



Severe Hypertension in Pregnancy and Postpartum

Public Health Home Visiting RN Toolkit

Oregon Perinatal Collaborative



Acknowledgments:

The Oregon Perinatal Collaborative (OPC) gratefully acknowledges the volunteer multidisciplinary members, representing clinical and non-clinical expertise, of the Hypertension Bundle Workgroup who helped develop and review the content of the toolkit, as well as plan for implementation.

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.

Public Health Home Visiting Nurses Severe Hypertension Toolkit

Readiness

- Train to understand severe hypertension and preeclampsia, including warning signs.
 - [ACOG Preeclampsia and High Blood Pressure During Pregnancy FAQs](#)
- Learn how to use a home blood pressure monitor correctly.
 - [Home blood pressure monitoring instructions](#)



- Develop a plan for escalation of care as needed.
- Learn about racial and ethnic disparities in birth outcomes and their root causes, implicit bias, and the use of [cultural humility](#).

Recognition & Prevention

- Ensure [accurate measurement](#) and assessment of blood pressure for every pregnant and postpartum client.
 - NOTE: Morbidity and mortality from postpartum hypertension occur most frequently in the first 6 weeks of delivery.
- Check in with clients who are doing home blood pressure monitoring about technique and offer instructions.
 - [Home blood pressure monitoring](#)
- Assist clients in acquiring a home blood pressure monitoring device.
 - Oregon Health Plan (Medicaid) provides coverage for blood pressure cuffs through durable medical equipment (DME) coverage.
 - Example: CareOregon DME benefit [explainer](#)
- Teach clients about hypertension and preeclampsia warning signs and when to call their OB provider (doctor or midwife).
 - [Preeclampsia signs and symptoms](#)
 - Verify that clients know what phone number to call with urgent symptoms.
- Ask postpartum clients about signs and symptoms of preeclampsia.
 - Facilitate client contacting OB provider if signs or symptoms present.
- Screen for community support needs and resources provided.
 - Consider impact of access to transportation, social support, cost to the individual for medication/ blood pressure cuffs, and other social drivers of

health as treatment plans are developed. Partner with the pregnant or postpartum person on addressing any barriers that are identified and ensure health literacy, cultural needs, and language proficiency are addressed.

- Ensure that people who experience severe hypertension/ preeclampsia during pregnancy and/or post birth know about long term complications and help connect to primary care for ongoing monitoring.

Response

- Facilitate client in contacting OB provider and accessing care for additional monitoring and evaluation of severe hypertension during pregnancy and postpartum.



- Provide trauma-informed support for patients, including identified support people, and staff for serious complications of severe hypertension, including discussions regarding birth events, follow up care, resources, appointments, and referral to therapy and/or peer support groups.
 - 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

- Monitor data related to severe hypertension, with disaggregation by race and ethnicity due to known disparities in rates of severe hypertension.
 - NOTE: Smaller numbers may prevent trending/ themes but will still allow individual level learning.
- Review cases of severe hypertension or preeclampsia with a supervisor, mentor or trusted colleague to improve care.

Respectful, Equitable, and Supportive Care

- Refer clients to culturally matched resources (providers, community-based support, etc.) when possible.
- Engage in open, transparent, and empathetic communication with pregnant and postpartum clients 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.