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3:00 PM ET

AIM TAP WEBINAR:

# Improving Post-birth Education about Potential Complications



with LaShea Haynes

M.Ed., MSN, AGCNS-BC, APRN, RNC-OB/EFM



ALLIANCE FOR INNOVATION  
ON MATERNAL HEALTH

The Alliance for Innovation on Maternal Health is a national, cross-sector commitment designed to support best practices that **make birth safer**, **improve maternal health outcomes**, and **save lives**.

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# Before we get started

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Webinars  
are recorded**

**Resources  
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provided for your  
convenience**

**Resources  
should be  
used at your  
discretion**

**If you need  
help during  
the call,  
please chat  
an AIM staff  
member**



# Improving Post -birth Education about Potential Complications



La Shea Haynes

M.Ed., MSN, AGCNS-BC, APRN, RNC-OB/EFM

**SAVE YOUR LIFE!** Get Care for These **POST-BIRTH Warning Signs**

*Most women who give birth recover without problems. But any woman can have complications after giving birth. Learning to recognize these POST-BIRTH warning signs and knowing what to do can save your life.*

**POST-BIRTH WARNING SIGNS**

<b>Call 911</b> if you have:	<input type="checkbox"/> Pain in chest <input type="checkbox"/> Obstructed breathing or shortness of breath <input type="checkbox"/> Seizures <input type="checkbox"/> Thoughts of hurting yourself or someone else
<b>Call your healthcare provider</b> if you have: <small>(If you can't reach your healthcare provider, call 911 or go to an emergency room)</small>	<input type="checkbox"/> Bleeding, soaking through one pad/hour, or blood clots, the size of an egg or bigger <input type="checkbox"/> Incision that is not healing <input type="checkbox"/> Red or swollen leg, that is painful or warm to touch <input type="checkbox"/> Temperature of 100.4°F or higher <input type="checkbox"/> Headache that does not get better, even after taking medicine, or bad headache with vision changes

**Trust your instincts.**  
ALWAYS get medical care if you are not feeling well or have questions or concerns.

**Tell 911 or your healthcare provider:**

"I gave birth on \_\_\_\_\_ and I am having \_\_\_\_\_"  
(Specify warning signs)

**These post-birth warning signs can become life-threatening if you don't receive medical care right away because:**

- Pain in chest, obstructed breathing or shortness of breath (trouble catching your breath) may mean you have a blood clot in your lung or a heart problem
- Seizures may mean you have a condition called eclampsia
- Thoughts or feelings of wanting to hurt yourself or someone else may mean you have postpartum depression
- Bleeding (heavy), soaking more than one pad in an hour or passing an egg-sized clot or bigger may mean you have an obstetric hemorrhage
- Incision that is not healing, increased redness or any pus from episiotomy or C-section site may mean you have an infection
- Redness, swelling, warmth, or pain in the calf area of your leg may mean you have a blood clot
- Temperature of 100.4°F or higher, bad smelling vaginal blood or discharge may mean you have an infection
- Headache (very painful), vision changes, or pain in the upper right area of your belly may mean you have high blood pressure or post birth preeclampsia

**GET HELP** My Healthcare Provider/Clinic: \_\_\_\_\_ Hospital Closest To Me: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**AWHONN**  
PROMOTING THE HEALTH OF WOMEN AND NEWBORNS

This program is supported by funding from March of Dimes, the company's 10 year, \$100 million initiative to help create a world where no woman dies giving life. March of Dimes is known as MSD for Mothers outside the United States and Canada.

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# AIM Patient Education: Improving Postbirth Education about Potential Complications

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# Patient Education: Element of Performance (EP) 7

EP 7: Provide printed education to patients (and their families including the designated support person whenever possible). At a minimum, education includes:

AWHONN Post-birth Warning Signs Tools

# Patient Education: (EP) 6 Maternal Severe hypertension/preeclampsia

EP 6: Provide printed education to patients (and their families including the designated support person whenever possible). At a minimum, education includes:

Signs & symptoms of severe htn /PEC during hospitalization that alert the patient to seek immediate care, after discharge and when to schedule a post discharge follow -up appointment

# Readiness – Every Unit/Team

Referral resources and communication pathways

- Communication pathways may include phone or medical record based communication

Staff education of postpartum complications for should include:

- Medical conditions
- Mental health conditions
- Substance use disorders
- Social and structural drivers of health

Resources should include:

- Specialist care
- Social driver needs
- Mental health supports
- Substance use disorder treatment



# Recognition and Prevention

– Every Patient

**Postpartum care visit and immediate specialty care should be:**

- Inclusive of emergency behavioral health care
- Based on known risk factors and conditions
- May include telehealth strategies of care to improve access

**Screening for community support needs and resources provided should include:**

- Medical conditions
- Mental health needs or conditions
- Substance use disorder needs
- Structural and social drivers of health

**All provided resources should align with the postpartum patient's:**

- Health literacy
- Cultural needs
- Language proficiency
- Geographic location and access

screening



# Response – Every Event

## Patient discharge education:

Should include:

- Who to contact with medical and mental health concerns, ideally stratified by severity of condition or symptoms
- Physical and mental health needs
- Review of warning signs/symptoms including what conditions they might be related to, allowing for advocacy if an approached provider is not obstetrical or of another clinical specialty
- Reinforcement of the value of outpatient postpartum visits
- Summary of birth events
- Home monitoring process and parameters for blood pressure, blood glucose, and/or other monitoring metrics



# Response – Every Event

## Patient discharge education:

All education provided should be :

- In appropriate lay terminology
- Aligned with the postpartum person's health literacy, culture, language, and accessibility needs
- Include a designated support person for all teaching with patient permission (or as desired)

## Standardized discharge summary



# Response – Every Event

## Comprehensive postpartum visit:

Should include:

- Screening for social and structural drivers of health and postpartum risk factors including mental health and substance use disorders with linkage to needed referrals and services and/or provision of treatment as needed
  - Assessment of physical recovery from birth and pregnancy-associated conditions
  - Assessment of chronic diseases (pre-pregnancy onset or enduring from pregnancy-onset conditions), with management or referral to primary or specialist care
  - Establish care congruent with the patient's reproductive life plan, including access to highly effective methods of contraception if desired
  - Transition to ongoing well-person care including provision of or scheduling of indicated health maintenance services with transition to appropriate provider as needed



# Respectful, Supportive, & Equitable Care – Every Unit/Provider/Team Member

**Inclusion of the patient as part of the multidisciplinary care team:** and as participants in patient-centered huddles and debriefs.

- Establish trust
- Informed, bidirectional shared decision-making
- Patients values and goals as the primary driver of this process

Patient support networks may include nonfamilial supports, such as doulas and home visitors, who, with the postpartum person's permission should be welcomed when any teaching or planning is provided.



## Patient Education

### Should include:

- Who to contact with medical and mental health concerns, ideally stratified by severity of condition or symptoms
- Review of warning signs/symptoms
- Reinforcement of the value of outpatient postpartum follow up
- Summary of delivery events and treatments used
- Information about future pregnancies and hemorrhage risk

### All education provided should be:

- Aligned with the person's health literacy, culture, language, and accessibility needs

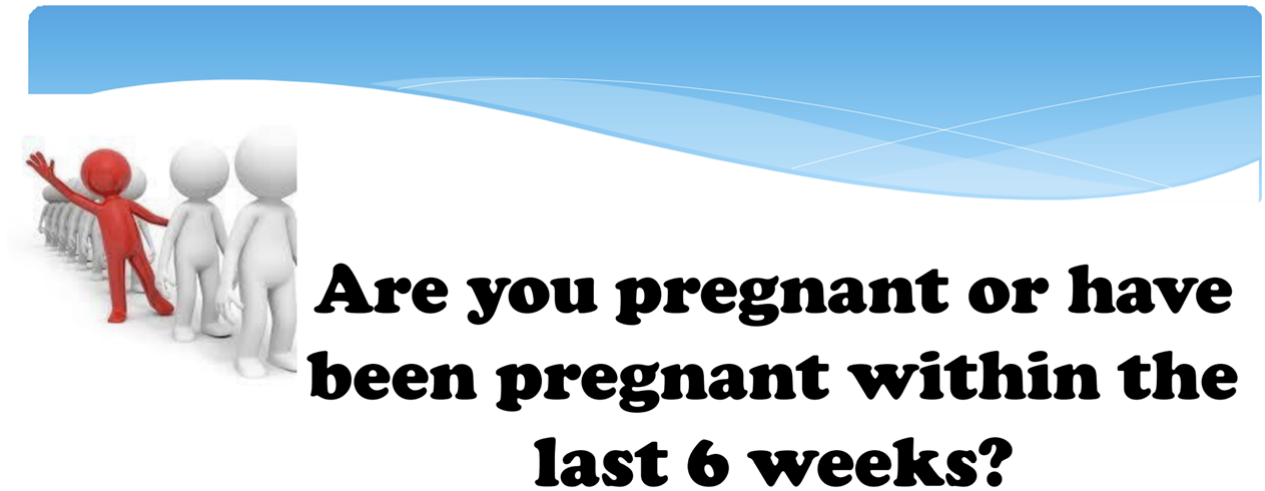
Include a designated support person for all teaching with patient permission (or

## Patient Education for Discharge

### FOLLOW - UP EDUCATION

- When is their next appointment?
- What happens if they become sick before that appointment ?
- Are they being discharged over a holiday or weekend?
- Will they be able to follow instructions provided in real time? -

### CONSIDER HAVING ED SIGNS



**Are you pregnant or have been pregnant within the last 6 weeks?**

**Please alert the staff for prompt evaluation!**

## Key Principles Education after a PPH Patient Education

1. Patients with known hemorrhage risk factors should be counseled and informed about the likelihood of obstetric hemorrhage and measures that may be taken to mitigate risk and treat the emergency.
2. Women need to know what happened to them and why. Formal and informal discussions about their experience and prognosis should occur throughout the hospitalization using emotionally and culturally sensitive communication.
3. After a severe hemorrhage, clinicians should be alert for, and able to identify, acute stress disorder, behavior, or emotional states that are outside the normal range of postpartum responses. Such reactions may include detachment, dissociation, and intrusive thoughts.
4. The experience of traumatic birth involving hemorrhage is individual; not all people respond the same way, and their reactions may not correspond with clinicians' perception of the level of the severity, or resolution of the complication.
5. Specific discharge planning for women and their families who have experienced hemorrhage should include assessment of their physical and emotional recovery, and referrals for counseling and support in the community.
6. Disclosure of adverse events to the patient and their family is encouraged by professional societies including ACOG and American Society for Healthcare Risk Management (ASHRM). CMQCC, 2022

# Patient and Family Support Checklist for Postpartum Hemorrhage



Insert Hospital  
Logo Here



Supporting patients and families during a serious maternal event is a vital aspect of patient care. This checklist is designed to help ensure patients and their family members have their emotional needs met when a serious maternal event occurs.

## Prior to the Event

- Identify a staff person who will provide continuous updates to the family and facilitate listed support items. \*\*\*Whenever possible, identification of this person should occur during the prescribed process) so that the assigned individual is immediately ready to support families in the event of a serious maternal event.

## Immediately Following the Event

- Introduce yourself and your role to the family
- Offer to move the family to a new room, away from where the hemorrhage took place. Maintaining soiled linens etc. is to enable accurate measurement of blood loss
- Explain to the family what has happened and what they can expect to occur in the length of surgery (if applicable) and how often you will be in touch with them (at least once per hour with your contact information; act as a liaison between the family and the medical team)

## If the Patient is in Critical Care

- Prepare family members for what they might see (e.g., blood on the patient, medical equipment, etc.)
- Communicate with the family about what the patient is experiencing
- Provide the patient with updates about her baby

## Prior to Discharge

- Discuss the trauma the patient has experienced and provide guidance to patient and family regarding physical and emotional recovery.
- Provide postpartum resources about “what to expect” after discharge (e.g., PQCNC resource, Life After Postpartum Hemorrhage)
- Encourage early follow-up with provider upon discharge. Allow opportunity to ask questions about emergency events

# CMQCC Discharge Checklist

## Life After Postpartum Hemorrhage

Use this tool to learn what to expect and to identify topics you would like more information on.



Insert Hospital Logo Here



I Would Like More Information About This Topic

### Key Points about Postpartum Hemorrhage (PPH)

- Losing a lot of blood quickly can cause a severe drop in your blood pressure. It may lead to shock and death if not treated.
- Quickly finding and treating the cause of bleeding can often lead to a full recovery.
- Postpartum hemorrhage can occur up to 12 weeks after birth. Talk to your healthcare provider about your risk and symptoms to watch for.

### Physical Recovery

- Losing a lot of blood can leave you feeling tired and weak. Your provider may want to do tests to find out how your body is coping with blood loss. This will help them decide what treatment to recommend.
- When your body is having trouble coping with blood loss, it is normal to:
  - Feel weak and get tired more easily
  - Look very pale
  - Feel dizzy
  - Feel out of breath
  - Be grumpy, cranky or angry
  - Have trouble focusing or concentrating
  - Have headaches
  - Have ringing in ears
- If you have any of the symptoms listed above, your healthcare provider may want you to take iron. If your iron levels are very low, you may be offered iron by injection, IV or even a blood transfusion.
- Even if you are taking iron pills, your diet can be an important source of iron. Examples of iron-rich foods include: beef, shrimp, spinach, lentils, and almond butter.

### Emotional Recovery

- The “baby blues” and postpartum depression and anxiety can affect anyone. You may be more likely to have postpartum depression, anxiety or even post-traumatic stress disorder (PTSD) after a postpartum hemorrhage.
- Some symptoms of postpartum depression, anxiety and PTSD include:
  - Feeling low (depressed mood) or angry most days
  - Anxiety or excessive worry
  - Loss of interest in activities that you used to enjoy
  - Loss of confidence or self esteem
  - Having trouble concentrating
  - Loss of appetite or overeating
  - Having trouble falling asleep or staying asleep
  - Recurrent thoughts of suicide or death
  - Reliving the event
- If you have any of the symptoms listed above, contact your healthcare provider right away.
- Whether you’ve had a hysterectomy or face a higher risk of postpartum hemorrhage with future pregnancies, there is often a grieving process to work through. Talk to your healthcare provider about support available.

### Call Your Healthcare Provider

- If you have heavy bleeding that soaks 1 maternity pad in an hour for 2 hours in a row.
- If you pass large blood clots.
- If you are breathing faster than normal, or your heart is beating faster than normal.
- If you are urinating less than usual, or not at all.
- If you feel dizzy.
- If you have questions or concerns about your condition or care.

### Go to the Emergency Department

- If you have heavy bleeding that soaks 1 maternity pad in 15 minutes or less.
- If you are suddenly short of breath and feel lightheaded.
- If you have sudden chest pain.

*Some women find it helpful to speak with their healthcare provider about the events surrounding their hemorrhage after they have had time to heal. Having this opportunity after you leave the hospital can help you fill in gaps of time you don't remember and allow for answers to questions that didn't come up until after you spent some time at home. If you would like an opportunity to meet with your healthcare provider, we encourage you to call his or her office to schedule an appointment when the time feels right to you. Be sure to let the scheduler or your provider's nurse know what information you would like to receive during the appointment, so that your healthcare provider can come prepared to answer your questions.*

## Your Steps to Success



**BUILD**  
Build a team to support you that includes trusted providers, friends and family, and peer support.



**LEARN**  
Learn what to expect and what you can do to advocate for your physical and emotional health and well-being.




**SHARE**  
Share your informational and emotional support needs with your healthcare provider.



**SUCCEED**  
Partner with your support team to make a plan for addressing your physical and emotional needs.

Visit [www.pqcnc.org](http://www.pqcnc.org) to learn about North Carolina's Postpartum Hemorrhage Initiative (AIM OBH) and to find out how patients and families are partnering with healthcare providers to help make North Carolina the best place to give birth and be born.



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## Checklist 2: Discharge HDP Education for all Postpartum Women

Goal	Ensure all postpartum women receive education about hypertensive disorders of pregnancy (HDP) prior to discharge.
Educate and Discuss	<ul style="list-style-type: none"><li>• Define preeclampsia/HDP: Serious disease of high blood pressure that can be dangerous for you up to six weeks or more after delivery.</li><li>• Signs and symptoms of preeclampsia prior to discharge, using culturally appropriate language.</li><li>• Emphasize urgency of symptoms and importance of calling provider/hospital immediately to women and families.</li></ul>
Communicate & Connect	<p>Use simple terms, communicate with empathy and listen to concerns.</p> <p>Ask patients to repeat signs and symptoms; share information with key family members, using empathy and respectful listening in the discussion.</p> <p>Use interpreter or interpretation services for language barriers.</p> <p>Provide adequate time to answer questions, validate emotions from woman and her family</p>

## Checklist 2: Discharge HDP Education for all Postpartum Women

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Emergency Contact	Provide emergency telephone number and location of hospital ED or L&D unit, if severe symptoms present
Staff Training	Provide training to administrative staff, nursing and medical services on implicit bias, respectful communication and validating patient/family perspectives

## Resources for PPH Survivors

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- <http://www.aftertheicu.org>
- <http://www.aftertrauma.org>
- <http://afesupport.org>
- <http://www.healthtalk.org>
- <http://www.hopeforaccreta.org>
- [www.marchofdimes.org/pregnancy/postpartum - hemorrhage.aspx](http://www.marchofdimes.org/pregnancy/postpartum-hemorrhage.aspx)
- [www.postpartum.net](http://www.postpartum.net)
- [www.preeclampsia.org](http://www.preeclampsia.org)
- <http://patch.org>

Debriefing tools: What is your facility using ?

Patient Summary  
Form

Post-Event  
Discussion

FAQ's What does  
the patient need  
to know?

Sample  
Hemorrhage Rapid  
Debrief form



## Hypertensive Crisis

NSVD 27yo G3P2 Postpartum patient

0031 - 147/92 (RN notified)

00:46 - 151/98

01:16 - 161/110 (RN notified. Pt vomiting, will continue to monitor)

0900 - Dr. Smiley on unit assessing patient aware of vital signs. Lopressor ordered patient updated on POC.

1345 - Elevated BP pharmacy notified for need for prn hydralazine

15:40 - 157/95 PRN hydralazine given

1945 - 167/111 Reported to RN



## Hypertensive Crisis

2131 – 156/114 Reported to RN, DR.  
Smiley notified , orders received

4/04/13 14:15 187/118 5 mg  
hydralazine given

1420 – 161/108 10 mg hydralazine  
given IVP

1425 – 153/96 patient states pain is  
10 ache, abdomen, constant

2129 - 183/119 Nurse made aware of  
blood pressure, ambulate to bathroom

21:50 – 181/106 Pt declined walk to  
NICU, pt did remove dressing in the  
shower understands needs to come off  
tonight



## Hypertensive Crisis

22:56 - Dr. Smiley on unit changed hydralazine order

0005 - 181/111 Nurse is aware of BP

0030 - 186/11 Pt denies need for pain medication

0403 - 166/102 Pt denies need for medication

0600 - 171/111 PT states pain 5

0755 - 171/100 Page to Dr. Smiley  
25 mg hydralazine given

08:21 - Pt states had severe HA since 0500, reports she sees stars out of her right eye, charge nurse and manager notified. left side of head throbbing

0909 - Pt has right flank pain, Dr. Smiley off campus, rapid response called, Pt taken to CT scan and transferred to Neuro ICU



# REPRODUCTIVE RIGHTS & ABORTION ACCESS AD




- Advocate
- Press Releases
- Position Statements
- Practice Briefs
- Patient Education**
- Journals
- Podcasts
- Birth Equity

[Scholarships](#)

[Learn More >](#)



Resources to help your patients and their families understand the importance of care after discharge.


  
**Healthy Mom&Baby Magazine**  
Expert-authored patient information pregnant and new moms can trust and act on because it's written for them by nurses.  
[GET IT FOR YOUR PATIENTS](#)

  
**Save Your Life Handouts & Magnets**  
Convenient, easy to understand information your patients can use to spot warning signs that mean they need medical care right away.  
[SAVE YOUR LIFE RESOURCES](#)

  
**Go the Full 40 Campaign**  
A grass roots public health campaign that educates women about the benefits of full-term pregnancy for themselves and their babies.  
[GET THE TOOLKIT](#)

- Publications
- AWHONN Position Statements
- < Journals
  - Patient Education**
- Practice Briefs

**Caring Cradle**  
Cooled bassinet for infant demise  
[LEARN MORE](#)



**UPCOMING EVENTS**



## Download the Save Your Life Parent Handouts (Available in Multiple Languages)

These handouts are not designed to act as stand-alone products, but as a resource provided after completion of the POST-BIRTH Warning Signs Education Course. AWHONN permits clinicians to print copies of the Save Your Life handouts free of charge if the handout is being used as part of patient care and/or patient discharge or post-discharge education. For all other uses, view the [POST-BIRTH Warning Signs Permissions Policy](#).

- Save Your Life – Arabic (PDF)
- Save Your Life – Burmese (PDF)
- Save Your Life – Dari (PDF)
- Save Your Life Handout – English (PDF)
- Save Your Life – Farsi (PDF)
- Save Your Life – French (PDF)
- Save Your Life – German (PDF)
- Save Your Life – Haitian Creole (PDF)
- Save Your Life – Hmong (PDF)
- Save Your Life – Italian (PDF)
- Save Your Life – Japanese (PDF)
- Save Your Life – Korean (PDF)
- Save Your Life – Mandarin Chinese (PDF)
- Save Your Life – Nepali (PDF)
- Save Your Life – Portuguese (PDF)
- Save Your Life – Russian (PDF)
- Save Your Life – Somali (PDF)
- Save Your Life – Spanish (PDF)
- Save Your Life – Swahili (PDF)
- Save Your Life – Tagalog (PDF)
- Save Your Life – Ukrainian (PDF)
- Save Your Life – Urdu (PDF)
- Save Your Life – Vietnamese (PDF)

- Hagerty Center At Northwestern
- Oct 25** [2022 AWHONN Iowa Fall Conference](#)  
📅 Oct 25 (07:30 am)  
📍 Unity Point Des Moines Education and Research-Thompson Auditorium
- Nov 06** [AWHONN New York 4th Annual Conference](#)  
📅 Nov 06 (06:00 pm)  
📍 Westchester Marriott Tarrytown
- Nov 09** [PPH: AIMS Obstetric Hemorrhage Updated Toolkit](#)  
📅 Nov 09 (06:00 pm)  
📍 Zoom
- Nov 10** [AWHONN Nebraska - Perinatal Grief and Trauma with Jolie Vega](#)  
📅 Nov 10 (12:00 pm)  
📍 Webinar

# AWHONN Post - birth Warning Signs Tools

**SAVE YOUR LIFE:**

## Get Care for These POST-BIRTH Warning Signs

Most women who give birth recover without problems. **But any woman can have complications after the birth of a baby.** Learning to recognize these POST-BIRTH warning signs and knowing what to do can save your life.



<p><b>Call 911</b> if you have:</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Pain in chest</b></li> <li><input type="checkbox"/> <b>Obstructed breathing or shortness of breath</b></li> <li><input type="checkbox"/> <b>Seizures</b></li> <li><input type="checkbox"/> <b>Thoughts of hurting yourself or your baby</b></li> </ul>
<p><b>Call your healthcare provider</b> if you have:</p> <p><small>(If you can't reach your healthcare provider, call 911 or go to an emergency room)</small></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Bleeding, soaking through one pad/hour, or blood clots, the size of an egg or bigger</b></li> <li><input type="checkbox"/> <b>Incision that is not healing</b></li> <li><input type="checkbox"/> <b>Red or swollen leg, that is painful or warm to touch</b></li> <li><input type="checkbox"/> <b>Temperature of 100.4°F or higher</b></li> <li><input type="checkbox"/> <b>Headache that does not get better, even after taking medicine, or bad headache with vision changes</b></li> </ul>

**Trust your instincts.**  
 ALWAYS get medical care if you are not feeling well or have questions or concerns.

**Tell 911 or your healthcare provider:**

"I had a baby on \_\_\_\_\_ and  
(Date)  
 I am having \_\_\_\_\_."  
(Specific warning signs)



### POST-BIRTH Warning Signs: Postpartum Discharge Education Checklist

Pulmonary Embolism	Essential Teaching for Women
What is Pulmonary Embolism?	Pulmonary embolism is a blood clot that has traveled to your lung.
Signs of Pulmonary Embolism	<ul style="list-style-type: none"> <li>• Shortness of breath at rest (e.g., tachypneic shallow, rapid respirations)</li> <li>• Chest pain that worsens when coughing</li> <li>• Change in level of consciousness</li> </ul>
Obtaining Immediate Care	Call 911 or go to nearest emergency room <b>RIGHT AWAY.</b>

RN initials \_\_\_\_\_ Date \_\_\_\_\_ Family/support person present? YES / NO

Cardiac (Heart) Disease	Essential Teaching for Women
What is Cardiac Disease?	Cardiac disease is when your heart is not working as well as it should and can include a number of disorders that may have different signs and symptoms.
Signs of Potential Cardiac Emergency	<ul style="list-style-type: none"> <li>• Shortness of breath or difficulty breathing</li> <li>• Heart palpitations (feeling that your heart is racing)</li> <li>• Chest pain or pressure</li> </ul>
Obtaining Immediate Care	Call 911 or go to nearest emergency room <b>RIGHT AWAY.</b>

RN initials \_\_\_\_\_ Date \_\_\_\_\_ Family/support person present? YES / NO

Hypertensive Disorders of Pregnancy	Essential Teaching for Women
What is Severe Hypertension?	Hypertension is when your blood pressure is much higher than it should be.
Signs of Severe Hypertension	• Severe constant headache that does not respond to over-the-counter pain medicine, rest, and/or hydration
What is Preeclampsia/Eclampsia?	Preeclampsia is a complication of pregnancy that includes high blood pressure and signs of damage to other organ systems. Eclampsia is the convulsive phase of preeclampsia, characterized by seizures.
Signs of Preeclampsia	<ul style="list-style-type: none"> <li>• Severe constant headache that does not respond to pain medicine, rest, and/or hydration</li> <li>• Changes in vision, seeing spots, or flashing lights</li> <li>• Pain in the upper right abdominal area</li> <li>• Swelling of face, hands, and/or legs more than what you would expect</li> </ul>

Suplee, P. D., Kleppel, L., Santa-Donato, A., & Bingham, D. (December 2016/January 2017). Improving postpartum education about warning signs of maternal morbidity and mortality. *Nursing for Women's Health*, (553-567). Permissions given by AWHONN for use of this slide

# Patient Education Materials

**PREECLAMPSIA**  
foundation

**Take Heart  
Take Care**

Preeclampsia may lead to heart disease, stroke, and high blood pressure

[www.preeclampsia.org](http://www.preeclampsia.org)

**Know the Facts**

**5% to 8%**  
One in Every 12 Pregnancies  
Preeclampsia (including gestational and chronic) impacts 5% to 8% of all pregnancies.

**2X to 4X**  
Know Your High Risk  
Preeclampsia doubles your risk of heart disease and stroke, and quadruples your risk of high blood pressure later in life.

**At higher risk...**  
If you have had preeclampsia and:  

- delivered pre-term
- had low birth weight babies
- suffered from severe preeclampsia more than once

**2 out of 3**  
women who experience preeclampsia will also have cardiovascular disease.

**Take Heart Take Care**  
You Can Lower Your Risk

A history of preeclampsia doesn't mean you'll definitely develop cardiovascular problems, especially if you take the right steps to lower and make changes today for a healthier tomorrow.

**Every Year**  
Talk to your healthcare provider within one year after delivery about monitoring your heart health and blood work with attention.

Get regularly evaluated and treated for cardiovascular risk factors: high blood pressure, blood sugar and cholesterol, obesity, and smoking.

Get adequate physical activity.

Stay at a healthy weight.

Adopt a **heart-healthy lifestyle**.

Don't smoke, stop!

Know your family health history.

Know your numbers for blood pressure, blood sugar, and cholesterol.

Look out for

## Preeclampsia

It's serious. Any pregnant woman can get it.

**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.

Finding preeclampsia early is important for you and your baby.

**Warning signs**  
If you have any of these warning signs or just don't feel right, tell your doctor or midwife right away.

- Severe headache
- Stomach pain
- Swelling in your hands and face
- Seeing spots (or other vision changes)
- Difficulty breathing or chest pain
- Feeling lightheaded or throwing up

**Routine tests during pregnancy**  
These tests are done during regular prenatal care to check for preeclampsia.

- Blood pressure test to make sure it isn't too high
- Urine test (see sample) to make sure your kidneys are healthy
- Tracking your weight to make sure you haven't gained too quickly (no more than 2.5 pounds a week)

**Risks to you**

- Seizures
- Stroke
- Organ damage
- Death

**Risks to baby**

- Preterm birth
- Death

**PREECLAMPSIA**  
FOUNDATION

For more information, go to [www.preeclampsia.org](http://www.preeclampsia.org)

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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.

**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

**Risks to You**

- Seizures
- Stroke
- Organ damage
- Death

**What can you do?**

- 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.
- Ask if you should follow up with your doctor within one week of discharge.
- Keep all follow-up appointments.

For more information, go to [www.stillatrisk.org](http://www.stillatrisk.org)

**PREECLAMPSIA**  
FOUNDATION

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# PERINATAL POTPOURRI

Infusing Passion Into Perinatal Nursing

Thanks for listening!

[www.perinatalpotpourri.com](http://www.perinatalpotpourri.com)

## References

- AIMS (2022) Alliance for Innovation on Maternal Health, Obstetric Hemorrhage [HEM\\_PSB\\_Final\\_V1\\_2022.pdf \(saferbirth.org\)](#)
- AIMS (2022) Alliance for Innovation on Maternal Health, Severe Hypertension in Pregnancy [FINAL\\_AIM\\_Bundle\\_SHP2022.pdf \(saferbirth.org\)](#)
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- CMQCC (2021) Improving Health Care Response to Obstetric Hemorrhage Improvement Toolkit, [www.cmqcc.org](#)
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- [POST - BIRTH Warning Signs Education Program – AWHONN](#)
- Joint Commission Report (2019) Provision of Care, Treatment and Services standards for maternal safety; [r3\\_24\\_maternal\\_safety\\_hap\\_9\\_6\\_19\\_final1.pdf \(jointcommission.org\)](#)



How did you find us?





# Upcoming TAP Webinars

Register at [saferbirth.org](https://saferbirth.org) under Resources > Events

Implementing A Stage -Based  
Obstetric Hemorrhage  
Emergency Management  
Plan

November 3<sup>rd</sup>  
at 3 PM ET



Dr. Dena Goffman, MD  
& Dr. Lisa Nathan, MD, MPH

Get the 411 on WA211:  
Building and  
Implementing a Substance  
Use Resource Map

November 17<sup>th</sup>  
at 3 PM ET



Skyler Young, Hannah Newton  
and Shanell Brown, BSN



**Thank you!**

**The recording  
will be emailed  
to all attendees  
once ready**

**AIM will also post  
the recording on  
our website,  
[saferbirth.org](http://saferbirth.org)**

**Any questions about  
this webinar or the  
series can be sent to  
[AIM@acog.org](mailto:AIM@acog.org)**

**Remember to  
register for  
upcoming  
webinars!**