



PREGNANCY-RELATED OPTIMAL MANAGEMENT OF HYPERTENSION (PROMPT): A QUALITY IMPROVEMENT INITIATIVE



Florida Perinatal Quality Collaborative

The Florida Pregnancy-Related Optimal Management of HyPerTension (PROMPT) Initiative toolkit is intended to provide guidance to hospitals and obstetric providers in the development of individualized policies, protocols, practices, and materials to assure early identification and PROMPT treatment of severe hypertensive episodes. This toolkit is not to be construed as a standard of care; rather it is a collection of resources that may be adapted by local institutions to develop and implement their quality improvement initiative. The toolkit is based on the framework from the [Alliance for Innovation on Maternal Health \(AIM\) Severe Hypertension in Pregnancy Patient Safety Bundle](#) and will be updated as additional resources become available.

Suggested Citation:

Florida Perinatal Quality Collaborative. (2024). *Florida Pregnancy-Related Optimal Management of Hypertension (PROMPT) Toolkit: A Quality Improvement Initiative*. Tampa, FL: The Chiles Center at University of South Florida College of Public Health.

Acknowledgements:

The FPQC gratefully acknowledges and thanks our state partner organizations, including the Agency for Healthcare Administration, American College of Obstetrics and Gynecology, Association of Women’s Health, Obstetrics and Neonatal Nurses, Florida Department of Health, Florida Association of Healthy Start Coalitions, Florida Hospital Association, and the Alliance for Innovation on Maternal Health. The creation of this toolkit would not have been possible without the volunteer members of the PROMPT Advisory Committee listed on pages 2-3 of this toolkit.

Funding:

This quality improvement (QI) initiative is funded in part by the Florida Department of Health with funds from the Title V Maternal and Child Health Block Grant from the U.S. Health Resources and Services Administration, the Centers for Disease Control and Prevention, and the Alliance for Innovation on Maternal Health.

Contact:

Florida Perinatal Quality Collaborative
The Chiles Center
University of South Florida College of Public Health
3111 East Fletcher Avenue
Tampa, FL 33613-4660
E-mail: fpqc@usf.edu
Website: FPQC.org

Copyright:

© 2024 Florida Perinatal Quality Collaborative. All Rights Reserved.

The material in this toolkit may be reproduced and disseminated in any media in its original format, for informational, educational, and non-commercial purposes only. Any modification or use of the materials in any derivative work is prohibited without prior permission of the Florida Perinatal Quality Collaborative.

PROMPT Initiative Advisors

- Adolfo Gonzalez-Garcia, MD FACOG, HCA Florida MFM
- Amanda Montanez, PharmD, BCPS, Orlando Health Winnie Palmer
- Amanda Ratliff, RN, MSN, RNC-OB, CLSSGB, C-EFM, C-ONQS, Baptist Medical Center Jacksonville
- Andrew Thomas, MD, TGH, Tampa Fire/Rescue, USF Emergency Medicine
- Ashley Cain, MD, USF Health MFM, FPQC Clinical Lead
- Ashley Young, RNC, BSN, RN, TGH Nurse Navigator Cardio Obstetrics
- Bernard Lee, PharmD, BCPS, BCPPS, BayCare
- Bridget Funk, Quality and Safety Specialist, Sarasota Memorial Hospital
- Carol Lawrence, Nursing professor, FGCU
- Catherine Nadeau, DNP, APRN, FNP-BC, CCRN, USF Nurse Director
- Chris Cogle, MD, AHCA Florida Medicaid
- Chris Colby, Regional Admin Director, OB Team Lead, Community Health Centers
- Christina Barcellona, RN-BC, Florida Blue
- Courtney Burt, AHA Vice President Community Impact
- Courtney West, LPN, Full Spectrum Doula
- Danelle Ward, MSN, RNC-OB, Nurse AdventHealth Heart of Florida
- Daniela Crousillat, MD, Director of Women's Cardiology and Cardio Obstetrics Program, USF Health Cardiology/TGH, FPQC Clinical Lead
- Danielle Moore, MSN, RNC-OB, EFM, Lakeland Regional
- Elizabeth Salmeron, RN, BayCare
- Erica Bottom, MSN, RNC-OB, Ascension Sacred Heart Emerald Coast
- Heather Durkin, PharmD, BCPS, BCPPS, BayCare
- Ira Sites, MD, BayCare
- John Caravello, MD, Broward Health
- Jonna Johnson, Communications Manager, FPQC Family Lead, Healthy Start Coalition
- Julie Brandt, MSN, RNC-OB, Patient Care Manager, Homestead Hospital Baptist Health South Florida
- Julie DeCesare, MD, ACOG
- Karen Harris, MD, MPH, HCA Florida
- Kathleen Johnson, MSN, NE-BC, CRN, LSSBB, Baptist Health System
- Kathy Baldwin, Pharm D, BCPS, Florida Society of Health Pharmacists
- Kelli Tice, MD, Florida Blue
- Kenyatta Smith, Florida AHCA
- Kim Huber, RN, Orlando Health Winnie Palmer Hospital
- Kimberly Fryer, MD, FPQC Coach Mentor
- Kionna Pitts, DNP, MSN, APRN, RN, WHNP-BC, Tampa Family Health Centers
- Kylie Rowlands Perez, AVP, Mount Sinai Medical Center
- Lindsay Greenfield, MSN APRN, TGH
- Lorena Mills, BSN, RN, Perinatal Clinical Quality Analyst, St. Mary's Medical Center
- Lori Ley, PhD, RNC-OB, EFM
- Mandi Gross, JD, FPQC Family Lead
- Nadine Walker, MSN, RN, NE-BC, C-EFM, C-ONQS, REC-C, AdventHealth

- Nancy Travis, MS, RN, BC, CPN, CBC, C-ONQS, FAWHONN, AWHONN
- Nathan Guerette, CNM, USF Health
- Nicole Pelligrino, MPH, MCHES, CD(DONA), CLC
- Niki Dey, RN-BSN, Director of Women's Services, Ascension Sacred Heart Pensacola
- Paloma Prata, MBA, MS, Healthy Start Coalition
- Rayna Clay, Anesthesiologist, AdventHealth Tampa
- Robin Grunfelder, RN, BS, Broward Healthy Start Coalition
- Rosa Gonzalez, RN, MSN-Ed, CHSE, Baptist Health South Florida
- Sabari Radhakrishnan, MD, FACOG, Tampa Family Health Centers
- Shiminka Greenidge, RN, BSN, MBA, Lee HealthPark Medical Center
- Stephanie Jean-Baptiste, DO, BayCare
- Susan Chandler, MSN, APRN, C-MNN, Baptist Health South Florida
- Tommy Rodgers, Reverend, Community
- Tracy Blue, MSN, RNC-OB, C-EFM, Memorial Regional Hospital
- William Scharf, MD, AdventHealth

FPQC Leaders and Staff

- Lori Reeves, MPH, FPQC Executive Director, Faculty Administrator, USF Chiles Center
- Cole Greves, MD, MBA, FACOG, FPQC Associate Director for Maternal Health
- Margie Boyer MS, RNC, C-EFM, C-ONQS, FAWHONN, FPQC Lead Nurse Consultant
- Linda A. Detman, Ph.D., FPQC Associate Director-Programs & Operations, Research Associate, USF Chiles Center
- Estefania Rubio, MD, MPH, CPH, USF Chiles Center, FPQC Associate Director of Healthcare Data and Informatics
- Estefanny Reyes Martinez, MPH, CPH, USF Chiles Center, FPQC Quality Improvement Analyst
- Sara Stubben, MPH, CPH, USF Chiles Center, FPQC Quality Improvement Analyst
- Shelby Davenport, MPH, CPH, CHES, USF Chiles Center, FPQC Data Analyst
- Alexa Mutchler, BA, USF Chiles Center, FPQC Data Analyst

Introduction

The PROMPT Toolkit is a dynamic document that includes up-to-date clinical, public health practice, scientific and patient safety recommendations. Information presented here should not be used as a standard of care. Rather, this is a collection of resources that can be adapted by local institutions to develop and implement their quality improvement initiative.

The overall goals of the PROMPT Initiative Toolkit are:

1. To aid the development of standardized approaches to severe hypertensive episodes that promote recommended screening, prevention, treatment, and education services for all pregnant and postpartum women with a special emphasis on high-risk women.
2. To guide and support hospitals in implementing a multidisciplinary team approach to improving the identification, clinical care, education and coordinated treatment plan and support on severe

hypertensive episodes for all pregnant and postpartum women with a special emphasis on high-risk women.

This toolkit will provide maternal and obstetric healthcare providers, staff at healthcare facilities and collaborating providers and services with the resources to locally develop their own PROMPT policies and protocols with a focus on safe practices and optimizing severe hypertensive episode care and outcomes.

Every US maternity hospital should develop and implement a process to provide respectful, timely, and risk-appropriate care and services for pregnancy and postpartum patients affected by a severe hypertensive event and arrange for the needed continuum of care. This may include early postpartum visit scheduling, providing a blood-pressure cuff and including education on how to use it and when to report changes to their provider, connection with community resources, and/or referrals to specialists.

Hospitals should also have interdisciplinary teams in place with necessary skill sets and identified roles in screening, care, education, and follow-up for patients with a severe hypertensive event. Administration, nursing, obstetric providers, anesthesiologists, pharmacists, social work/case managers, community providers, and others are all critical partners in the interdisciplinary team approach necessary for QI and the provision of quality care. These teams need to train together and practice together in order to maintain and gain new competencies. Because each hospital and care team has differing resource sets, it is important to develop individualized protocols and processes for each facility. A QI team composed of a core set of team members from the disciplines involved must review current policies and data, determine the priorities for improvement, and develop a work plan to address their needs. Patient and family involvement in this type of QI initiative is important and valuable. Incorporating Emergency Department team members is also key.

Background

The Florida Perinatal Quality Collaborative (FPQC) is launching its second initiative focused on Hypertensive Disorders of Pregnancy (HDP) with the October 23, 2024, kickoff of the Pregnancy-Related Optimal Management of Hypertension initiative—PROMPT. Our first Hypertension in Pregnancy (HIP) initiative in 2015 resulted in significant improvements in time to treatment for women with Severe Hypertension (SHTN). However, despite the improvements achieved during the initiative, rates for hypertension in pregnancy in Florida have been climbing since 2017.

In 2022, 19.4% of Florida delivery admissions had HDP, up from 13.1% in 2017. Data shows that HDP disproportionately affects non-Hispanic Black patients and is a leading cause of severe maternal morbidity. Hypertension is also a critical risk factor for short- and long-term severe maternal, fetal, and infant complications, and HDP are currently the leading cause of pregnancy-related deaths in Florida.

Initiative Foci

Standardization of care practices related to:

- Implementing a standard protocol, guideline, and/or process for identifying, managing, and treating patients with SHTN
- Conducting interprofessional and interdepartmental team-based drills and case reviews on patients with SHTN

- Providing comprehensive and coordinated post-event care to patients with HDP, including:
 - Scheduling blood pressure checks 3-7 days after discharge and making appropriate referrals
 - Educating patients about warning signs, when to seek care, how to measure and track blood pressure, and understanding preeclampsia
 - Conducting patient debriefs and trauma-informed support after severe events
- Providing training for clinicians on:
 - Severe Hypertension/Preeclampsia guidelines, processes, and/or procedures
 - Accurate blood pressure measurement and assessment
 - Respectful Maternity Care
- Implementing universal Emergency Department screening for current or recent pregnancy
- Integrating a patient advisor in your QI team

Initiative Goal

By June 2026, PROMPT hospitals will increase by 20% the percentage of patients receiving:

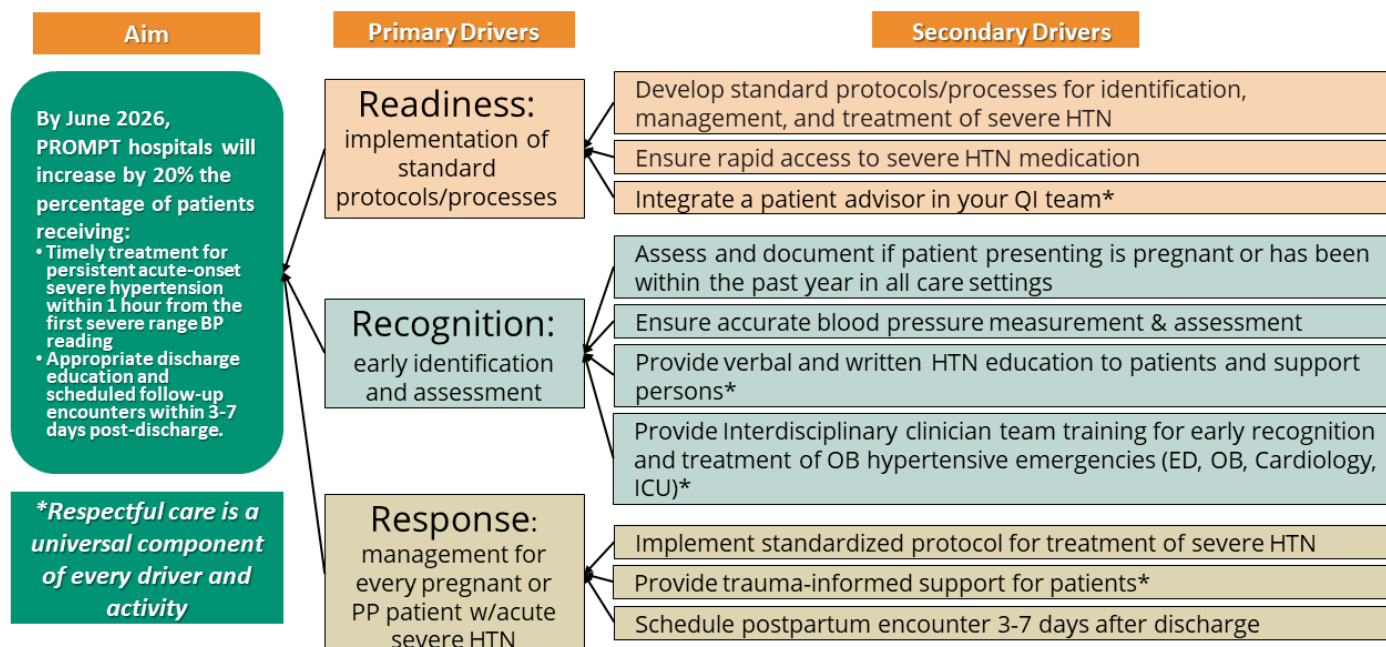
1. Timely treatment for persistent acute-onset severe hypertension within 1 hour from the first severe range BP reading.
2. Appropriate discharge education and scheduled follow-up encounters within 3-7 days post-discharge.

The initiative will embed respectful care within all components and activities. Baseline data will be established after the first quarter of hospital data is received by FPQC. Participating hospitals will use the PROMPT Initiative toolkit to implement the needed change package in their hospital.

Key Driver Diagram

PROMPT: Pregnancy-Related Optimal Management of Hypertension

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



The PROMPT Initiative Toolkit

Using elements from the [AIM Severe Hypertension in Pregnancy Patient Safety Bundle](#), FPQC has adapted content around the following components:

- **Primary Drivers:** Major processes, operating rules, or structures that will contribute to moving toward the aim. In this toolkit, the primary drivers are based on three of AIM’s Five Rs Framework (Readiness, Recognition, Response). Respectful Care is a universal component of every driver and activity. Reporting & Systems Learning is captured through our data collection system.
- **Secondary Drivers:** Broad concepts (e.g., “move steps in the process closer together”) that are not yet specific enough to be actionable but that will be used to generate specific ideas for change.
- **Potentially Better Practices:** Actionable, specific ideas for changing a process. Potentially better practices can come from research, best practices, or from other organizations that have recognized a problem and have demonstrated improvement on a specific issue related to that problem.

Disclaimer

This toolkit is considered a resource. Readers are advised to adapt the guidelines and resources based on their local facility’s level of care and patient populations served and are also advised to not rely solely on the guidelines presented here. This toolkit is a working draft and living document. As more recent evidence-based strategies become available, hospitals and providers should update their guidelines and protocols accordingly. The FPQC will also send out updates as well as revise these materials. Please note the version number in the footer.



PROMPT Initiative Toolkit

Readiness: Implementation of standard protocols/processes			
<i>Secondary Driver</i>	<i>Potentially Better Practices</i>	<i>Evidence/Rationale</i>	<i>Tools/Resources</i>
<p>Develop standard protocols/processes for identification, management, and treatment of severe HTN</p>	<ul style="list-style-type: none"> • Develop a standardized protocol for maternal early warning signs, diagnostic criteria, monitoring and treatment of severe preeclampsia/ eclampsia (including order sets and algorithms), to include BP assessment, laboratory assessment, and fetal assessment. • Develop a process for the timely triage and evaluation of pregnant and postpartum patients with severe hypertension or related symptoms. • Develop a system plan for escalation, obtaining appropriate consultation, and maternal transfer as needed. • Ensure ready reference to the algorithms for identifying, assessing, and treating severe. hypertension/preeclampsia on all units • Connect with local ED/EMS to ensure protocols are aligned. 	<p><u>ACOG Practice Bulletin #222 Gestational Hypertension and Preeclampsia</u>: ACOG recommends treatment for persistent, severe hypertension within 30-60 minutes.</p> <p><u>ACOG CO #667 Hospital-Based Triage of Obstetric Patients</u>: ACOG recommends collaborating with other departments to create guidelines for triage of pregnant women in all hospital settings and standardized triage protocols.</p> <p><u>ACOG Practice Bulletin #203 Chronic Hypertension in Pregnancy</u>: When antihypertensive therapy is used during pregnancy, an important consideration is the context of therapy, which is either 1) chronic treatment to lower blood pressure to maintenance levels, sometimes slowly during 24–48 hours often in the outpatient setting, or 2) acute lowering of critical hypertension in the hospital setting.</p>	<ul style="list-style-type: none"> • <u>CMQCC Acute Treatment Algorithm</u> • <u>CMQCC Preeclampsia Screening Tool</u> • <u>Implementing Obstetric Early Warning Systems</u> • <u>ACOG Hypertensive Emergency Checklist</u> • <u>ACOG Eclampsia Checklist</u> • <u>ACOG ED Postpartum Preeclampsia Checklist</u>

<p>Ensure rapid access to severe HTN medication</p>	<ul style="list-style-type: none"> Establish locations of key medications in all units to ensure easy, rapid access (consider creating workflows). Ensure easy access to instructions for dosage and administration and develop processes to ensure medication availability is checked regularly Develop or modify standard order sets for hypertension/preeclampsia medications. 	<p>ACOG Practice Bulletin #222 Gestational Hypertension and Preeclampsia: ACOG recommends urgent blood pressure control with antihypertensive medications such as labetalol, hydralazine and immediate release nifedipine.</p> <p>Kantorowska et al. 2020: Timely treatment of severe hypertension in pregnancy is crucial to prevent end organ damage and may be facilitated though expedited medication access.</p> <p>Martin et al. 2021: Use of a standardized order set for the management of severe hypertension in pregnancy improves the timely administration of antihypertensive medications.</p>	<ul style="list-style-type: none"> FPQC Sample Acute-Onset, Severe Hypertension and Eclampsia Medication Kit – <i>coming soon</i> FPQC OB Emergency Cart – <i>coming soon</i> ACOG Labetalol Algorithm ACOG Hydralazine Algorithm ACOG Oral Nifedipine Algorithm
<p>Integrate a patient advisor on your QI team</p>	<ul style="list-style-type: none"> Work with local Healthy Start Coalition and other community organizations to connect patients and families to serve as hospital advisors. Create a patient engagement plan to include ongoing recruitment activities, communications, orientation, and advisor expectations. 	<p>Family Engagement at the Systems Level: A Framework for Action</p> <p>Family-centered care that involves patients at the individual and system-wide levels as allies in their care has been associated with improved quality and safety, cost savings, improved health outcomes, increased patient and provider satisfaction, and more effective policies.</p>	<ul style="list-style-type: none"> Alberta Health Guide to Patient Engagement FPQC Involving Patients in QI One Pager – <i>coming soon</i>
<p>Recognition: Early identification and assessment</p>			
<p>Secondary Driver</p>	<p>Potentially Better Practices</p>	<p>Evidence/Rationale</p>	<p>Tools/Resources</p>
<p>Assess and document if patient presenting is pregnant or has been within</p>	<ul style="list-style-type: none"> Ask all patients of reproductive age if pregnant in the past year in all clinical 	<p>ACOG Identifying and Managing Obstetric Emergencies in Nonobstetric Settings: ACOG</p>	<ul style="list-style-type: none"> FL MMRC One-Pager Statement from ACOG – <i>coming soon</i>

<p>the past year in all care settings</p>	<p>settings including by EMS/Emergency Departments.</p> <ul style="list-style-type: none"> • Incorporate pregnancy status within the last year question into the EMR. • Post signage in EDs for patients and families to notify providers if pregnant in past year. 	<p>recommends screening for pregnancy in the last year in all non-obstetric settings.</p> <p>Florida Maternal Mortality Review Committee findings have noted an increase in maternal morbidity and mortality through 12 months postpartum secondary to HTN and its complications, which predominantly occur postpartum.</p> <p>AWHONN & ENA Joint Statement on the Care of OB Patients in the ED: Health care professionals should be prepared to stabilize and treat pregnant or postpartum patients who presents to the emergency setting.</p>	<ul style="list-style-type: none"> • Statement from ED Doctors – <i>coming soon</i> • FPQC ED Clinician Signage • FPQC Post-Birth Wallet Card
<p>Ensure accurate blood pressure measurement and assessment</p>	<ul style="list-style-type: none"> • Ensure BP is measured by all clinicians accurately and consistently every time. • Provide clinical education on proper blood pressure measurement including the “gold standard” of manual measurement. Automated BP is acceptable if clinical observation and assessment confirms appropriate technique using a validated device. 	<p>Hurrell A, Webster L, Chappell LC, Shennan AH: Article reviews accurate BP assessment in perinatal patients as essential to guide management of hypertension.</p> <p>Hypertension in Pregnancy: Diagnosis, Blood Pressure Goals, and Pharmacotherapy: A Scientific Statement from the American Heart Association: The American Heart Association states: “Accurate BP measurement is crucial for classifying hypertension and initiating treatment, regardless of pregnancy status.”</p>	<ul style="list-style-type: none"> • FPQC BP Assessment PPT – <i>coming soon</i> • FPQC BP Clinician Competency – <i>coming soon</i> • Clinician BP Key Elements AWHONN Infographic

<p>Provide verbal and written HTN education to patients and support persons</p>	<ul style="list-style-type: none"> • Provide education on HTN red flags and reasons to seek emergency care in pregnancy and postpartum while including support persons in all educational components. • All education should be culturally relevant, available in multiple languages and accessible to patients with low health literacy. • Provide instructions and education using multiple modalities (handouts, videos, bedside verbal instruction) on how to appropriately self-measure BP and include teach-back method. • Ensure patients have access to a validated BP cuff at discharge and have been given education to use it properly with instructions on when to contact their provider. <ul style="list-style-type: none"> ○ Consider other resources for BP cuffs: Medicaid plan, remote telehealth monitoring, Community Based Organizations (CBOs), etc. • Ensure patients have contact information for their providers, know when to seek care, and the dates/times of any follow-up appointments. 	<p>ACOG CO #736 - Optimizing Postpartum Care: ACOG recommends patients and support persons receive education on warning signs for hypertensive disorders.</p> <p>ACOG CO #676 - Health Literacy to Promote Quality of Care: Learning preferences and levels of health literacy vary among patients. Materials accessible to all patients are essential to communicate with a diverse population (health literacy, multiple languages, appropriate reading level, infographic style).</p>	<ul style="list-style-type: none"> • AWHONN PBWS Digital Download • AIM Maternal Early Warning Signs • FPQC Wrist Cuff Patient Education – <i>coming soon</i> • FPQC Arm Cuff Patient Education – <i>coming soon</i> • Preeclampsia Foundation Video to do Self-Measured BP • CDC HEAR HER Campaign • FPQC Post-Birth Wallet Card • IHI Teach Back Method
<p>Provide interdisciplinary clinician team training for early recognition and treatment of OB hypertensive emergencies (ED, OB, Cardiology, ICU, or other units as appropriate)</p>	<ul style="list-style-type: none"> • Facilitate ongoing interdisciplinary patient-centered preeclampsia scenario drills with debriefs that emphasize assessment, emergency interventions including antihypertensive algorithms and eclampsia protocol. • Incorporate respectful maternity care components into simulations and drills. 	<p>The Joint Commission Standards PC 06.03.01: for Maternal Safety: The Joint Commission recommends, at minimum, annual interdisciplinary team training essential to improve outcomes. Including all members of the obstetrical team with OB hypertension emergencies simulation and debriefs to decrease</p>	<ul style="list-style-type: none"> • Free Contact Hour AIM Severe HTN bundle • FPQC Sample Simulation – <i>coming soon</i> • CMQCC Simulation Examples • TJC EP4: Preeclampsia Drills & Debrief Requirements

	<ul style="list-style-type: none"> Require at least annual drill participation as an element of evaluation and/or credentialing. Train all providers to not assume that a patient's hypertension is attributed to factors such as race, obesity, socioeconomic status, mental health, diet, pain, or anxiety. 	<p>obstetric-related morbidity and mortality by improving the team's communication and response in a true emergency.</p> <p><u>TJC 06.03.01 EP 3 & 4:</u> 3: Provide education on roles, team training. 4: Conduct drills at least annually to determine system issues as part of ongoing quality improvement efforts. Severe hypertension/preeclampsia drills include a team debrief.</p>	
--	---	--	--

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

<i>Secondary Driver</i>	<i>Potentially Better Practices</i>	<i>Evidence/Rationale</i>	<i>Tools/Resources</i>
<p>Implement standardized protocol for treatment of severe HTN</p>	<ul style="list-style-type: none"> Convene an interdisciplinary hospital team to customize and implement standardized protocols for the recognition, response and treatment of severe hypertension. Coordinate with pharmacy teams to ensure rapid medication availability in all units. Develop nurse driven protocols/ standing orders to allow for rapid identification and treatment of severe hypertension. Identify champions and early adopters in multiple departments to pilot protocols and processes prior to full scale adoption. Use the EHR to implement and execute existing electronic order sets to align with standardized protocols. 	<p><u>TJC PC.06.03.01:</u> Reduce the likelihood of harm related to preeclampsia. Per EP2: Written procedures should be developed by multidisciplinary team that includes representation from Obstetrics, ED, Anesthesiology, Nursing, Lab and Pharmacy.</p> <p><u>ACOG Practice Bulletin #222 Gestational Hypertension and Preeclampsia:</u> ACOG recommends treatment for persistent, severe hypertension within 30-60 minutes.</p> <p><u>SMFM Hypertension in Pregnancy Change Package:</u> SMFM recommends quality improvement and implementation of evidence-based tools to improve maternal morbidity and mortality</p>	<ul style="list-style-type: none"> CMQCC Team Debrief Form CMQCC Hypertension Algorithm with Implementation Tips CMQCC stop sign for ED CMQCC Guidance for Rapid Debrief and Sample Form AIM MEWS example protocol

<p>Provide trauma-informed support for patients</p>	<ul style="list-style-type: none"> • Educate providers and staff on potential traumatic impact of hypertensive disorder diagnosis on patient’s mental health and feelings regarding current and future pregnancies. • Develop protocols to support patients and families through traumatic experiences surrounding childbirth, particularly related to hypertensive disorders. • Develop protocols to provide peer-to-peer support for providers involved in traumatic cases to care for the second victims. 	<p>ACOG CO #825- Caring for patients who have experienced trauma: ACOG recommends that the entire clinical team implements a trauma-informed approach in a physical and psychologically safe context when interacting with patients. This includes recognition of prevalence of trauma and effect on patients and providers, building a trauma-informed workforce, and universal screening for a history of and current trauma with attention to avoiding stigmatization and prioritizing resilience.</p>	<ul style="list-style-type: none"> • What to Expect in the Hospital – <i>coming soon</i> • Birth Trauma Resources • Am I Providing Trauma-Informed Care? • Second Victim Syndrome • Code Lavender guidelines • CMQCC Guidance for Rapid Debrief and Sample Form
<p>Schedule postpartum encounter 3-7 days after discharge</p>	<ul style="list-style-type: none"> • Prior to discharge, schedule a postpartum blood pressure check for patients with hypertensive disorders of pregnancy (including patients with risk factors) within 3-7 days. <ul style="list-style-type: none"> ○ Consider alternative methods of contact for patients with limited resources including telemedicine, text, EHR uploads of logs and home BP monitoring if needed. • Reinforce warning signs of hypertensive disorders and when patients should contact their provider (see Recognition Resources) 	<p>ACOG CO #736 - Optimizing Postpartum Care: ACOG recommends that patients with hypertensive disorders of pregnancy have a BP check in 3-7 days postpartum and receive education on warning signs for hypertensive disorders.</p> <p>Pregnancy-Associated Stroke and Outcomes Related to Timing and Hypertensive Disorders: Patients who suffer from hypertension are at an increased risk for stroke. It is important that patients are educated on these risks and symptoms, and they may require additional monitoring throughout the postpartum period and beyond.</p>	<ul style="list-style-type: none"> • PROMPT Postpartum Discharge Flow – <i>coming soon</i> <p>Adopted from PACC Toolbox:</p> <ul style="list-style-type: none"> • Maternal Discharge Assessment • Postpartum Discharge Assessment • Post-Birth Health Check Billing/Coding • Post-Birth Health Check • FPQC Post-Birth Wallet Card