Routine Surveillance of Patients with Hypertensive Disorders in Pregnancy

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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