



Routine Surveillance of Patients with Hypertensive Disorders in Pregnancy

Johanna Quist-Nelson MD, Lauren Cooper MD, Faculty Mentor: Abigail Wolf MD

Department of Obstetrics and Gynecology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania

BACKGROUND

- Hypertensive disorders in pregnancy carry morbidity and mortality for mothers and infants
- Hypertensive disorders include a full spectrum from gestational hypertension and preeclampsia to eclampsia.
- In 2013 the American College of Obstetricians and Gynecologists released an executive summary with new task force recommendations for closer monitoring of patients with hypertensive disorders including:
 - Twice weekly blood pressure monitoring
 - Weekly office visits
 - Ultrasound surveillance of fetal growth
 - Weekly laboratory surveillance
 - Delivery at 37 weeks for patients with gestational hypertension and preeclampsia without severe features

CURRENT CONDITION

- With a change in guidelines, not all outpatient providers at a local community hospital were giving equivalent diagnosis, surveillance, and delivery to patients
- Patients were presenting to Labor and Delivery Triage without workup and/or delivery plan reflective of the new guidelines

CAUSE ANALYSIS

- Likely causes of lack of surveillance:
 - Poor communication between staff in clinic and at hospital
 - Lack of education for staff
 - Improper blood pressure technique

TARGET CONDITION

- We desired to increase surveillance, and appropriate delivery timings for patients with hypertensive disorders

PROPOSED INTERVENTION

- A team of residents reviewed specific cases of hypertension in pregnancy with outpatient providers as well as reviewing:
 - New guidelines of the diagnoses of hypertension in pregnancy
 - Monitoring for patients
 - Indications for delivery
 - Printed copies of new guidelines were provided and posted in clinic

FOLLOW-UP

- **A review of pregnancy outcomes, and compliance with screening is forthcoming**
- **An anecdotal increase in patients sent to Labor and Delivery Triage from the office for an evaluation of elevated blood pressures was noted in subsequent months**