

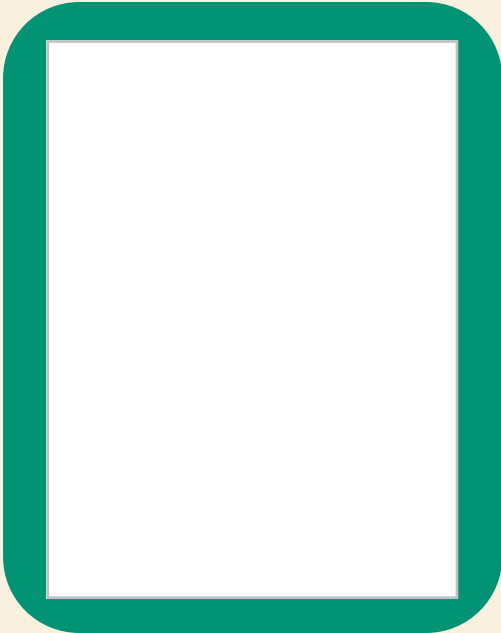


Problem

In 2022, the Florida Maternal Mortality Review Committee (MMRC) found that hypertensive disorders of pregnancy (HDP) accounted for 14.1% of all pregnancy-related deaths in the state, emerging as the third leading cause. Of these deaths, 75% occurred postpartum before hospital discharge and 100% were considered preventable. Despite ACOG guidance to treat severe hypertension within 60 minutes, fewer than half of patients receive timely care, increasing the risk of severe complications and death. For every maternal death, up to 100 women experience severe morbidity with long-term health consequences. These gaps highlight the need to improve timely recognition and treatment, with particular attention to the postpartum period, including patient education, blood pressure monitoring, and early post-discharge follow-up.

Intervention

[Hospital name] joined 88 maternity hospitals in the Florida Perinatal Quality Collaborative (FPQC) PROMPT initiative to improve patient outcomes by 1) increasing timely treatment of persistent severe hypertension within 60 minutes and 2) strengthening postpartum care through appropriate discharge education and scheduled follow up within 7 days of discharge. Throughout the initiative, our hospital actively engaged quality improvement activities, including in person meetings, monthly coaching calls, and peer mentorship. Clinical teams, nursing staff, and hospital leadership collaborated to implement the PROMPT evidence based toolkit and change package, integrating standardized protocols and workflows to support consistent care delivery. We tracked data regularly to monitor progress, with FPQC providing monthly QI reports, dashboards, and ongoing guidance to support improvement across key measures.



Health Impact

From January 2025 to May 2026, [hospital name] improved across key PROMPT measures. Timely treatment for persistent severe hypertension increased from __% to __%, patients verbally briefed after a severe hypertensive event increased from __% to __%, scheduled follow up within 7 days of discharge increased from __% to __%, and patients discharged with a blood pressure cuff increased from __% to __%. Improvements were observed across patient groups, with no significant differences by race, ethnicity, or insurance, reflecting more consistent and reliable care delivery. Throughout PROMPT, our hospital partnered with our Emergency Department and EMS to support timely recognition and treatment of HDP. We implemented ongoing education, conducted interdisciplinary drills with debriefs, and established a coordinated approach for escalation of care, consultation, and maternal transport when needed. These efforts strengthened team readiness and improved coordination across care settings. Although the active phase of PROMPT concludes in June 2026, our hospital remains committed to monitoring key measures to sustain and build on these improvements.