

ON MATERNAL HEALTH





Severe Hypertension in Pregnancy Patient Safety Bundle

Readiness — Every Care Setting

Develop processes for management of pregnant and postpartum patients with severe hypertension, including:

- ► A standard protocol for maternal early warning signs, diagnostic criteria, monitoring and treatment of severe preeclampsia/eclampsia (including order sets and algorithms)
- ► A process for the timely triage and evaluation of pregnant and postpartum patients with severe hypertension or related symptoms
- A system plan for escalation, obtaining appropriate consultation, and maternal transfer as needed

Ensure rapid access to medications used for severe hypertension/eclampsia with a brief guide for administration and dosage in all areas where patients may be treated.

Conduct interprofessional and interdepartmental team-based drills with timely debriefs that include the use of simulated patients.

Develop and maintain a set of referral resources and communication pathways between obstetric providers, community-based organizations, and state and public health agencies to enhance services and supports for pregnant and postpartum families.

Develop trauma-informed protocols and provider education to address health care team member biases to enhance equitable care.

Recognition & Prevention — Every Patient

Assess and document if a patient presenting is pregnant or has been pregnant within the past year in all care settings.

Ensure accurate measurement and assessment of blood pressure for every pregnant and postpartum patient.

Screen for structural and social drivers of health that might impact clinical recommendations or treatment plans and provide linkage to resources that align with the pregnant or postpartum person's health literacy, cultural needs, and language proficiency.

Provide ongoing education to all patients on the signs and symptoms of hypertension and preeclampsia and empower them to seek care.

Provide ongoing education to all health care team members on the recognition of signs, symptoms, and treatment of hypertension.



Severe Hypertension in Pregnancy Patient Safety Bundle

Response — Every Event

Utilize a standardized protocol with checklists and escalation policies including a standard response to maternal early warning signs, listening and investigating patient-reported and observed symptoms, and assessment of standard labs for the management of patients with severe hypertension or related symptoms.

Initiate postpartum follow-up visit to occur within 3 days of birth hospitalization discharge date for individuals whose pregnancy was complicated by hypertensive disorders.

Provide trauma-informed support for patients, identified support network, and staff for serious complications of severe hypertension, including discussions regarding birth events, follow-up care, resources, and appointments.

Reporting and Systems Learning — Every Unit

Establish a culture of multidisciplinary planning, huddles, and post-event debriefs for every case of severe hypertension, which identifies successes, opportunities for improvement, and action planning for future events.

Perform multidisciplinary reviews of all severe hypertension/eclampsia cases per established facility criteria to identify systems issues.

Monitor outcomes and process data related to severe hypertension, with disaggregation by race and ethnicity due to known disparities in rates of severe hypertension.

Respecful, Equitable, and Supportive Care — Every Unit/Provider/Team Member

Engage in open, transparent, and empathetic communication with pregnant and postpartum people and their identified support network to understand diagnoses, options, and treatment plans.

Include 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.

These materials were developed with support from the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of a cooperative agreement with the American College of Obstetricians and Gynecologists under grant number UC4MC28042, Alliance for Innovation on Maternal Health. The contents do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.

© 2022 American College of Obstetricians and Gynecologists. Permission is hereby granted for duplication and distribution of this document, in its entirety and without modification, for solely non-commercial activities that are for educational, quality improvement, and patient safety purposes. All other uses require written permission from ACOG.