



Severe Hypertension in Pregnancy and Postpartum Doula Toolkit

Oregon Perinatal Collaborative



Acknowledgments:

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We are also grateful for the members of the Hypertension Focus Group that included Black, Indigenous, and Pacific Islander people who experienced pregnancy related severe hypertension or preeclampsia in Oregon and shared their experiences to help inform the toolkit elements, including specific recommendations.

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Inclusive language notice:

This toolkit is intended to improve care and outcomes for pregnant and postpartum people who have a wide range of gender identities. For this reason, we use both gendered and non-gendered terms including “birthing person/people,” “patient,” “mother,” and “maternal,” to reflect this range of identities. We affirm that respecting individual patient preferences regarding gendered language throughout their care is essential to respectful, patient-centered care.

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Section I: Purpose and Background

Hypertensive disorders of pregnancy are a leading cause of maternal and perinatal morbidity and mortality in the United States. Oregon's prevalence of hypertensive disorders of pregnancy is 15.7% (Oregon Health Authority Center for Health Statistics, n.d.). Hypertensive disorders of pregnancy have an impact on short term outcomes like seizures and stroke in the birthing person during pregnancy and cardiovascular disease risk after the pregnancy ends. The postpartum period is increasingly recognized as an important time to monitor for symptoms and seek care when needed. Hypertensive disorders of pregnancy can also lead to health problems throughout the person's life after pregnancy, including increased risk of kidney disease and high blood pressure many years later. Hypertension during pregnancy also increases the risk of preterm birth, leading to short- and long-term impact on newborns.

Clinical quality improvement work must be thoughtfully designed and consider the impact of factors, such as housing, social support, reliable transportation, healthy food, and other basic needs. The long history of systemic racism in the United States has shaped the access and experience of Black, Indigenous, and all people of color inside and outside of healthcare. Quality improvement work aimed at the prevention of pregnancy related morbidity and mortality must consider this history. Mirroring available national data, Black, Indigenous, and Pacific Islander mothers and birthing people in Oregon are disproportionately impacted by morbidity from hypertension and preeclampsia (Oregon Maternal Data Center, n.d.). Proposed solutions must be developed with input from those who experience barriers to health.

Perinatal Quality Collaboratives (PQCs), including the Oregon Perinatal Collaborative, are state or multistate networks of teams working to improve the quality of care for mothers, birthing individuals, and babies. Members identify health care processes that need to be improved and use the best available methods to make changes as quickly as possible ([CDC](#)).

In 2024, the Oregon Perinatal Collaborative has partnered with the Alliance for Innovation on Maternal Health (AIM) to improve Oregonians' perinatal outcomes related to hypertension. The severe hypertension in pregnancy and postpartum toolkit is designed by and for clinical (doctors, nurses, midwives, etc.) and non-clinical (doulas, community



health workers, etc.) individuals and teams caring for pregnant and postpartum people with hypertensive disorders of pregnancy to improve processes, outcomes, and clinical decision making and promote quality and equity statewide. The goal of this project is to decrease preventable maternal morbidity and mortality from hypertensive disorders in pregnancy and improve the health and wellbeing of birthing people and babies in Oregon.

To support teams implementing this toolkit, quality improvement information and tools are included. Simple tools, like those provided by the Institute for Healthcare Improvement (IHI) can be used by teams with minimal introduction or training. These tools help teams take complex topics like management of severe hypertension in pregnancy and organize them into a simplified workflow that can be implemented, resulting in meaningful change that benefits clinicians, birthing individuals, and our communities.

References

- [CDC Press Release Pregnancy Related Deaths](#)
- [ACOG Preeclampsia and High Blood Pressure During Pregnancy](#)
- [Oregon Health Authority Center for Health Statistics](#)
- [Oregon Maternal Data Center](#)
- [Healthy People 2030 Social Determinants of Health](#)

Key resources for this toolkit include:

- [AIM Severe Hypertension in Pregnancy Patient Safety Bundle](#)
- [AIM Reduction of Peripartum Ethnic and Racial Disparities Patient Safety Bundle](#)
- [CDC Severe Hypertension in Pregnancy Change Package](#)
- [CMQCC Hypertensive Disorders of Pregnancy Toolkit](#)
- [IHI Severe Hypertension in Pregnancy Change Package](#)

Section II: The 5 R's

NOTE: While not repeated in individual sections, teams are encouraged to incorporate [trauma informed principles](#)-trauma awareness, safety, choice & empowerment, and strength based—throughout development of tools/ processes/ workflows.

Doulas Severe Hypertension Toolkit

Readiness

- Train to understand severe hypertension and preeclampsia.



- [ACOG Preeclampsia and High Blood Pressure During Pregnancy FAQs](#)
- [Hypertension Doula Toolkit, Wisconsin](#)
- [Preeclampsia Foundation Doula Resources](#)
- Become familiar with correct home blood pressure monitor use to support clients who are taking their own blood pressure at home.
 - [Home blood pressure monitoring instructions](#)
- Learn about racial and ethnic disparities in birth outcomes and their root causes, implicit bias, and the use of [cultural humility](#).
- Refer clients to culturally and linguistically matched doulas when possible.

Recognition & Prevention

- Teach doula clients about preeclampsia warning signs and when to call their doctor, midwife, nurse practitioner or physician's assistant.
 - [Preeclampsia signs and symptoms](#)
 - Verify that clients know what phone number to call with urgent symptoms.
- Check in with clients who are doing home blood pressure monitoring and refer them to instructions if they have questions.
 - [Home blood pressure monitoring](#)
- Ask postpartum clients about signs and symptoms of preeclampsia.
 - Facilitate client contacting provider if signs or symptoms present.

Response

- Help clients with warning signs to access care quickly.
- Emphasize the need to contact their care provider right away with symptoms of preeclampsia.
- Provide [trauma-informed support](#) for clients who experience serious complications of severe hypertension or preeclampsia.
 - Consider referral for support groups/ short term therapy for all patients with preeclampsia diagnosis, regardless of complications.
 - [Preeclampsia Foundation Birth Trauma Resource site](#) may provide helpful links.

Reporting & Systems Learning

- Review cases of severe hypertension or preeclampsia with a doula mentor or trusted doula colleague to improve care.



Respectful, Equitable, and Supportive Care

- Engage in open, transparent, and empathetic communication with pregnant and postpartum people and their support people.
- Advocate for inclusion of pregnant and postpartum persons as part of the multidisciplinary care team to establish trust and ensure informed, shared decision-making that incorporates the pregnant and postpartum person's values and goals.
- Connect clients to community resources (such as housing, food, support groups) that may improve social determinants of health.