innovation on Maternal Health (AIM) Patient Safety Bundle to emphasize key practices including:

- Timely treatment of Persistent Severe Hypertension
- 3-day Postpartum Follow Up for Patients with Persistent Severe Hypertension

This was the first new QI initiative since 2020, and it was clear that hospitals continue to be impacted by the challenges created or aggravated by the COVID19 pandemic. One of the most significant challenges reported was limited or even no protected time or dedicated staff for QI. While there were only modest improvements in the data, we did see incredible work and progress, much of which was occurring near the end of reporting period. We expect progress to continue for teams who can maintain focus on this work.

Results

Baseline Jan-June 2024

Initiative July 2024-March 2025

Timely Treatment:

66.4%



70.5%

Postpartum Follow Up:

50.8%



57.4%

Successes:

- 25 hospitals participated!
- ~ Half of hospitals either maintained high rates or saw improvement in both process measures
- Best practices/ tools/ education shared
- Strengthened relationships between hospitals
- Strengthened relationships with partners outside hospital
- Progress on transition to postpartum care continuing and will benefit multiple safety initiatives
- Medicaid coverage for automated BP monitors/ cuffs

Challenges

- DME vs medical insurance coverage impacting distribution of BP monitors/ cuffs in hospital
- Competing priorities on unit, including basic staffing challenges
- Data challenges: access, chart abstraction burden and differing definitions
- Logistic challenges of coordination between hospitals and clinics
- Limited/ no perinatal QI support/ experience
- Provider resistance to timely treatment in some hospitals

Recommendations for Hospital Teams (including leaders & clinicians):

- Ensure protected time and dedicated personnel with training in quality improvement to support unit level perinatal quality improvement
- Treat every episode of persistent severe hypertension as an emergency and consider initiation of maintenance hypertension medication/ treatment and close postpartum follow up
- Identify processes/ resources for perinatal patients with hypertension to access BP cuff for home use AND education on how to use and who/ when to seek care
- Ensure patients receive education during pregnancy, prior to discharge from the hospital, and in the postpartum setting about the urgent warning signs and the importance of all care providers knowing they are pregnant or postpartum
- Optimize collaboration and coordination between:
 - Perinatal unit and emergency department
 - Perinatal unit and postpartum/ perinatal clinics
 - Referring & receiving hospitals for care of patients transferred out of their community for delivery
- Use Oregon Maternal Data Center QI tool, or equivalent, to annually review practices and data related to hypertension/ preeclampsia.

**Access Initiative Material,
Included Recorded Webinars**

<https://oregonperinatalcollaborative.org/our-initiatives/severe-hypertension/>