

# Driver 2: Recognition

---

Daniela Crousillat, MD, FACC



**Global Aim:** Improve maternal health through hospital-facilitated timely recognition and treatment of hypertensive disorders of pregnancy during pregnancy and the postpartum period.

## Primary Key Driver

**Recognition:** Early identification and assessment

*\*Respectful care is a universal component of every driver and activity*

## Secondary Drivers

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

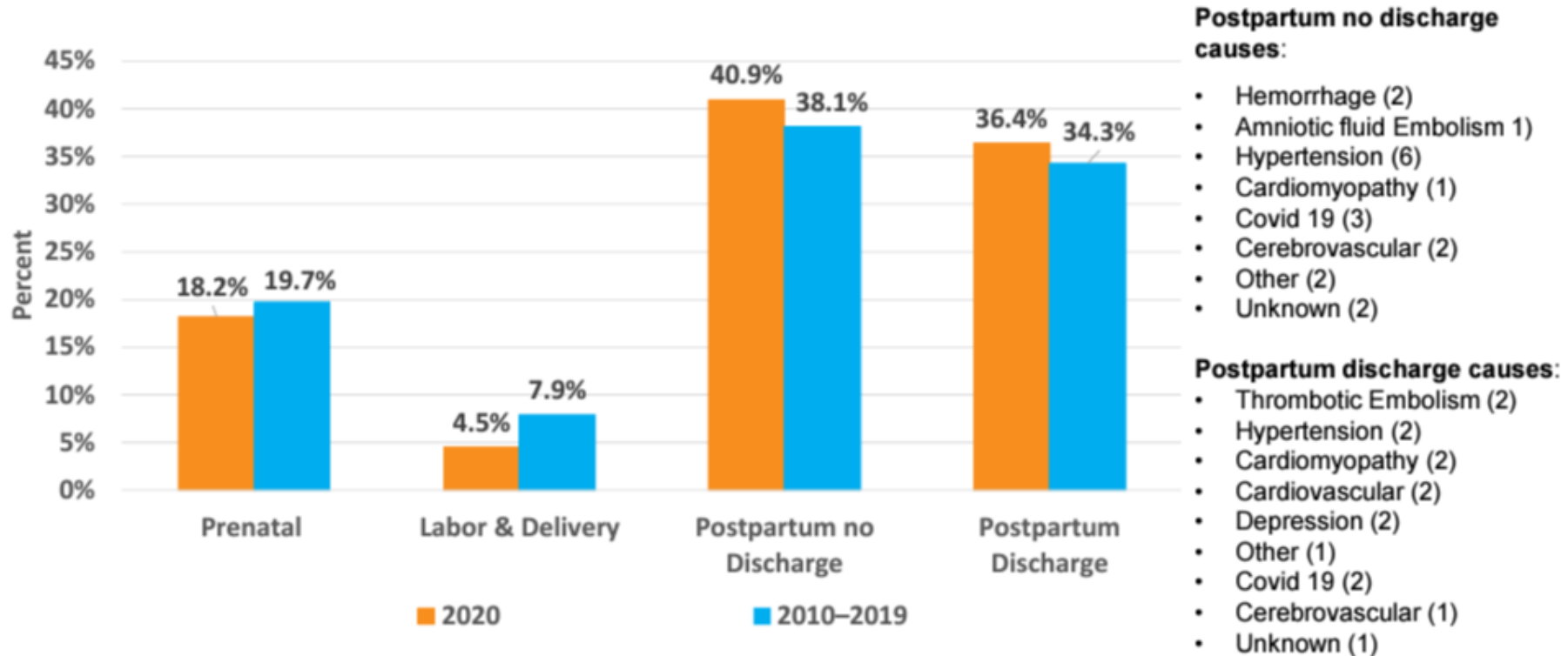
Ensure accurate blood pressure measurement and assessment

Provide verbal and written HTN education to patients and support persons\*

Provide interdisciplinary clinician team training for early recognition and treatment of OB hypertensive emergencies (ED, OB, Cardiology, ICU, or other units)\*

# FL Pregnancy Related Deaths

## DISTRIBUTION OF PREGNANCY-RELATED DEATHS BY TIMING OF DEATH, FLORIDA, 2020 (N=44) AND 2010-2019 (N= 393)



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

## Potentially Better Practices:

- 1. Ask all patients of reproductive age if pregnant in the past year in all clinical settings including by EMS/Emergency Departments.**
  - Train staff to routinely inquire about recent pregnancy status during intake
- 2. Incorporate pregnancy status within the last year question into the EMR.**
  - Update electronic medical records (EMR) to include a specific field for recent pregnancy status.
- 3. Post signage in EDs for patients and families to notify providers if pregnant in past year.**
  - Display visible signage in Emergency Departments (EDs) prompting patients to inform healthcare providers about recent pregnancies.

# Resource Example:



Tell us if you  
**ARE PREGNANT** *or*  
**HAVE BEEN PREGNANT**  
*within the past 6 weeks*



## Come to the front of the line if you have:

- ▶ Persistent headache
- ▶ Visual change (floaters, spots)
- ▶ History of preeclampsia
- ▶ Shortness of breath
- ▶ History of high blood pressure
- ▶ Chest pain
- ▶ Heavy bleeding
- ▶ Weakness
- ▶ Severe abdominal pain
- ▶ Confusion
- ▶ Seizures
- ▶ Fevers or chills
- ▶ Swelling in hands or face

# FPQC Resource Examples:

## Pregnant in the past year?



### Other Diagnoses to Consider

 Short of Breath/ Cardiomyopathy	 Hypertension/ Preeclampsia	 Fever/ Sepsis
 Thromboembolism	 Hemorrhage/ Anemia	 Depression/ Mental Health
 Drug Use	For more information scan the QR codes, or go to <a href="http://www.fpqc.org/pacc">www.fpqc.org/pacc</a>	

**PACC**  
POSTPARTUM ACCESS & CONTINUITY OF CARE

**FPQC**  
FLORIDA

### My Post-Birth Wallet Card

My Name: \_\_\_\_\_

I gave birth on (date): \_\_\_\_\_

I gave birth at the following hospital: \_\_\_\_\_

My Post-Birth Health Check date: \_\_\_\_\_

My OB provider: \_\_\_\_\_

My OB's phone number: \_\_\_\_\_

See Reverse for Additional Info 

Take a picture with your phone and keep with you in case of emergency! 

### My Post-Birth Health Information

I had the following complications:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

My Post-Birth Medications:

\_\_\_\_\_

\_\_\_\_\_

My Post-Birth Follow-Up Plan:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Ensure accurate Blood Pressure (BP) measurement and assessment

## Potentially Better Practices:

1. **Ensure BP is measured by all clinicians accurately and consistently every time.**
  - Standardize BP measurement protocols across all clinical settings.
2. **Provide clinical education on accurate blood pressure measurement, emphasizing manual techniques as the "gold standard."**
  - Ensure staff are trained in manual BP measurement and proper use of automated devices with clinical observation.
  - **Automated BP measurement is acceptable if clinical observation confirms appropriate technique using a validated device.**



# Resource Example:

BACK TO BASICS

## Adult Blood Pressure Measurement

**WHY**

- Accurate blood pressure measurement is key to identifying and managing health conditions
- Inaccurate blood pressure measurement can lead to inappropriate management and treatment
- Timely treatment of abnormal blood pressures can prevent significant morbidity or mortality



**HOW**

- Select the correct blood pressure cuff size
- Follow the manufacturer's instructions for fit and placement
- Adhere to suggested practice recommendations, including measuring the limb circumference
- Use the same arm, same cuff, and same position
- Have patient remain seated quietly for 5-10 mins with back supported
- Keep the arm at the level of the heart and legs uncrossed
- Repeat abnormal blood pressure

**COMMUNICATION**

- Share any abnormal blood pressures with the patient
- Notify health care provider according to clinical care guidelines
- Document blood pressure measurement, position, provider notification, and interventions

**ADDITIONAL CONSIDERATIONS**

- Do not measure blood pressure in limbs with an IV, shunt, or that have been injured

 **AWHONN**  
PROMOTING THE HEALTH OF  
NURSES AND NURSING

[nurses.org](http://nurses.org)

©2022 Association of Women's Health, Obstetric, and Neonatal Nurses. All rights reserved. For permission to reproduce, please contact awonns@nurses.org

## Coming soon in FPQC Toolbox:

- BP Competency
- BP PowerPoint



# Provide verbal and written HTN education to patients and support persons

## Potentially Better Practices:

- 1. Educate on HTN Red Flags:** Include support persons and focus on emergency signs like severe headache or vision changes.
- 2. Culturally Relevant Education:** Provide materials in multiple languages and for low health literacy.
- 3. Use Multiple Modalities:** Educate on self-measuring BP through handouts, videos, and bedside teaching. Use the teach-back method.



# Resource Examples:

## SAVE YOUR LIFE: Get Care for These POST-BIRTH Warning Signs

Most women and postpartum people who give birth recover without problems. But anyone can have a complication for up to one year after birth. Learning to recognize these POST-BIRTH warning signs and knowing what to do can save your life.

**Call 911 if you have:**

- Pain in chest
- Obstructed breathing or shortness of breath
- Seizures
- Thoughts of hurting yourself or someone else

**Call your healthcare provider if you have:** (you only need one sign)

If you can't reach your healthcare provider, call 911 or go to an emergency room.

- Bleeding, soaking through one pad/hour, or blood clots, the size of an egg or bigger
- Incision that is not healing
- Red or swollen leg, that is painful or warm to touch
- Temperature of 100.4°F or higher or 96.8°F or lower
- Headache that does not get better, even after taking medicine, or bad headache with vision changes

**Tell 911 or your healthcare provider:**

"I gave birth on \_\_\_\_\_ and I am having \_\_\_\_\_"

\_\_\_\_\_ (date) \_\_\_\_\_ (birth warning sign)

**Scan here to download this handout in multiple languages.**

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, vaginal tear, or C-section site** may mean 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 or 96.8°F or lower, 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.

This program is supported by funding from March of Dimes, the March of Dimes Center for Women's Health, and the March of Dimes Center for Women's Health.

AWHONN leads the way to a better birth for every woman.

©2021 American College of Obstetrics and Gynecology. All rights reserved. This document is for personal educational use only. All other requests for reproduction, please contact permissions@awhonn.org.

60025

## URGENT MATERNAL WARNING SIGNS

- Headache that won't go away or gets worse over time
- Dizziness or fainting
- Thoughts about hurting yourself or your baby
- Changes in your vision
- Fever
- Trouble breathing
- Chest pain or fast-beating heart
- Severe belly pain that doesn't go away
- Severe nausea and throwing up (not like morning sickness)
- Baby's movements stopping or slowing
- Vaginal bleeding or fluid leaking during pregnancy
- Vaginal bleeding or fluid leaking after pregnancy
- Swelling, redness, or pain of your leg
- Extreme swelling of your hands or face
- Overwhelming tiredness

**If you have any of these symptoms during or after pregnancy, contact your health care provider and get help right away.**

**If you can't reach your provider, go to the emergency room. Remember to say that you're pregnant or have been pregnant within the last year.**

**Learn more: [safehealthcareforeverywoman.org/urgentmaternalwarningsigns](https://www.safehealthcareforeverywoman.org/urgentmaternalwarningsigns)**

© 2021 American College of Obstetrics and Gynecology. 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.

Standardization of health care processes and related activities has been shown to improve outcomes and quality of care. The Council on Patient Safety in Women's Health Care disseminates patient safety news to help facilitate the standardization process. This tool reflects emerging clinical, scientific, and patient safety advances as of the date issued and is subject to change. The information should not be construed as dictating an exclusive course of treatment or procedure to be followed. Although the components of a particular tool may be adapted to local resources, standardization within an institution is strongly encouraged.

The Council on Patient Safety in Women's Health Care is a broad consortium of organizations across the spectrum of women's health for the promotion of safe health care for every woman.

**V1 May 2020**



# Provide verbal and written HTN education to patients and support persons (cont.)

## Potentially Better Practices:

- 4. Provide Validated BP Cuff at Discharge:** Ensure patients have BP cuffs and know how to use them, with clear instructions on when to contact providers.
- 5. Access to Resources:** Explore options like Medicaid or community-based programs for BP cuff access at discharge.
- 6. Ensure Follow-Up:** Provide contact info, care instructions, and follow-up appointment details.



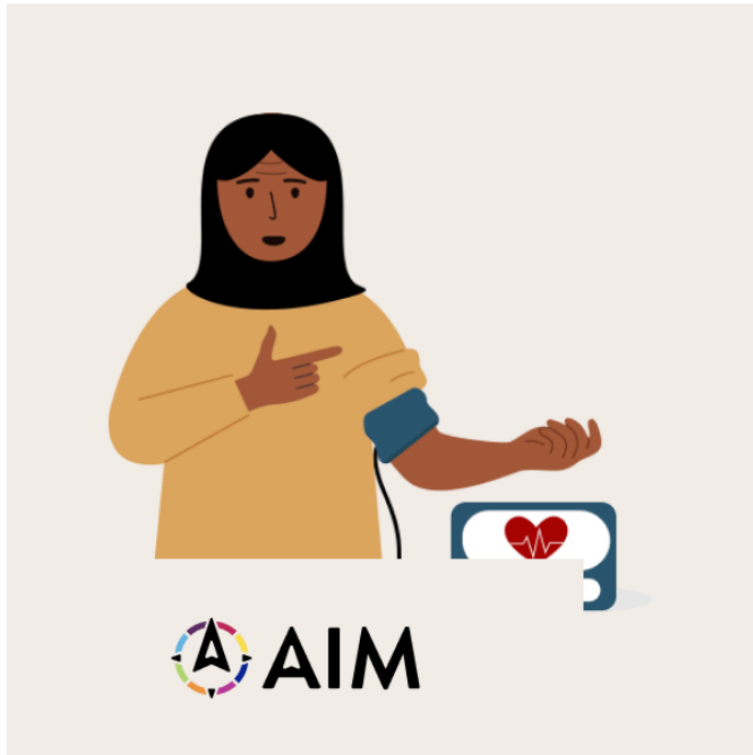
# Provide interdisciplinary clinician team training for early recognition and treatment of OB hypertensive emergencies (ED, OB, Cardiology, ICU, or other units as appropriate)

## Potentially Better Practices:

1. **Ongoing Interdisciplinary Drills:** Conduct patient-centered preeclampsia drills with debriefs focused on assessment, emergency interventions, antihypertensive algorithms, and eclampsia protocols
2. **Respectful Maternity Care:** Incorporate respect and dignity in all simulations and drills.
3. **Annual Drill Participation:** Make annual drill participation a requirement for evaluation or credentialing.
4. **Bias-Free Hypertension Assessment:** Train providers to avoid attributing hypertension to race, obesity, socioeconomic status, mental health, diet, pain, or anxiety.

*\*Team training applies for all 3 drivers\**

# Resource Example:



## AIM Patient Safety Bundle: Severe Hypertension in Pregnancy

Provided by: HealthStream, Inc.

Free

🎓 CE: 1 Hour(s)

**FREE**

Add to Cart

This course features a comprehensive overview of the Severe Hypertension in Pregnancy AIM Patient Safety Bundle and its key elements. The Alliance for Innovation on Maternal Health's (AIM) mission is to support best practices that make birth safer.