

Driver 3: Response

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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

Response: Management for every pregnant or postpartum patient with acute severe HTN

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

Secondary Drivers

Implement standardized protocol for treatment of severe HTN

Provide trauma-informed support for patients*

Schedule postpartum encounter 3-7 days after discharge

Implement standardized protocol for treatment of severe HTN

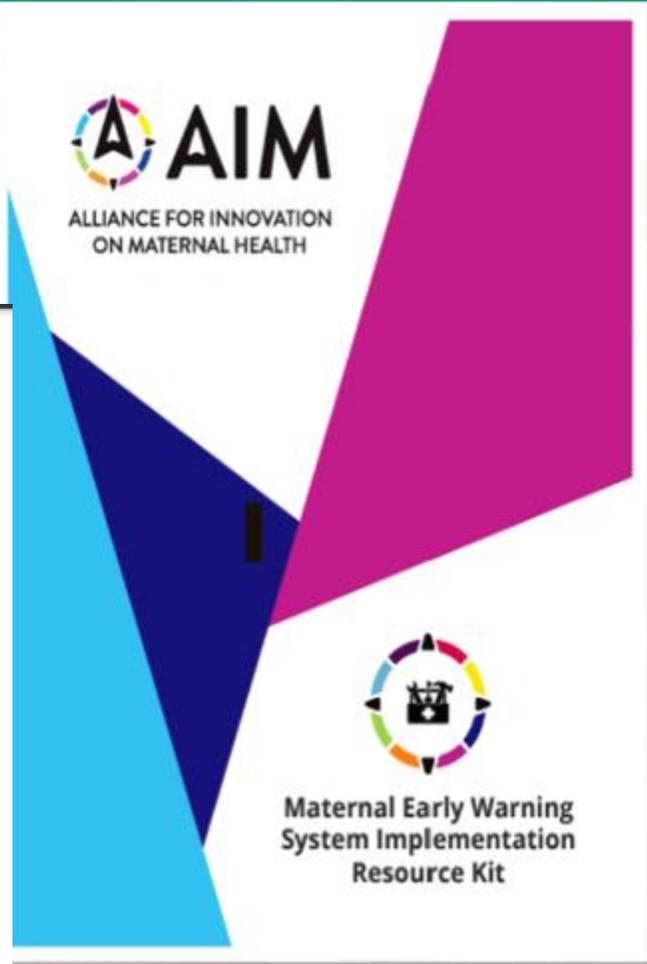
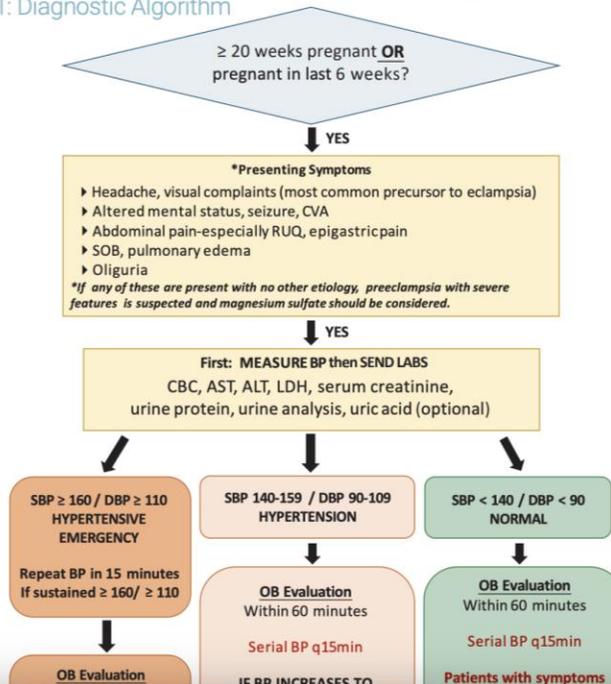
Potentially Better Practices:

- 1. Interdisciplinary Team:** Form a team to customize and implement standardized protocols for recognizing and treating severe hypertension.
- 2. Pharmacy Coordination:** Work with pharmacy teams to ensure quick medication availability in all units.
- 3. Nurse-Driven Protocols:** Develop standing orders for nurses to facilitate rapid identification and treatment of severe hypertension.
- 4. Identify Champions:** Select champions and early adopters in various departments to pilot protocols before widespread adoption.
- 5. EHR Integration:** Utilize the EHR to implement and execute electronic order sets aligned with standardized protocols.

Resource Examples

Appendix E: Acute Treatment Algorithm

Part 1: Diagnostic Algorithm



Appendix R: Sample Perinatal Safety Debrief Form

Note: This is a SAMPLE developed by a particular facility and the content is NOT specifically endorsed by the HDP Task Force. The sample is provided as an example to work from. You may need to adjust based on the individual circumstances of your facility.

Confidential and Privileged Quality Information

Add Patient Sticker or Write in Patient Name + MRN
DO NOT FILE IN PATIENT'S CHART

Instructions:

- A debriefing should occur as close to the event as possible, ideally as soon as both mother and infant are stable. If time does not permit, the debrief should occur prior to shift change before the Team members leave.
- Return to Department Manager or MCH Nurse Director for review.

Occurrence	Date	Time	Location
Debrief	Date	Time	Location
SITUATION			
Diagnosis:			
<input type="checkbox"/> Hypertensive Crisis	<input type="checkbox"/> Hemorrhage	<input type="checkbox"/> Seizure/ Eclampsia	<input type="checkbox"/> Vacuum/Forceps
<input type="checkbox"/> Code C: Emergency C-section	<input type="checkbox"/> Code Blue (Mom)	<input type="checkbox"/> Code White (Newborn)	<input type="checkbox"/> Code OB: OB Emergency outside LD
Reason for Debrief:			
<input type="checkbox"/> Delay in Service	<input type="checkbox"/> Communication Breakdown	<input type="checkbox"/> Strip review	
<input type="checkbox"/> Medication(s) Availability issue	<input type="checkbox"/> Blood Products Availability issue	<input type="checkbox"/> Equipment Availability issue	
<input type="checkbox"/> Other:			
<input type="checkbox"/> Team Response went well			<input type="checkbox"/> Near Miss
BACKGROUND			

CMQCC Sample Perinatal Safety Debrief Form



Provide trauma-informed support for patients

Potentially Better Practices:

- 1. Provider Education:** Train providers and staff on the mental health impacts of hypertensive disorder diagnoses on patients and their feelings about current and future pregnancies.
- 2. Support Protocols:** Create protocols to assist patients and families dealing with trauma related to childbirth and hypertensive disorders.
- 3. Peer Support for Providers:** Establish protocols for peer-to-peer support for providers involved in traumatic cases to care for the second victims.

Resource Examples



Ask Yourself: Am I Providing Trauma-Informed Care?



Universal Trauma-Informed Care

Trauma can result from:

- Social Determinants of Health concerns related to transportation, housing, intimate partner violence, food, or utilities
- Individual or household substance use or mental health disorders
- Prior birth trauma
- Lack of Respectful Maternity Care (RMC) ...and other personal or psychosocial experiences across the life course.

Actionable Tips To Help Patients:

Feel SEEN

- Unconditional positive regard
- Eye contact
- Acknowledge what you see (e.g., "You look uncomfortable, how can I help?")
- Grounding in the present

Feel HEARD

- Remind them that their voice matters
- Use trauma-informed language
- Ask them how they would like to be supported (e.g., "Do you prefer distraction during the exam, or should I talk you through it step-by-step?")
- Share trauma disclosures with team (with patient consent) so the patient does not need to retell or relive trauma

Feel IN CONTROL

Code Lavender[®] toolkit

This solution-focused toolkit outlines the importance of Code Lavender programs and how they can be implemented to support the physical, emotional and spiritual wellbeing of patients, families and care team members.



WOMEN & FAMILIES HEALTHCARE PROVIDER

Home > Women & Families > Get Support > Birth Trauma Resources

BIRTH TRAUMA RESOURCES

Birth trauma is real and takes time to heal

Schedule postpartum encounter 3-7 days after discharge

Potentially Better Practices:

- 1. Postpartum BP Check:** Schedule a follow-up blood pressure check within 3-7 days for patients with hypertensive disorders of pregnancy, including those with risk factors.
 - Explore alternative contact methods for patients with limited resources, such as telemedicine, text reminders, EHR uploads, and home BP monitoring.
- 2. Reinforce Warning Signs:** Educate patients on warning signs of hypertensive disorders and when to contact their provider.

PACC Resources

Post-Birth Health Check

It is important to continue seeing your obstetric (OB) provider after giving birth

You should plan on at least two appointments after giving birth:
The 2-week Post-Birth Health Check and your 6-week follow-up visit



WHY TWO WEEKS AFTER GIVING BIRTH?

- Many early warning signs or symptoms are easy to miss, that is why scheduling your 2-week Post-Birth Health Check is important.
- The 2-week Post-Birth Health Check lets your OB provider see how you are doing and address any issues before they become serious.



WHAT HAPPENS AT MY 2-WEEK POST-BIRTH HEALTH CHECK?

- Your OB provider or clinical team member will:
- Check your blood pressure
 - Check your bottom/stitches
 - Make sure your post-birth bleeding is normal
 - Discuss your mood and provide support
 - Check your breasts for any concerns
 - Discuss future pregnancies
 - Link you to any extra health services or follow-up



WHEN SHOULD I SCHEDULE MY FIRST VISIT?

- Your first Post-Birth Health Check should be within two weeks after giving birth. Schedule this visit even if you had a birth without problems.
- Tell your nurse if your check is already scheduled.
- Be sure to have an appointment before you leave the hospital. If you go home on a weekend, call your provider's office on Monday to schedule a visit.
- Tip: Set a reminder on your phone of your upcoming appointment.

Write the following on your Post-Birth Wallet Card:

I gave birth on: _____
My OB provider's name: _____
My OB provider's phone: _____
Date of 2-week Post-Birth Health Check: _____



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Maternal Discharge Risk Assessment



Questions:	Checked
1 Has the patient been diagnosed with chronic hypertension, gestational hypertension, pre-eclampsia, eclampsia, maternal heart disease, or related conditions? <ul style="list-style-type: none"> • Schedule blood pressure check in 2-3 days and appointment with OB or PCP in 1-2 weeks. • If yes to maternal heart disease, schedule appointment with cardiology in 1-2 weeks. 	<input type="checkbox"/>
2 Does the patient have a history of venous thromboembolism (DVT or pulmonary embolism) this pregnancy or on anticoagulation prior to delivery? <ul style="list-style-type: none"> • If yes, then ensure patient has 6 weeks of medication for anticoagulation in hand prior to discharge. 	<input type="checkbox"/>
3 Did the patient have a c-section or 3rd or 4th degree vaginal laceration? <ul style="list-style-type: none"> • If yes, schedule for 1-2-week incision check with OB. 	<input type="checkbox"/>
4 Does the patient have substance use disorder or screened positive with an evidence-based verbal screening tool? <ul style="list-style-type: none"> • If yes, perform SBIRT, refer for MAT/MOUD, provide Naloxone kit/Rx, and OB follow up in 1-2 weeks. 	<input type="checkbox"/>
5 QUESTIONS TO ASK THE PATIENT: Ask: Do you feel unsafe at home? Is there a partner from a relationship who is making you feel unsafe now? <ul style="list-style-type: none"> • If yes, then refer to case manager or social worker for assessment prior to discharge. 	<input type="checkbox"/>
6 Ask: Over the last two weeks have you felt down, depressed, hopeless, have little interest in doing things, or have a history of mood or anxiety disorder? <ul style="list-style-type: none"> • If yes, then screen with Edinburgh Postnatal Depression Scale (recommended), contact OB provider, and schedule follow up for mood check in 1-2 weeks. Consider psych consult prior to discharge or discharge as appropriate. 	<input type="checkbox"/>
7 Ask: Can I connect you to additional community resources? <ul style="list-style-type: none"> • If yes, consult social worker, refer to Healthy Start, Medicaid Case Manager, or hospital financial counselor. 	<input type="checkbox"/>

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Postpartum Discharge Assessment (to be done just prior to discharge)



Vitals	If yes...	Checked
Is the most recent blood pressure $\geq 160/100$?	Alert the provider and hold discharge	<input type="checkbox"/>
Is the most recent pulse ≥ 120 ?	Alert the provider and hold discharge	<input type="checkbox"/>
Is temperature $\geq 100.4F/38C$?	Alert the provider and hold discharge	<input type="checkbox"/>
Is the respiratory rate ≥ 30 ?	Alert the provider and hold discharge	<input type="checkbox"/>

Comments:

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