

Learning Forum

“Help Save the Hearts!”

March 2025





Name & Agency in the Chat

Welcome to the newbies!

Severe Hypertension in Pregnancy Leads



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Rapid F

Measles and pre

Measles is a highly contagious a cough. Severe cases can result i brain. In some cases, the illness

Both newborns and pregnant w virus.

Unvaccinated mothers who get i premature birth and still birth.



RELATED ARTICLE
US measles outbreak expands to three states

Vaccine protects against more than measles

Although measles poses severe health risks, doctors are generally more concerned with how the viral infection rubella can affect newborns.

“Women who are not vaccinated against measles are also not vaccinated against rubella,” noted Dr. William Moss, a pediatrician who directs of the International Vaccine Access Center at the Johns Hopkins Bloomberg School of Public Health. “Thus, these women are also at risk of having a baby with congenital rubella syndrome should they acquire rubella in the first trimester of pregnancy.”



RELATED ARTICLE

Can forgotten rubella children of the '60s hold clue for Zika babies?

Among women who are infected with rubella early in pregnancy, there's a 90% chance the baby will have congenital rubella syndrome. This can cause developmental delays, heart defects, deafness and cataracts. According to the CDC, 1 in 3 babies with congenital rubella syndrome will die before their first birthday. There is less risk when the infection occurs after 20 weeks of pregnancy.

Rubella was once common and widespread in the United States, but was eliminated in the US in 2004. The CDC says fewer than 10 people in the US are reported to have rubella each year and they're mostly linked to travel outside the country.

The MMR vaccine is highly safe and effective, according to experts. One dose confers 93% immunity against measles and 97% against rubella. With the second dose, measles immunity rises to 97%, too.


“The most important thing you can do is ... to get vaccinated,” Yee said. “Vaccines work. ... This is preventable. This should not be happening.”

risk for pregnant



io Cortez/AP

Rapid Response

 Emergency Preparedness and Response Search

🏠 Health Alert Network (HAN)

HAN Jurisdictions

HAN Message Types



Sign Up for HAN Updates

HAN Archive

- 2025
 - HAN00523
 - HAN00522**
 - HAN00521

Expanding Measles Outbreak in the United States and Guidance for the Upcoming Travel Season

[Print](#)



Distributed via the CDC Health Alert Network
March 7, 2025, 2:00 PM ET
CDC HAN 00522

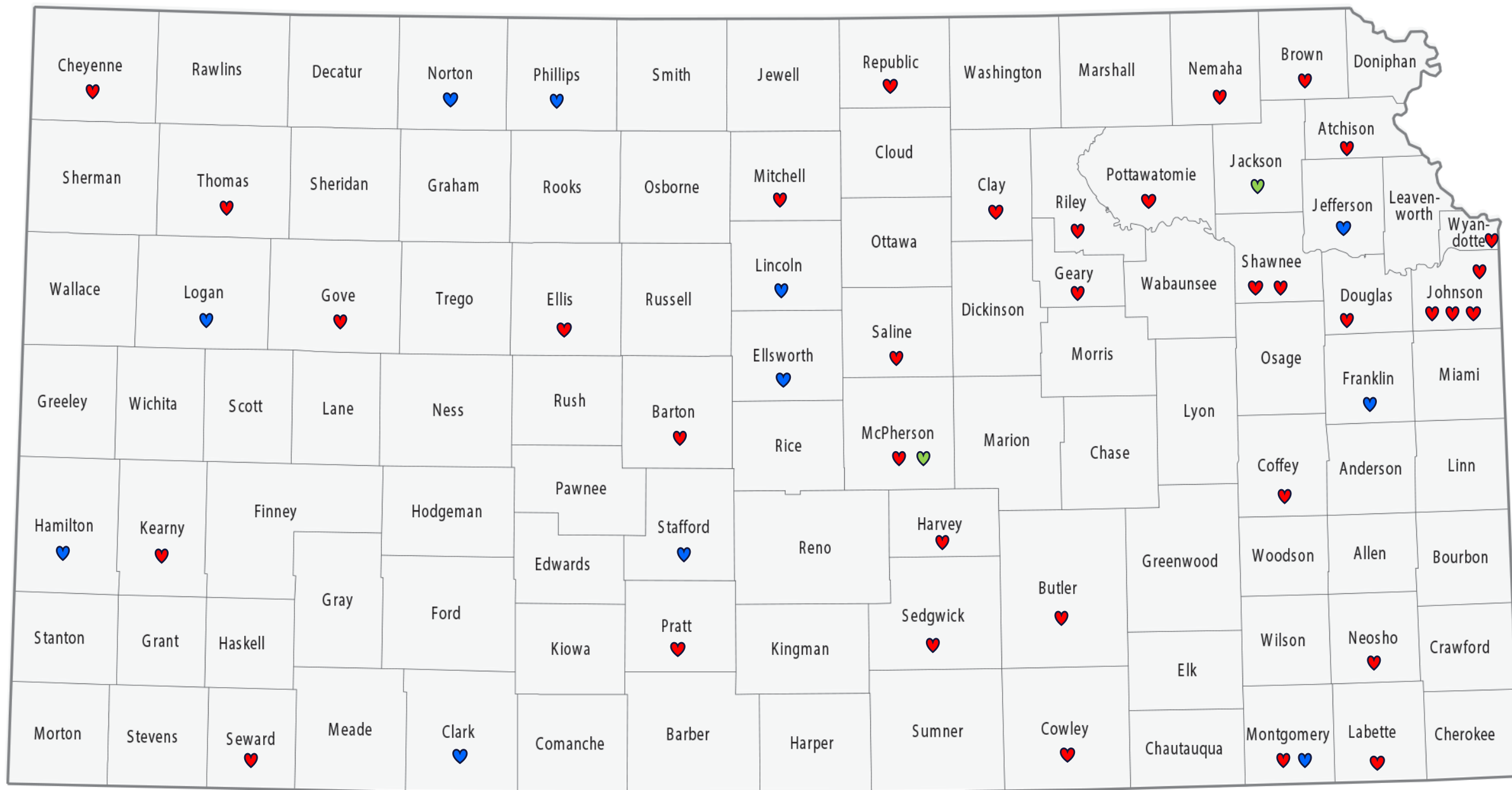
As of March 6, 2025, a total of [222 measles cases](#) have been reported by twelve U.S. jurisdictions this year: Alaska, California, Florida, Georgia, Kentucky, New Jersey, New Mexico, New York City, Pennsylvania, Rhode Island, Texas, and Washington; 201 of which occurred in New Mexico and Texas. Most of the 222 cases are among children who had not received the MMR vaccine. There have been three outbreaks, with an outbreak defined as three or more related cases, reported in 2025, and 93% of cases are outbreak-associated. For comparison, 16 outbreaks were reported during 2024 and 69% of cases were outbreak-associated.

Rapid Response

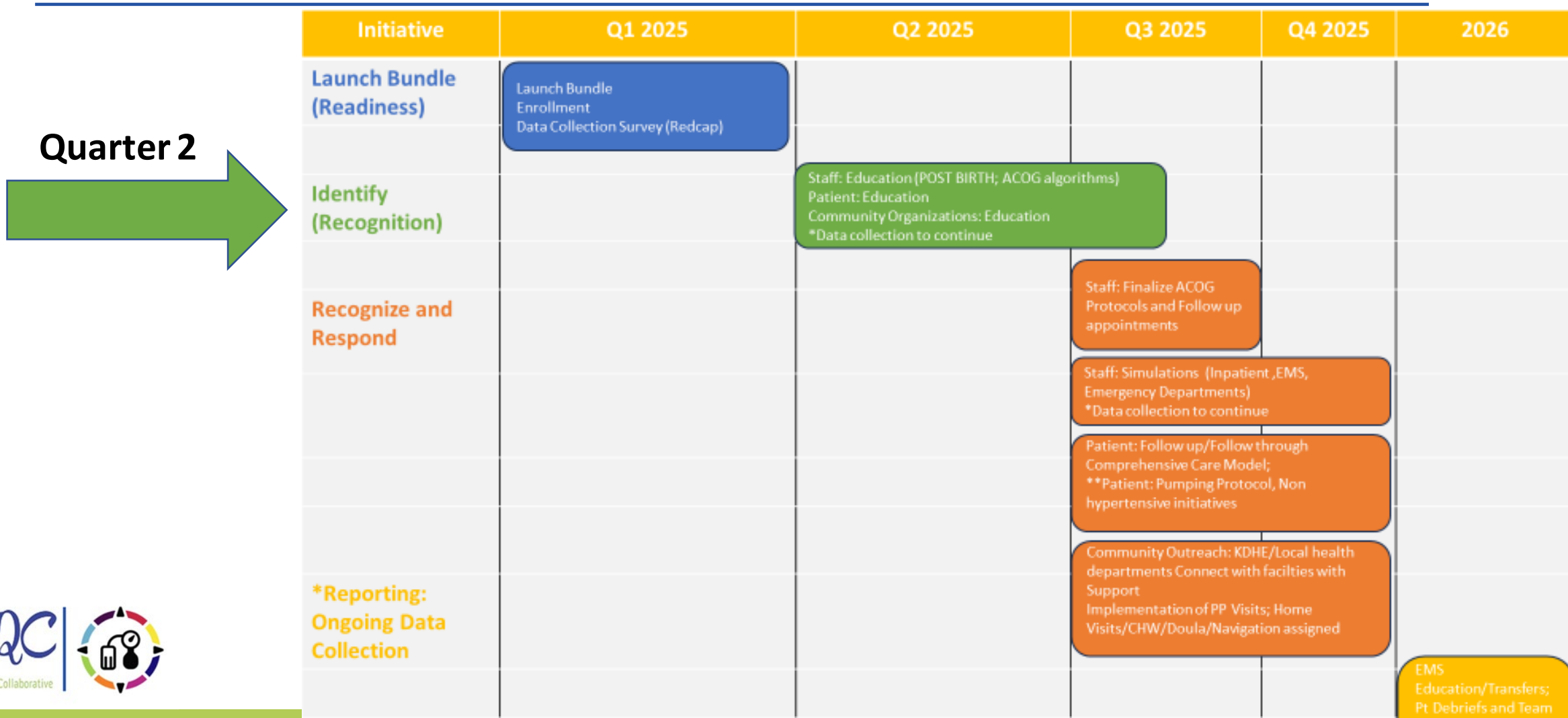
Enrollment was extended for non-birthing facilities!

- ✓ 35 birthing hospitals enrolled
 - FOUR new birthing hospitals (not in FTI)
- ✓ 11 Non-birthing hospitals have enrolled- 2 more pending

Enrollment is now closing and the results are in:

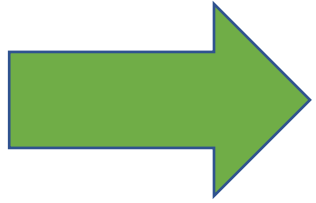


What happens next?



What happens next?

Quarter 2



Staff: Education (POST BIRTH; ACOG algorithms)
Patient: Education
Community Organizations: Education
*Data collection to continue

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Identify

Quarter 2 2025

Staff:

- Education: POSTBIRTH
 - Kari- Registration to go out with the recording from today
- In person Meeting April 23, 2025, from 9-1 in Topeka
 - Registration has been sent out
- ACOG Algorithms/CMPQC Algorithms
 - Review protocols and options for “best practice”
- HTN Diagnosis
 - Providers, Nurses

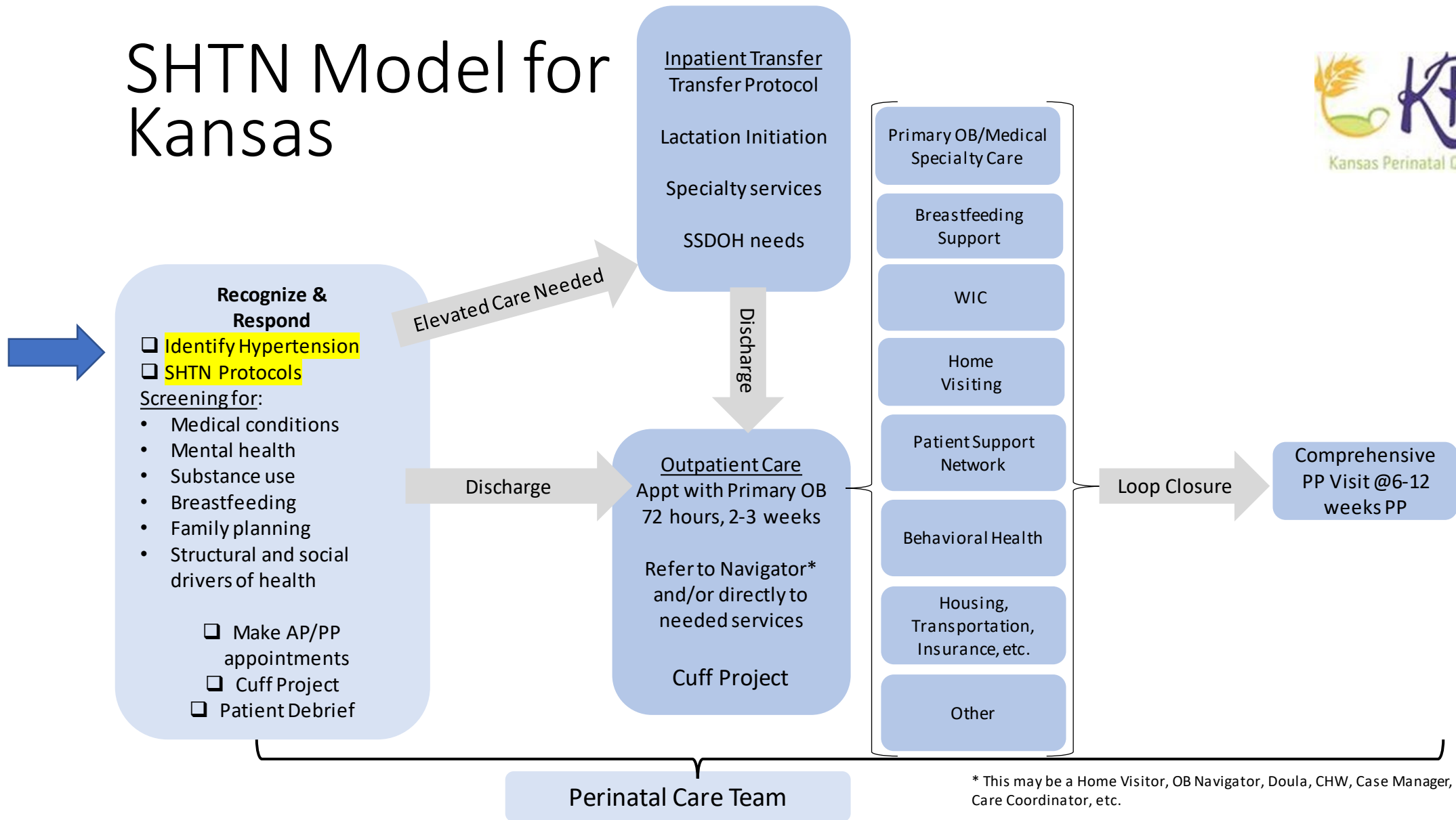
Patient:

- POSTBIRTH embedded in discharge

Data Collection:

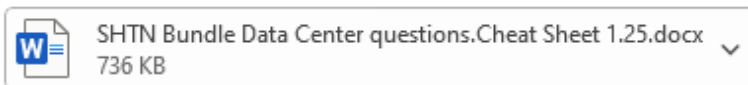
- Twice yearly: Redcap link for data input (*Google Form for Non-Birthing Facilities)

SHTN Model for Kansas



Get your data entered! We need baseline info from each of you!

DUE 3/31/25



Welcome to the Severe Hypertension in PG Safety Bundle!

Your next steps include completing a baseline data survey and breastfeeding protocol question. These two links need to be completed by **March 31st, 2025**.

- 1- Click here to complete the [Breastfeeding Protocol question](#)
- 2- Click here to input your SHTN Baseline Data: [Facility and Reporting Period](#)

- Please review the SHTN Data "Cheat Sheet" (attached) with the questions you will be asked, and hints to help with data retrieval/input.
- Please Note: The data you will input at this time should be your responses as of the **END of 2024**.

NOTE: If the "Facility and Reporting Period" link above does not work, try copying the link below into your web browser:

<https://redcap.cete.us/surveys/?s=7C4A9NFHH3NDALAP>

Feel free to send questions or concerns! We also ask that you join us for our next Learning Forum:: [Learning Forums & Meetings | Kansas Perinatal Quality Collaborative \(KPQC\)](#)

Welcome to the SHTN Bundle!

Terrah & Kari

KPQC Maternal QI Co-Coordiators

kansaspqc.org



IDENTIFY

Normal vs Abnormal Blood Pressure in female patients,
including Pregnant and Postpartum (1 year!)



Back to Basics: Identify!

❑ Watch the following & send out to staff/Admin/

- <https://vimeo.com/743542904>

❑ CMQCC: Improving Health Care Response to Hypertensive Disorders of Pregnancy... 238 pages of fun!

- CMQCC Hypertensive Toolkit
- Patient Education Checklist

❑ How to properly take a blood pressure

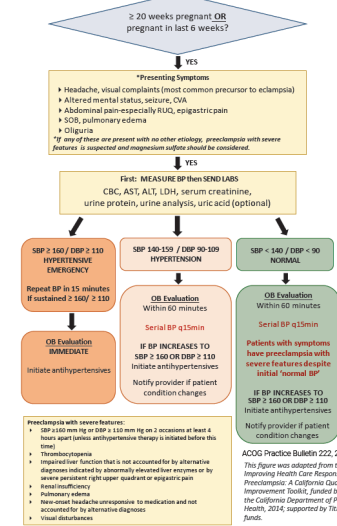
<https://opqic.org/wp-content/uploads/2015/05/Accurate-BP-Flyer.pdf>

❑ Home BP Kit education

- CMQCC YouTube Video

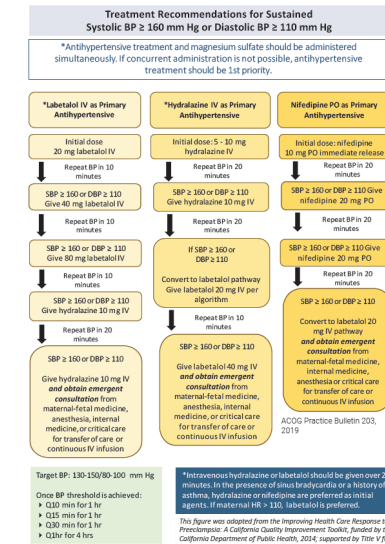
Appendix E: Acute Treatment Algorithm

Part 1: Diagnostic Algorithm



Page 195

Part 2: Antihypertensive Treatment Algorithm for Hypertensive Emergencies



Definitions: ACOG

Types of Hypertension		ACOG The American College of Obstetricians and Gynecologists District II
Chronic Hypertension	<ul style="list-style-type: none"> SBP \geq 140 or DBP \geq 90 Pre-pregnancy or <20 weeks 	
Gestational Hypertension	<ul style="list-style-type: none"> SBP \geq 140 or DBP \geq 90 on at least two occasions at least 4 hrs apart after 20 weeks gestation in women with previously normal BP Absence of proteinuria or systemic signs/symptoms 	
Preeclampsia – Eclampsia	<ul style="list-style-type: none"> SBP \geq 140 or DBP \geq 90 Proteinuria with or without signs/symptoms Presentation of signs/symptoms/lab abnormalities but no proteinuria <p><i>*Proteinuria not required for diagnosis eclampsia seizure in setting of preeclampsia</i></p>	
Chronic Hypertension with Superimposed Preeclampsia	<ul style="list-style-type: none"> Preeclampsia in a woman with a history of hypertension before pregnancy or before 20 weeks of gestation 	
Preeclampsia with severe features <i>(ACOG Practice Bulletin #202, Gestational Hypertension and Preeclampsia, & ACOG Practice Bulletin #203, Chronic Hypertension in Pregnancy)</i>	<ul style="list-style-type: none"> SBP \geq 160 or DBP \geq 110 (can be confirmed within a short interval to facilitate timely antihypertensive therapy) Thrombocytopenia (platelet count less than 100,000/microliter) Impaired liver function that is not accounted for by alternative diagnoses and as indicated by abnormally elevated blood concentrations of liver enzymes (to more than twice the upper limit normal concentrations), or by severe persistent right upper quadrant or epigastric pain unresponsive to medications. Renal insufficiency (serum creatinine concentration more than 1.1 mg/dL or a doubling of the serum creatinine concentration in the absence of other renal disease) Pulmonary edema New-onset headache unresponsive to medication and not accounted for by alternative diagnoses Visual disturbances 	

Articles to Share: February 2025



CONCLUSIONS:

Women exposed to HDP in their first delivery have a significantly increased cause-specific hazard ratios of incident AFib compared to their unexposed counterparts, with higher rates observed in subjects exposed to more severe de novo HDP diagnoses as well as chronic hypertension in pregnancy. These findings underscore the need to consider HDP history in risk calculation/stratification for arrhythmic and nonarrhythmic cardiovascular diseases, improve surveillance of traditional and female-specific cardiovascular disease risk factors, and develop targeted prevention strategies to reduce the occurrence and burden of HDP.

Articles to Share:

Cardiologytoday

By Regina Schaffer

Fact checked by Richard Smith

February 14, 2025 | 6 min read

Risky pregnancies, driven by COVID risk factors, remain common for Native women

[Topic to email alerts](#)

Ways:

can Indian and Alaska Native women face initially higher risk for heart disease, particularly reproductive-age years.

ational trauma, violence and racism have compounded risks.

Editor's Note: This is part one of a three-part Healio Exclusive series on maternal and cardiovascular outcomes among Indigenous women living in the United States. Part two can be viewed [here](#). Part three can be viewed [here](#).

American Indian and Alaska Native communities are some of the most underserved minoritized groups in the United States, and Indigenous women are most likely to confront the health-related consequences, particularly during pregnancy.

“Intimate partner violence, substance misuse, adverse childhood experiences and toxic stress is rampant in this community, and they do not talk about it,” Sharma said. “So, where do we start? We start by training people from the community who understand that culture. That is how we improve access.”

Events to Share:

KBEN Kansas Birth Equity Network



Greetings!

In honor of **Black Maternal Health Week**, we invite you to an inspiring and empowering event: **Keeping Our Families Safe!**

📅 **Saturday, April 19th**

🕒 **10:30 AM - 2:00 PM**

📍 **KCKCC Technical Education Center** or join us virtually via Zoom!

🌟 **Why You Don't Want to Miss This:**

- ✓ **Dynamic speakers** sharing powerful insights on strength, wellness, and unity
- ✓ **Swag bags & prizes** for parents
- ✓ **Local vendors & community resources** to support your family
- ✓ **Free lunch & childcare** to make participation easy and stress-free

🌟 **Be Part of the Movement!**

- ◆ Sign up to attend: [CLICK HERE TO REGISTER TODAY!](#)
- ◆ Become a vendor: [Reserve your spot!](#)
- ◆ Need childcare? [Sign up here!](#)
- ◆ Want to volunteer? [Join us in making a difference!](#)

Let's come together to **celebrate, support, and uplift Black maternal health!** We can't wait to see you there!



Kansas Birth Equity Network Presents KEEPING OUR FAMILIES SAFE A BLACK MATERNAL HEALTH WEEK EVENT

APRIL 19
10:30 AM - 2:00 PM

KCKCC Technical Education Center
6565 State Ave,
Kansas City, KS 66102
Virtual Attendance Available

SIGN UP FOR FREE



tinyurl.com/BMHW-25

Attendees will enjoy swag,
vendors, prizes for parents,
community resources, free
lunch, and childcare!

KEYNOTE SPEAKER



SHANELLE DUPREE

Executive Director & co-founder of the Racial Equity Collaborative
Author, speaker, lawyer, and adjunct law professor
Course creator of Skin DEEP: The History of Child Welfare by Race

PANELISTS



PANELIST
SAPPHIRE
GARCIA-LIES



PANELIST
DESMOND
LAMB



PANELIST
RUAA
HASSABALLA

SPONSORS



Speaker: Bree Fallon, MSN, RNC-OB, C-EFM

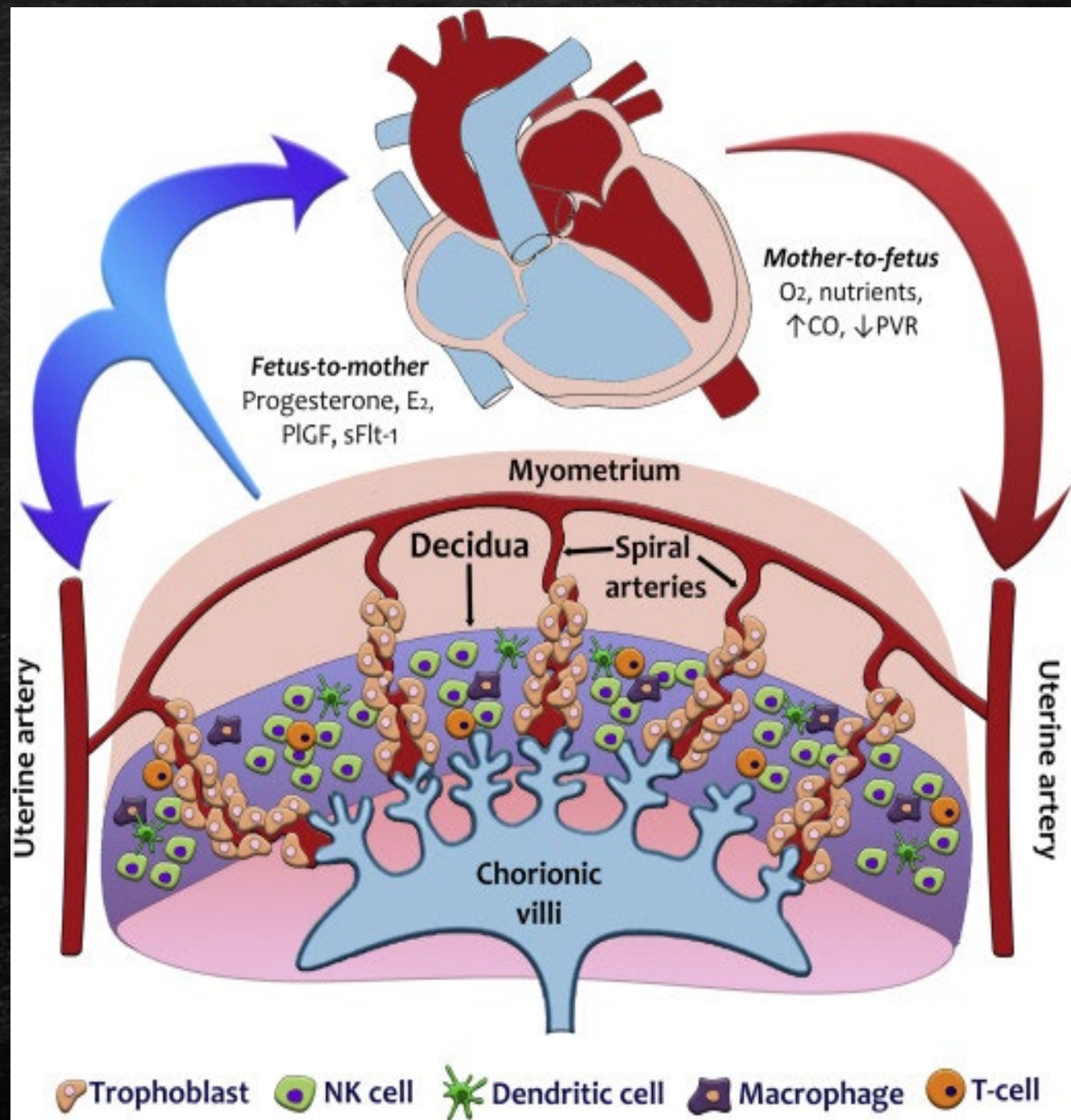


Hypertensive Disorders of Pregnancy

Bree Fallon, MSN, RNC-OB, C-EFM

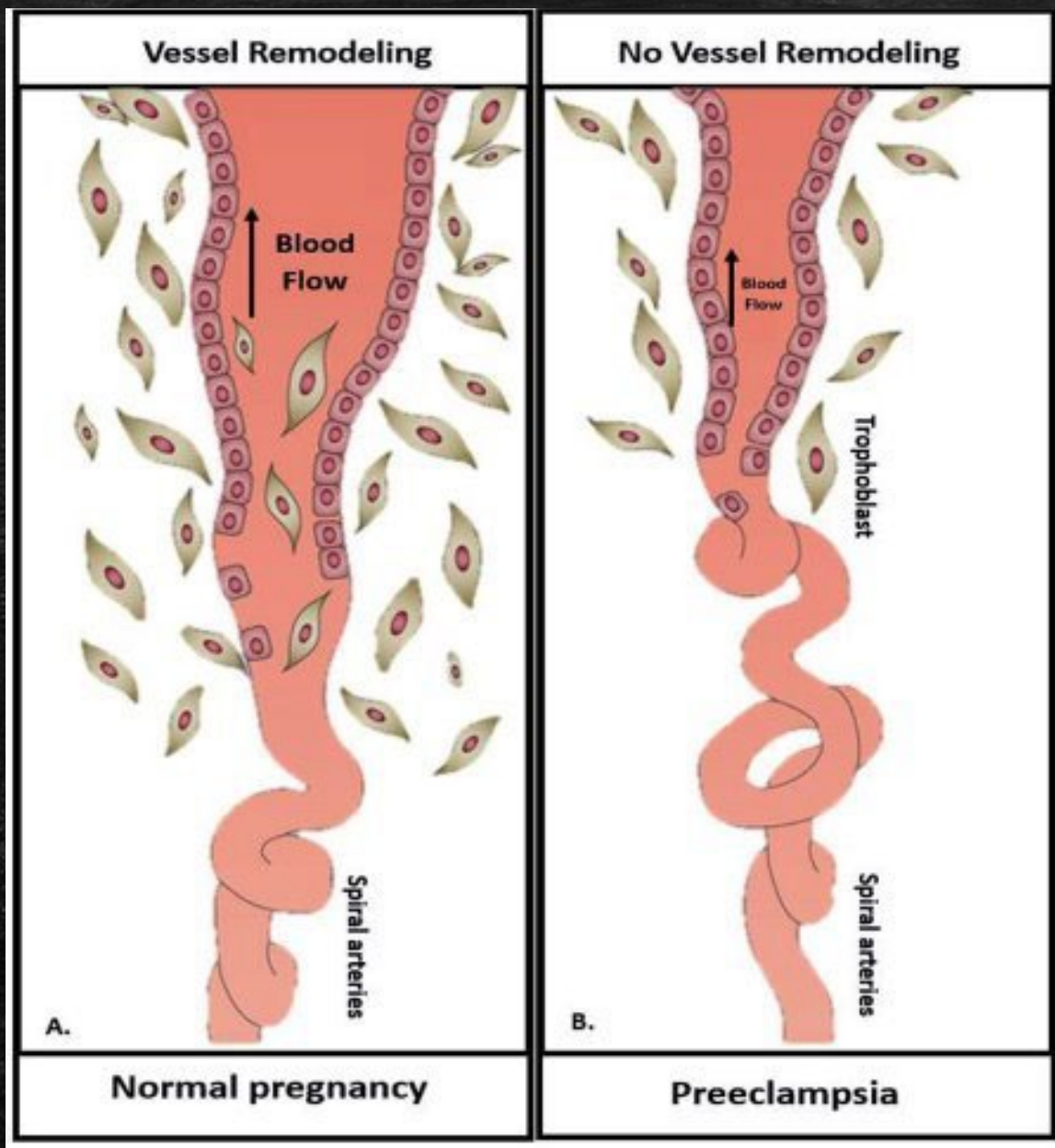
Objectives

- Define Hypertensive Disorders of Pregnancy
- Review pathophysiology of preeclampsia and clinical manifestations
- Review maternal and fetal complications associated with preeclampsia
- Identify resources for identification, treatment, management of preeclampsia



Analogy for Spring





Hypertensive Disorders of Pregnancy

- Chronic Hypertension
- Gestational Hypertension
- Preeclampsia
- Preeclampsia with severe features
- Superimposed preeclampsia (SIPE)
- HELPP

Hypertensive Disorders of Pregnancy

Chronic Hypertension

elevated pressure
prior to pregnancy or <20
weeks



Gestational Hypertension

elevated pressure
 ≥ 140 systolic or ≥ 90
diastolic

2 occasions
 ≥ 4 hours apart

≥ 20 weeks gestation or <6
weeks postpartum

Preeclampsia

elevated pressure
 ≥ 140 systolic or ≥ 90
diastolic

+
proteinuria
or

end organ damage

Preeclampsia

HYPERTENSION

elevated pressure
 ≥ 140 systolic or ≥ 90
diastolic



+

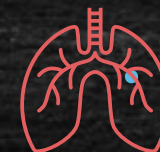
PROTEINURIA

- 300 mg or more per 24 hour urine
- Protein/creatinine ratio of 0.3

END ORGAN DAMAGE

OR

- Thrombocytopenia 
- Impaired liver function
- Renal sufficiency (serum creatinine >1.1 or doubling of serum creatinine) 



Pulmonary Edema

- New onset headache

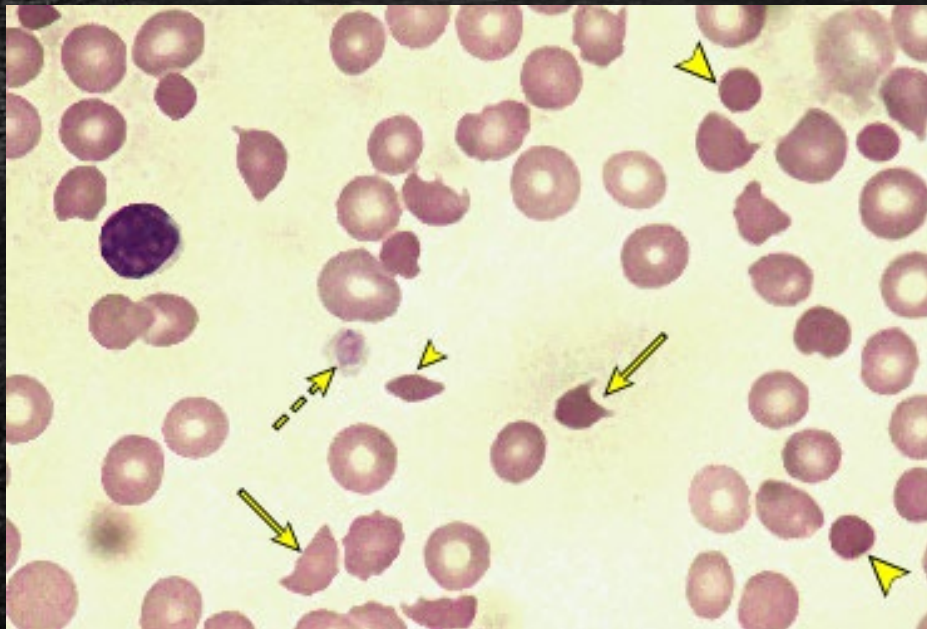


Visual disturbances

Preeclampsia with Severe Features

- Systolic BP ≥ 160 mm Hg or more, or diastolic BP of ≥ 110 mm Hg
- Thrombocytopenia (platelet count less than $100 \times 10^9/L$)
- Impaired liver function that is not accounted for by alternative diagnoses indicated by
 - Abnormally elevated blood concentrations of liver enzymes (to more than 2x the upper limit of normal)
 - Or severe persistent right upper quadrant or epigastric pain unresponsive to medications
- Renal insufficiency (serum creatinine concentration more than 1.1 mg/dL or a doubling of the serum creatinine concentration in the absence of other renal disease)
- Pulmonary edema
- New-onset headache unresponsive to medication and not accounted for by alternative diagnoses
- Visual disturbances

Hemolysis, Elevated Liver Enzymes, Low Platelet Count HELLP



- Hemolysis
 - Lactate dehydrogenase (LDH) elevated to 600 IU/L or more, peripheral smear, anemia unrelated to blood loss
- Elevated Liver Enzymes
 - aspartate aminotransferase (AST) and alanine aminotransferase (ALT) elevated more than twice the upper limit of normal
- Low Platelet Count
 - platelets count $< 100 \times 10^9/L$.

Treatment

- Prevent seizures
- Treat severe pressures



stay tuned...
More to Come!

Future Maternal Implications

- Coronary heart disease
- Stroke
- Heart Failure
- Death

YOUR FUTURE HEALTH

If you are diagnosed with preeclampsia during pregnancy, **you may be more likely to have health problems in the future when you are not pregnant.** These problems may include...



heart attack



stroke



kidney
disease



high blood
pressure


You may need to see your obstetrician–gynecologist (ob-gyn) earlier or more often after childbirth so your ob-gyn can keep a close eye on your health. You should also tell any future health care professionals that you had preeclampsia.

Safe Motherhood Initiative

[acog.org](#)[ACOG Clinical](#)[Green Journal](#)[O&G Open](#)[For Patients](#)[Store](#)[ACOG Engage](#)

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Safe Motherhood Initiative

Severe Hypertension

Programs and Resources

Let's Connect Podcast

Medical Education

Reentering Obstetrician–Gynecologists into Practice

Safe Motherhood Initiative

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Severe Hypertension in Pregnancy Bundle

Slide Deck

Algorithm: Labetalol

Algorithm: Hydralazine

Algorithm: Oral Nifedipine

Checklist: Hypertensive Emergency

Checklist: Eclampsia

Checklist: ED Postpartum Preeclampsia

<https://dcpqc.org/wp-content/uploads/2021/10/SMI-hypertension-bundle-postpartum-preeclampsia-checklist.pdf>

EMERGENCY DEPARTMENT

Postpartum Preeclampsia Checklist

If PATIENT < 6 WEEKS POSTPARTUM WITH:

- BP \geq 160/110 or
- BP \geq 140/90 with unremitting headache, visual disturbances, epigastric pain

- ☐ Call for Assistance
- ☐ Designate:
 - ☐ Team leader
 - ☐ Checklist reader/recorder
 - ☐ Primary RN
- ☐ Ensure side rails up
- ☐ Call obstetric consult; Document call

Magnesium Sulfate

Contraindications: Myasthenia gravis; avoid with pulmonary edema, use caution with renal failure

IV access:

- ☐ Load 4-6 grams 10% magnesium sulfate in 100 mL solution over 20 min
- ☐ Label magnesium sulfate; Connect to labeled infusion pump
- ☐ Magnesium sulfate maintenance 1-2 grams/hour

No IV access:

- ☐ 10 grams of 50% solution IM (5 g in each buttock)

resources

- Safe Motherhood initiative <https://www.acog.org/community/districts-and-sections/district-ii/programs-and-resources/safe-motherhood-initiative/severe-hypertension>
- AIM Urgent Maternal Warning Signs <https://saferbirth.org/aim-resources/aim-cornerstones/urgent-maternal-warning-signs-2/>
- AWHONN Postbirth warning signs <https://saveyourlife.awhonn.org/>

References

- ACOG.(2020). Gestation hypertension and preeclampsia, ACOG Practice Bulletin No. 222. Obstetrics & Gynecology, 135 (6). e237-e260
- Powe, C,Levine, R, Karumanchi, A. (2011) Preeclampsia, a disease of the maternal endothelium: the tole of antiangiogenic factors and implications for later cardiovascular disease. Circulation. 123(24).
<https://doi.org/10.1161/CIRCULATIONAHA.109.853127>
- Wu, et al. (2017) Preeclampsia and future cardiovascular health: a systematic review and meta-analysis. Circulation: cardiovascular quality and outcomes. 10(2).<https://doi.org/10.1161/CIRCOUTCOMES.116.003497>
- Yagel, S, Cohen, S, Goldman-Wohl, D.(2022) An integrated model of preeclampsia: a multifaceted syndrome of the maternal cardiovascular-placental-fetal array, American Journal of Obstetrics & Gynecology 226(2S).DOI: 10.1016/j.ajog.2020.10.023

Next Month....



See you IN PERSON!!



April 23, 2025

9:00am-1:00PM

Sunflower Foundation in Topeka!

Get registered!