FTI: Maternal Warning Signs

Workflow Resources

Standardized DC Summary

POSTBIRTH Resources 5.22

The new PP Model: Recognition & Prevention

Establish	Screen	Assess and Document	Offer
• Establish system for scheduling postpartum care visits & needed immediate specialty care visits prior to discharge	• Screen each patient for postpartum risk factors and provide linkage to community resources prior to discharge	• In all care environments assess and document if a patient is presenting pregnant or has been pregnant in the past year	• Offer reproductive life planning discussions and resources, including contraceptive options

Best Practice Model:
Standardized Postpartum Care

POSTPARTUM Screenings should include:

- ❑ Medical conditions
  - ❑ Pre-PG and PG
- ❑ Mental health needs or conditions
- ❑ Substance use disorder needs
- ❑ Structural and social drivers of health
- ❑ Breastfeeding
- ❑ Family Planning

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Best Practice Model:
Standardized Postpartum Care

All provided resources should align with the postpartum patient's:

- Health literacy
- Cultural needs
- Language proficiency
- Geographic location and access

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AIM: Essential Elements of DC Education

Should include:

- ✓ Who to contact with medical and mental health concerns
  - stratified by severity of condition or symptoms
- ✓ Physical and mental health needs
- ✓ Review of warning signs/symptoms including what conditions they might be related to
  - allowing for advocacy if an approached provider is not obstetrical or of another clinical specialty
- ✓ Reinforcement of the value of outpatient postpartum visits
- ✓ Summary of birth events
- ✓ Home monitoring process and parameters for blood pressure, blood glucose, and/or other monitoring metrics

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The NEW Postpartum Model

In every patient, in every birth setting, in every protocol:

- Maternal Warning Signs
  - POSTBIRTH Education & Recognition
  - Screen all
  - Identify Medical/Social Red Flags: refer prior to discharge
- Maternal Mental Health
  - Screen all
  - Refer + Screen
  - Educate All (POSTBIRTH)
- PP Appointment prior to discharge
- Breastfeeding
  - High 5 for Mom & Baby, Baby Friendly
- Family Planning
  - Offer prior to discharge, Refer for services
- SSDOH
  - Screen all
- PP Care Team: Pt included
  - Who? How? When?
- Pt debriefs
- ED/EMS Triage
- Link Up! (MCH, Outpatient clinics, etc)

MWS, MMH, Breastfeeding

In every patient, in every birth setting, in every protocol:

- ❑ Screen
- ❑ Educate
- ❑ Identify
- ❑ Refer

In every patient, in every birth setting:

- PP Appt prior to DC
- SDOH assessment
- Standardized Discharge Summary

ACOG: Standardized DC Summary

Should include:

- ✓ Name and age
- ✓ Support person contact information
- ✓ Gravida/para status
- ✓ Date and type of birth, gestational age at birth, relevant conditions and complications
- ✓ Name, contact information and appointments for relevant providers, including OB/GYN specialists, mental health provider, etc.
- ✓ Positive screening for medical risk factors, mental health, and substance use
- ✓ Medications and supplements
- ✓ Unmet actual and potential social drivers of health needs
- ✓ Suggested community services and supports
- ✓ Need for specific postpartum testing such as glucose testing or CBC

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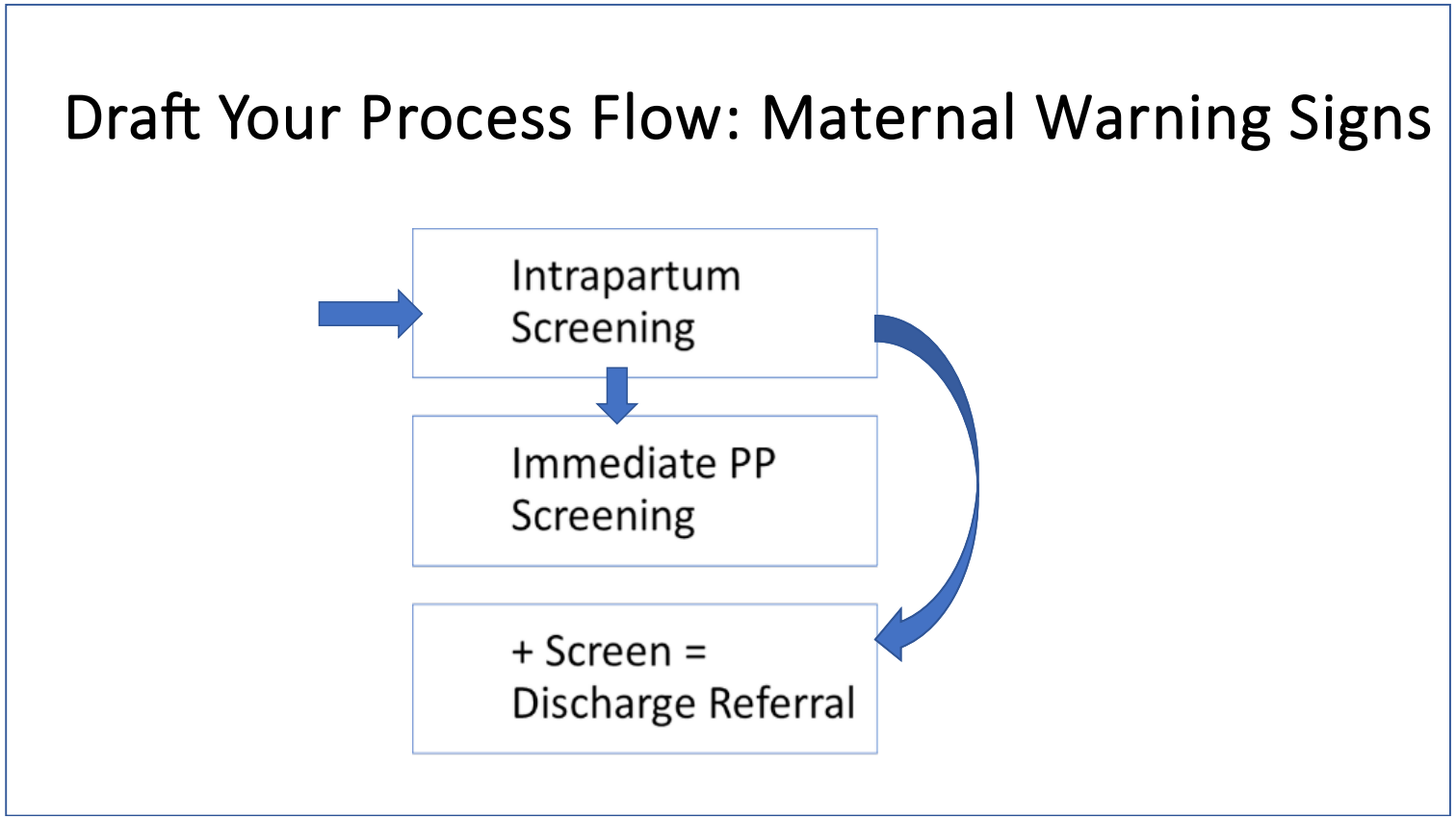
It starts at Admission in LABOR



Draft your Process/Education Flow: PP

Scheduling Early PP Visit

Process Flow for Scheduling Early Postpartum Visit

Patient meets all discharge criteria

Patient counseled on need for early postpartum visit at 2 weeks and will help make appointment before discharge

Provide patient education materials on the benefit of early postpartum visit, warning signs/symptoms to seek care (ie. AWHONN hand out), and information on benefits of pregnancy spacing/family planning options.)

Able to schedule early postpartum appointment before discharge

No

Arrange follow up with patient to schedule 2 week postpartum visit after discharge

Confirm patient has early pp visit scheduled and document in record

Yes

Appointment scheduled and appointment date and time added to patient's discharge paperwork

Document counseling, education and postpartum care plan in discharge summary / instructions and ensure patient has follow up plan

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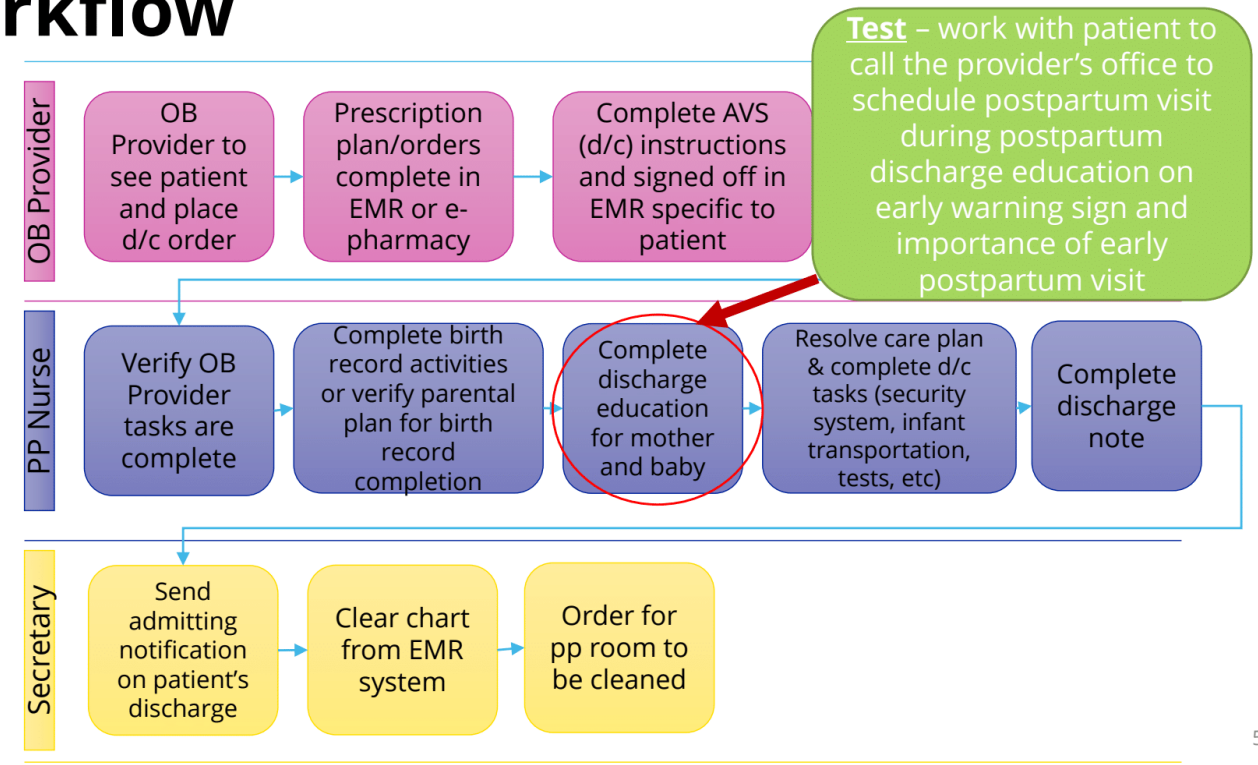
PP Discharge:
Draft your Process/Education Flow

Education & Discharge

Process map current discharge workflow



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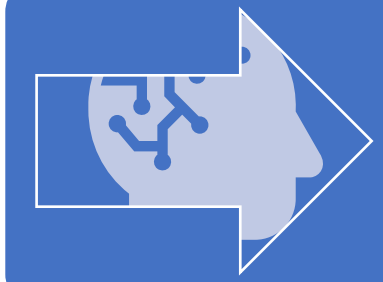
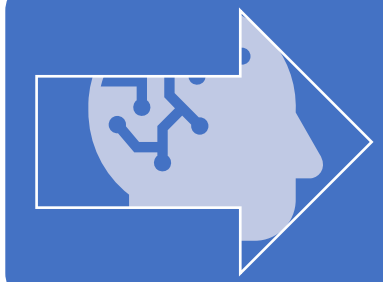
Draft Your Process Flow: Medical Risk Factors



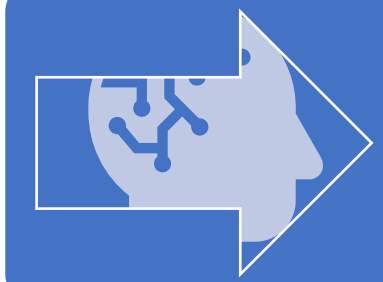
Postpartum Care Team

- Inpatient Referral
- Outpatient Referral



Inpatient Referral

- Who
- Completion, further referrals?



Outpatient Referral

- Who
- Navigation needed? SDOH impact?
- Referral & Appt Made prior to discharge

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Connecting Dots

Postpartum Visit

- Primary OB Provider, Home Visitor, etc
- Breastfeeding, Family Planning
- High Risk Needs: Internal Med, etc
- MWS, MMH referral?

Standardized PP Visit

- Visit Schedule
- Visit Template
- Navigation needed? SDOH impact?
- Referrals

Draft your Process/Education Flow: PP

Education

SAVE YOUR LIFE:

Get Care for These POST-BIRTH Warning Signs

Most women who give birth recover without problems. **But any woman can have complications after the birth of a baby.** Learning to recognize these POST-BIRTH warning signs and knowing what to do can save your life.

POST-BIRTH WARNING SIGNS

Call 911 if you have:

- ❑ **P**ain in chest
- ❑ **O**bstructed breathing or shortness of breath
- ❑ **S**eizures
- ❑ **T**houghts of hurting yourself or your baby

Call your healthcare provider if you have:

(If you can't reach your healthcare provider, call 911 or go to an emergency room)

- ❑ **B**leeding, soaking through one pad/hour, or blood clots, the size of an egg or bigger
- ❑ **I**ncision that is not healing
- ❑ **R**ed or swollen leg, that is painful or warm to touch
- ❑ **T**emperature of 100.4°F or higher
- ❑ **H**eadache that does not get better, even after taking medicine, or bad headache with vision changes

Trust your instincts. ALWAYS get medical care if you are not feeling well or have questions or concerns.

Tell 911 or your healthcare provider:

"I had a baby on _____ (Date) and I am having _____ (Specific warning signs)."

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The “Mom Card”

MARCH OF DIMES

FOURTH TRIMESTER INITIATIVE

Mom's Name:_____

Date of Delivery:_____ Vaginal Birth C-Section Birth

Complications in pregnancy: Asthma Diabetes

Depression/Anxiety Hypertension Thyroid Disease

Other:_____

Medications at discharge:_____

Upcoming Appointments:

Date:_____ **Time:**_____ **With:**_____

Date:_____ **Time:**_____ **With:**_____

Date:_____ **Time:**_____ **With:**_____

What happens at a Postpartum Check?

https://www.marchofdimes.org/pregnancy/your-postpartum-checkups

Baby's Name:_____

Term Preterm _____weeks

Birth Weight:_____**Birth Length:**_____

Infant Feeding: Breast Milk Formula Both

Upcoming Appointments:

Date:_____ **Time:**_____ **With:**_____

Date:_____ **Time:**_____ **With:**_____

Created by: Delivering Change, Inc.

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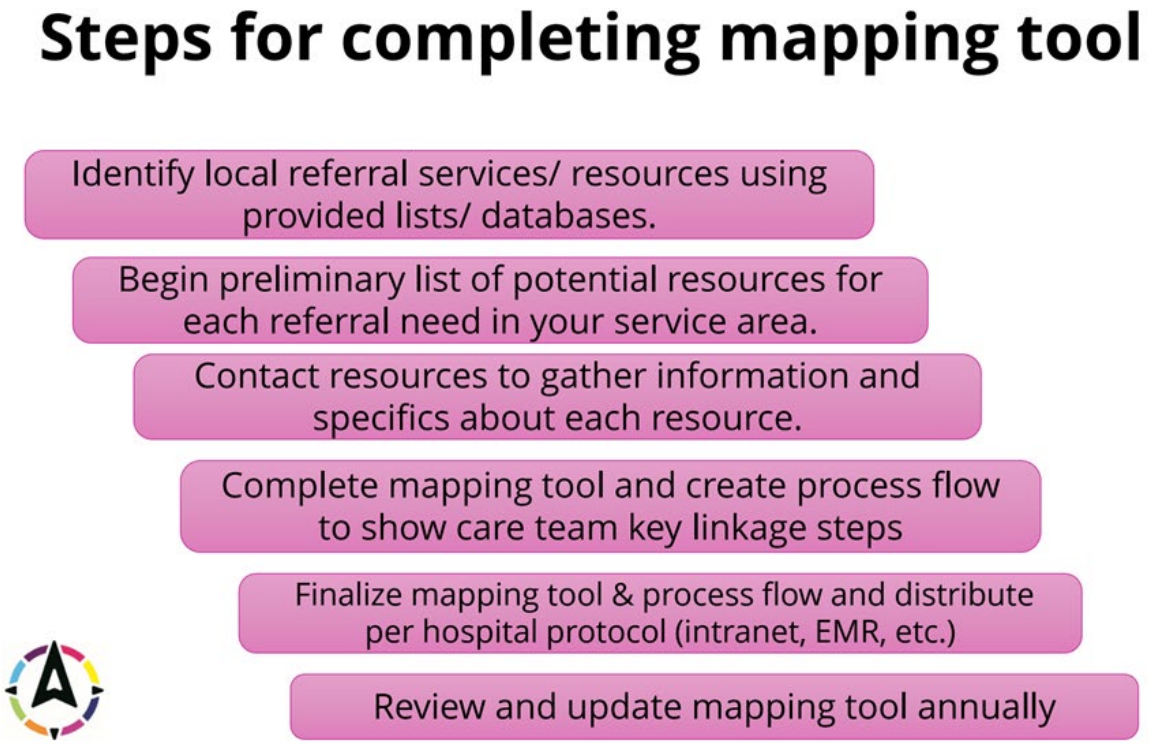
FOURTH TRIMESTER INITIATIVE

Draft your Process/Education Flow: PP

Referrals: Each FTI Site



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Maternal Warning Signs: Policy/Protocol

POST-BIRTH WARNING SIGNS: TEACHING GUIDE

This guide is a teaching guide for nurses to use when educating all women about the essential warning signs that can result in maternal morbidity and/or mortality.

Instructions:

- Instruct ALL women about all of the following potential complications. All teaching should be documented on this form or in your facility's electronic health record.
- Focus on risk factors for a specific complication first; then review all warning signs.
- Emphasize that women do not have to experience ALL of the signs in each category for them to seek care.
- Encourage the woman's significant other or designated family members to be included in education whenever possible.

The information included in this guide is organized according to complications that can result in severe maternal morbidity or maternal mortality. Essential teaching points should be included in all postpartum discharge teaching.

The parent handout, "Save Your Life", is designed to reinforce this teaching. This handout is organized according to AWHONN's acronym, POST-BIRTH, to help everyone remember the key warning signs and when to call 911 or a health provider. A portion of this handout is below for reference.

Call 911 if you have:	❑ **P**ain in chest ❑ **O**bstructed breathing or shortness of breath ❑ **S**eizures ❑ **T**houghts of hurting yourself or someone else
Call your healthcare provider if you have: (If you can't reach your healthcare provider, call 911 or go to an emergency room)	❑ **B**leeding, soaking through one pad/hour, or blood clots, the size of an egg or bigger ❑ **I**ncision that is not healing ❑ **R**ed or swollen leg, that is painful or warm to touch ❑ **T**emperature of 100.4°F or higher ❑ **H**eadache that does not get better, even after taking medicine, or bad headache with vision changes

Below is a suggested conversation-starter:

"Although most women who give birth recover without problems, any woman can have complications after the birth of a baby. Learning to recognize these POST-BIRTH warning signs and knowing what to do can save your life. I would like to go over these POST-BIRTH warning signs with you now, so you will know what to look for and when to call 911 or when to call your healthcare provider.

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Maternal Warning Signs: Policy/Protocol

Venous Thromboembolism	Essential Teaching Points
What is Venous Thromboembolism?	Venous thromboembolism is when you develop a blood clot usually in your leg (calf area).
Signs of Venous Thromboembolism	• Leg pain, tender to touch, burning, or redness, particularly in the calf area • Swelling of one leg more than the other
Obtaining Immediate Care	Call healthcare provider immediately for above signs of venous thromboembolism. If symptoms worsen or no response from provider/clinic, call 911 or go to nearest emergency room.

RN initials_____ Date_____ Family/support person present? YES / NO

Infection	Essential Teaching Points
What is Infection?	An infection is an invasion of bacteria or viruses that enter and spread through your body, making you ill.
Signs of Infection	• Temp is ≥100.4°F (≥38°C) • Bad smelling blood or discharge from the vagina • Increase in redness or discharge from episiotomy or C-Section site or open wound not healing
Obtaining Immediate Care	Call healthcare provider immediately for above signs. If symptoms worsen or no response from provider/clinic, call 911 or go to nearest emergency room.

RN initials_____ Date_____ Family/support person present? YES / NO

Postpartum Depression	Essential Teaching Points
What is Postpartum Depression (PPD)?	Postpartum depression is a type of depression that occurs after childbirth. PPD can occur as early as one week up to one year after giving birth.
Signs of Postpartum Depression	• Thinking of hurting yourself or your baby • Feeling out of control, unable to care for self or baby • Feeling depressed or sad most of the day every day • Having trouble sleeping or sleeping too much • Having trouble bonding with your baby
Obtaining Immediate Care	Call 911 or go to nearest emergency room if you feel you might harm yourself or your baby. Call healthcare provider immediately for other signs of depression (sadness, withdrawn, difficulty coping with parenting).

RN initials_____ Date_____ Family/support person present? YES / NO

Follow-Up Appointment	Essential Teaching Points
	• Discuss importance of follow-up visit with doctor, nurse practitioner or midwife in 4–6 weeks (or sooner if health status warrants it) • Provide correct phone number for appointment • Emphasize importance of notifying all healthcare providers of delivery date up to one year postpartum • Confirm date for postpartum appointment prior to discharge

RN initials_____ Date_____ Family/support person present? YES / NO

I have received and understand the POST-BIRTH Warning Signs education and handout.
Patient Signature: _____ Date/Time: _____

The patient received the POST-BIRTH Warning Signs education and a copy of the "Save Your Life" handout.
Nurse Initials and Signature: _____ Date/Time:_____

AWHONN

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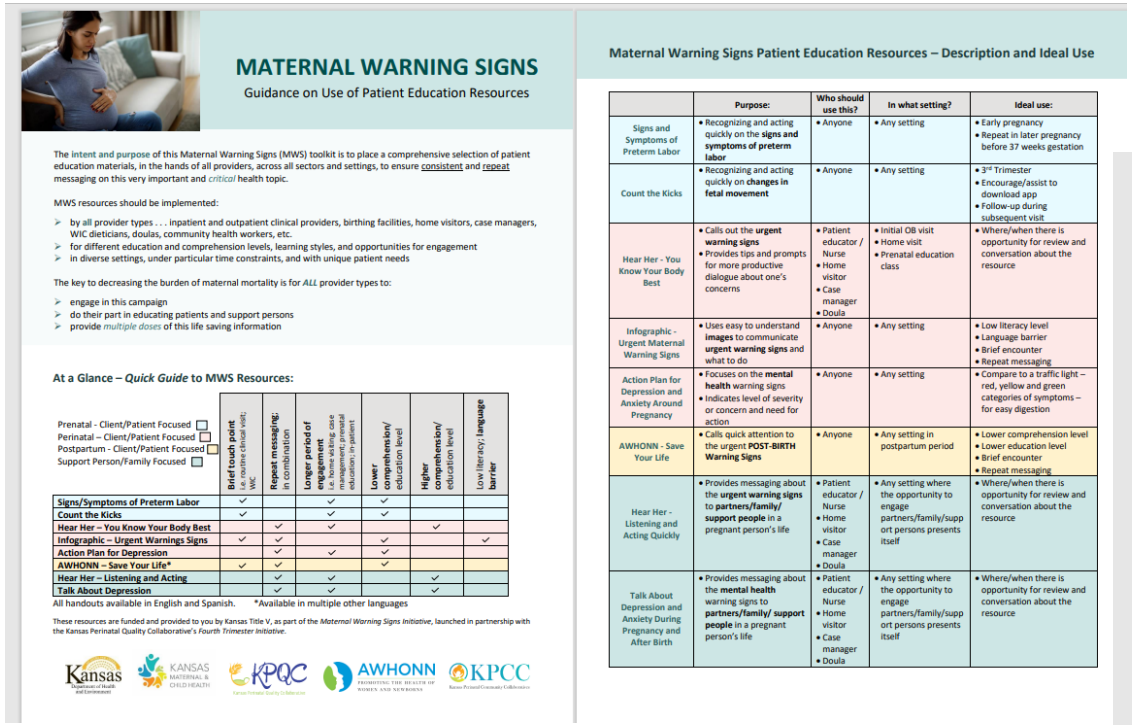
MWS Toolkit



MATERNAL WARNING SIGNS

Guidance on Use of Patient Education Resources

The **intent and purpose** of this Maternal Warning Signs (MWS) toolkit is to place a comprehensive selection of patient education materials, in the hands of all providers, across all sectors and settings, to ensure consistent and repeat messaging on this very important and *critical* health topic.

MWS resources should be implemented:

- by all provider types . . . inpatient and outpatient clinical providers, birthing facilities, home visitors, case managers, WIC dieticians, doulas, community health workers, etc.
- for different education and comprehension levels, learning styles, and opportunities for engagement
- in diverse settings, under particular time constraints, and with unique patient needs

The key to decreasing the burden of maternal mortality is for *ALL* provider types to:

- engage in this campaign
- do their part in educating patients and support persons
- provide *multiple doses* of this life saving information

At a Glance – *Quick Guide* to MWS Resources:

Prenatal - Client/Patient Focused ☐
Perinatal – Client/Patient Focused ☐
Postpartum - Client/Patient Focused ☐
Support Person/Family Focused ☐

	Brief touch point (i.e. routine clinical visit; WIC	**Repeat messaging:** in combination	**Longer period of engagement** (i.e. home visiting; case management; prenatal education; in patient	**Lower comprehension/** education level	**Higher comprehension/** education level	Low literacy; **language barrier**
Signs/Symptoms of Preterm Labor	✓		✓	✓		
Count the Kicks	✓		✓	✓		
Hear Her – You Know Your Body Best		✓	✓		✓	
Infographic – Urgent Warnings Signs	✓	✓		✓		✓
Action Plan for Depression		✓	✓	✓		
AWHONN – Save Your Life*	✓	✓		✓		
Hear Her – Listening and Acting		✓	✓		✓	
Talk About Depression		✓	✓		✓	

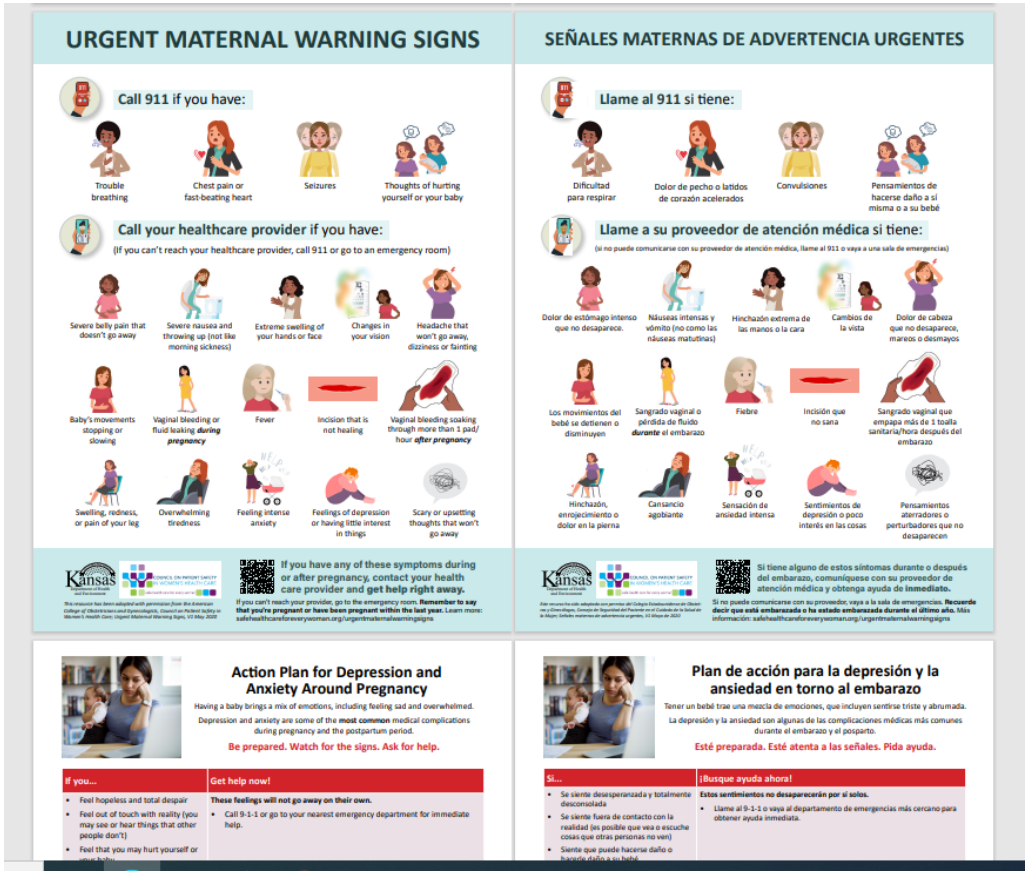
All handouts available in English and Spanish. *Available in multiple other languages

These resources are funded and provided to you by Kansas Title V, as part of the *Maternal Warning Signs Initiative*, launched in partnership with the Kansas Perinatal Quality Collaborative's *Fourth Trimester Initiative*.

Kansas Department of Health and Environment | Kansas Maternal & Child Health | KPQC Kansas Perinatal Quality Collaborative | AWHONN Promoting the Health of Women and Newborns | KPCC Kansas Perinatal Community Collaborative

Maternal Warning Signs Patient Education Resources – Description and Ideal Use

	Purpose:	**Who should use this?**	**In what setting?**	**Ideal use:**
Signs and Symptoms of Preterm Labor	• Recognizing and acting quickly on the **signs and symptoms of preterm labor**	• Anyone	• Any setting	• Early pregnancy • Repeat in later pregnancy before 37 weeks gestation
Count the Kicks	• Recognizing and acting quickly on **changes in fetal movement**	• Anyone	• Any setting	• 3rd Trimester • Encourage/assist to download app • Follow-up during subsequent visit
Hear Her - You Know Your Body Best	• Calls out the **urgent warning signs** • Provides tips and prompts for more productive dialogue about one's concerns	• Patient educator / Nurse • Home visitor • Case manager • Doula	• Initial OB visit • Home visit • Prenatal education class	• Where/when there is opportunity for review and conversation about the resource
Infographic - Urgent Maternal Warning Signs	• Uses easy to understand **images** to communicate **urgent warning signs** and what to do	• Anyone	• Any setting	• Low literacy level • Language barrier • Brief encounter • Repeat messaging
Action Plan for Depression and Anxiety Around Pregnancy	• Focuses on the **mental health** warning signs • Indicates level of severity or concern and need for action	• Anyone	• Any setting	• Compare to a traffic light – red, yellow and green categories of symptoms – for easy digestion
AWHONN - Save Your Life	• Calls quick attention to the urgent **POST-BIRTH Warning Signs**	• Anyone	• Any setting in postpartum period	• Lower comprehension level • Lower education level • Brief encounter • Repeat messaging
Hear Her - Listening and Acting Quickly	• Provides messaging about the **urgent warning signs** to **partners/family/ support people** in a pregnant person's life	• Patient educator / Nurse • Home visitor • Case manager • Doula	• Any setting where the opportunity to engage partners/family/support persons presents itself	• Where/when there is opportunity for review and conversation about the resource
Talk About Depression and Anxiety During Pregnancy and After Birth	• Provides messaging about the **mental health** warning signs to **partners/family/ support people** in a pregnant person's life	• Patient educator / Nurse • Home visitor • Case manager • Doula	• Any setting where the opportunity to engage partners/family/support persons presents itself	• Where/when there is opportunity for review and conversation about the resource



URGENT MATERNAL WARNING SIGNS

Call 911 if you have:

Trouble breathing | Chest pain or fast-beating heart | Seizures | Thoughts of hurting yourself or your baby

Call your healthcare provider if you have:

(If you can't reach your healthcare provider, call 911 or go to an emergency room)

Severe belly pain that doesn't go away | Severe nausea and throwing up (not like morning sickness) | Extreme swelling of your hands or face | Changes in your vision | Headache that won't go away, dizziness or fainting

Baby's movements stopping or slowing | Vaginal bleeding or fluid leaking ***during pregnancy*** | Fever | Incision that is not healing | Vaginal bleeding soaking through more than 1 pad/ hour ***after pregnancy***

Swelling, redness, or pain of your leg | Overwhelming tiredness | Feeling intense anxiety | Feelings of depression or having little interest in things | Scary or upsetting thoughts that won't go away

If you have any of these symptoms during or after pregnancy, contact your health care provider and **get help right away.**

If you can't reach your provider, go to the emergency room. **Remember to say that you're pregnant or have been pregnant within the last year.** Learn more: safehealthcareforeverywoman.org/urgentmaternalwarningsigns

SEÑALES MATERNAS DE ADVERTENCIA URGENTES

Llame al 911 si tiene:

Dificultad para respirar | Dolor de pecho o latidos de corazón acelerados | Convulsiones | Pensamientos de hacerse daño a sí misma o a su bebé

Llame a su proveedor de atención médica si tiene:

(si no puede comunicarse con su proveedor de atención médica, llame al 911 o vaya a una sala de emergencias)

Dolor de estómago intenso que no desaparece. | Náuseas intensas y vómito (no como las náuseas matutinas) | Hinchazón extrema de las manos o la cara | Cambios de la vista | Dolor de cabeza que no desaparece, mareos o desmayos

Los movimientos del bebé se detienen o disminuyen | Sangrado vaginal o pérdida de fluido ***durante*** el embarazo | Fiebre | Incisión que no sana | Sangrado vaginal que empapa más de 1 toalla sanitaria/hora después del embarazo

Hinchazón, enrojecimiento o dolor en la pierna | Cansancio agobiante | Sensación de ansiedad intensa | Sentimientos de depresión o poco interés en las cosas | Pensamientos aterradores o perturbadores que no desaparecen

Si tiene alguno de estos síntomas durante o después del embarazo, comuníquese con su proveedor de atención médica y obtenga ayuda de **inmediato.**

Si no puede comunicarse con su proveedor, vaya a la sala de emergencias. **Recuerde decir que está embarazada o ha estado embarazada durante el último año.** Más información: safehealthcareforeverywoman.org/urgentmaternalwarningsigns

Action Plan for Depression and Anxiety Around Pregnancy

Having a baby brings a mix of emotions, including feeling sad and overwhelmed.

Depression and anxiety are some of the **most common** medical complications during pregnancy and the postpartum period.

Be prepared. Watch for the signs. Ask for help.

If you...	Get help now!
• Feel hopeless and total despair • Feel out of touch with reality (you may see or hear things that other people don't) • Feel that you may hurt yourself or your baby	**These feelings will not go away on their own.** • Call 9-1-1 or go to your nearest emergency department for immediate help.

Plan de acción para la depresión y la ansiedad en torno al embarazo

Tener un bebé trae una mezcla de emociones, que incluyen sentirse triste y abrumada.

La depresión y la ansiedad son algunas de las complicaciones médicas más comunes durante el embarazo y el posparto.

Esté preparada. Esté atenta a las señales. Pida ayuda.

Si...	¡Busque ayuda ahora!
• Se siente desesperanzada y totalmente desconsolada • Se siente fuera de contacto con la realidad (es posible que vea o escuche cosas que otras personas no ven) • Siente que puede hacerse daño o hacerle daño a su bebé	**Estos sentimientos no desaparecerán por sí solos.** • Llame al 9-1-1 o vaya al departamento de emergencias más cercano para obtener ayuda inmediata.

KPQC Kansas Perinatal Quality Collaborative | FOURTH TRIMESTER INITIATIVE

POST-BIRTH Resources

AWHONN POSTBIRTH Toolkit

Accessing the PBWS Implementation Toolkit

https://www.awhonn.org/page/PBWSDownloads

Password: **#JR3EvT2018**

*Once you have logged in, you will be able to access the items in the Implementation Toolkit.

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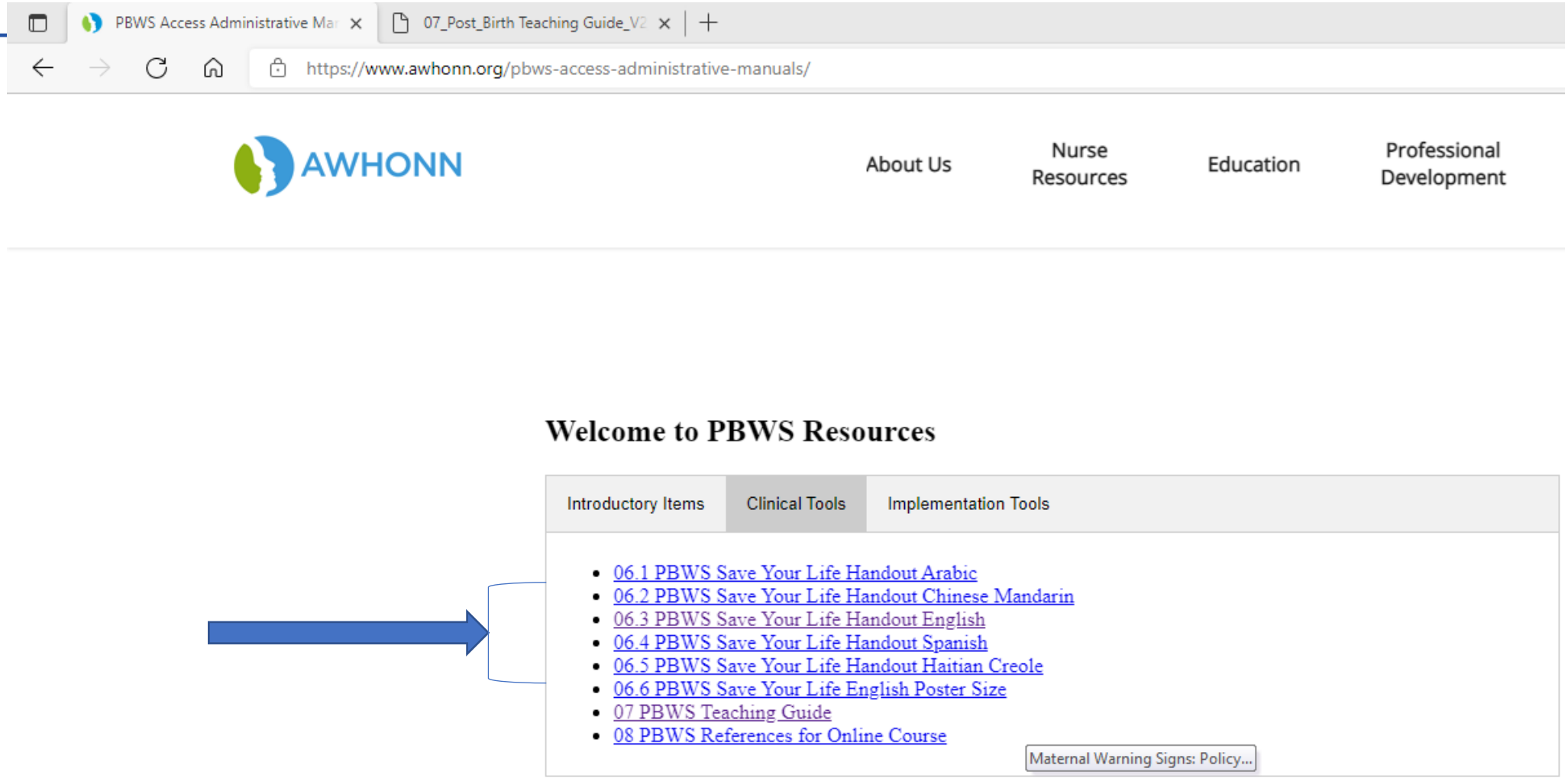
POSTBIRTH Resources: Multiple languages



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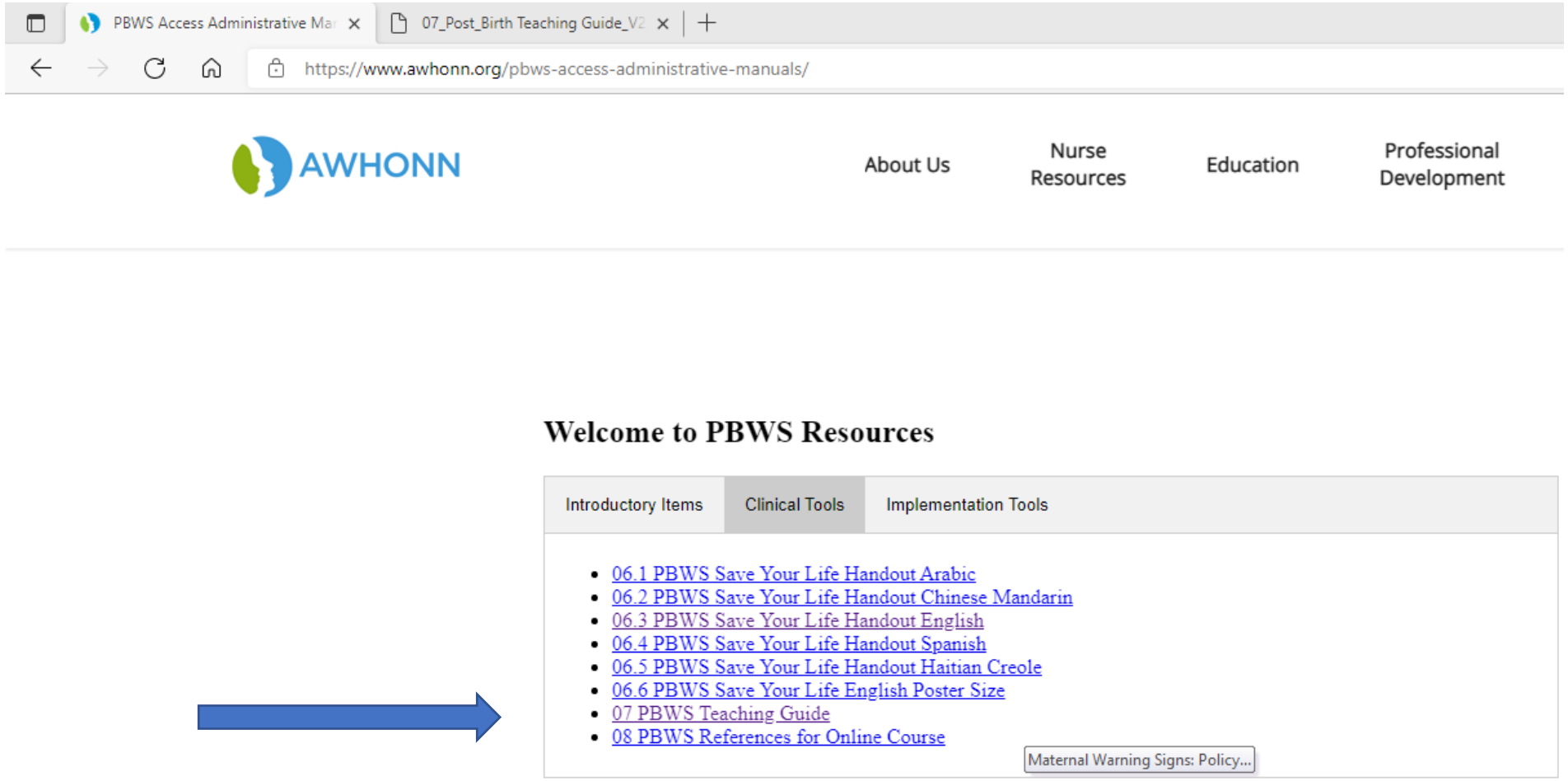
POSTBIRTH Resources: Teaching Guide



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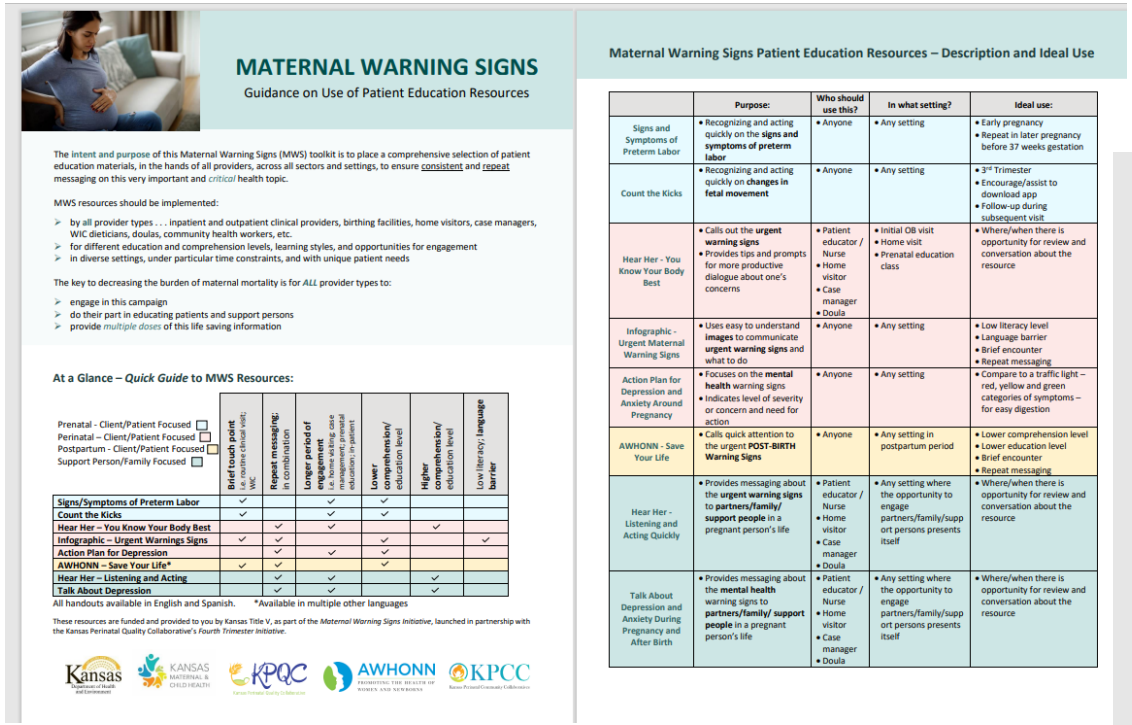
MWS Toolkit



MATERNAL WARNING SIGNS

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- in diverse settings, under particular time constraints, and with unique patient needs

The key to decreasing the burden of maternal mortality is for *ALL* provider types to:

- engage in this campaign
- do their part in educating patients and support persons
- provide *multiple doses* of this life saving information

At a Glance – *Quick Guide* to MWS Resources:

Prenatal - Client/Patient Focused ☐
Perinatal – Client/Patient Focused ☐
Postpartum - Client/Patient Focused ☐
Support Person/Family Focused ☐

	Brief touch point (i.e. routine clinical visit; WIC	**Repeat messaging:** in combination	**Longer period of engagement** (i.e. home visiting; case management; prenatal education; in patient	**Lower comprehension/** education level	**Higher comprehension/** education level	Low literacy; **language barrier**
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Count the Kicks	✓		✓	✓		
Hear Her – You Know Your Body Best		✓	✓		✓	
Infographic – Urgent Warnings Signs	✓	✓		✓		✓
Action Plan for Depression		✓	✓	✓		
AWHONN – Save Your Life*	✓	✓		✓		
Hear Her – Listening and Acting		✓	✓		✓	
Talk About Depression		✓	✓		✓	

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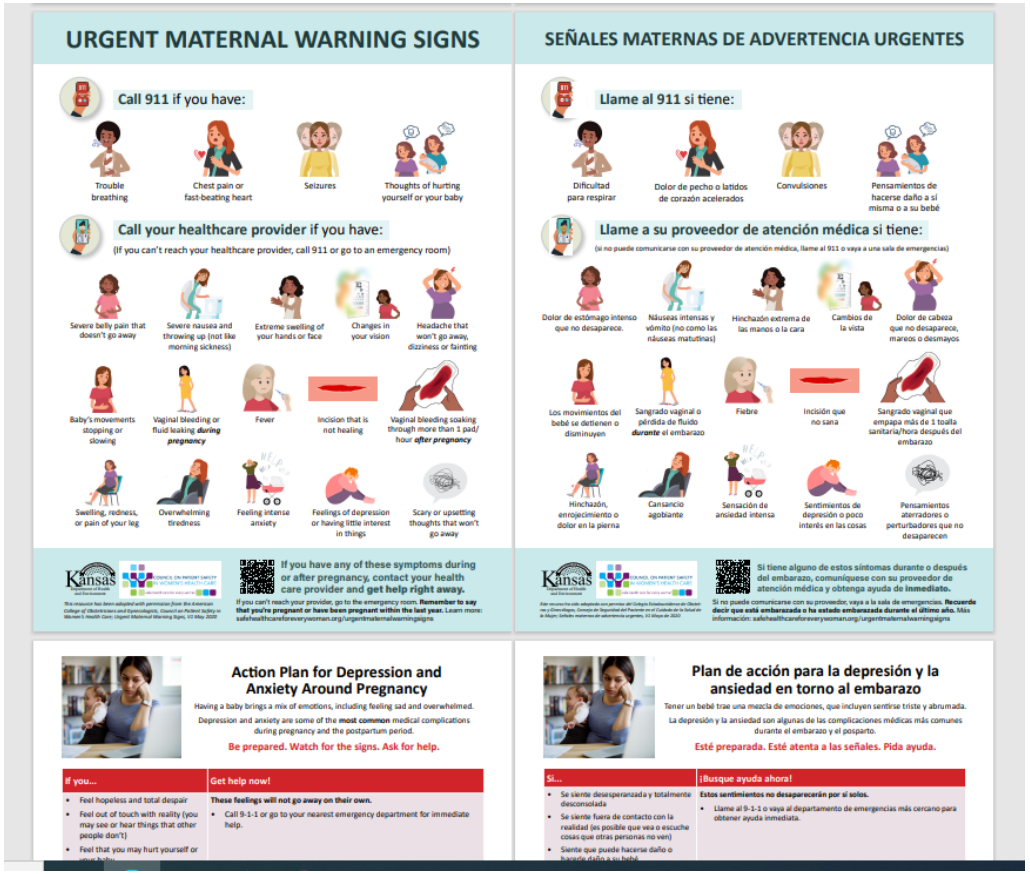
Signs and Symptoms of Preterm Labor	• Recognizing and acting quickly on the **signs and symptoms of preterm labor**	• Anyone	• Any setting	• Early pregnancy • Repeat in later pregnancy before 37 weeks gestation
Count the Kicks	• Recognizing and acting quickly on **changes in fetal movement**	• Anyone	• Any setting	• 3rd Trimester • Encourage/assist to download app • Follow-up during subsequent visit
Hear Her - You Know Your Body Best	• Calls out the **urgent warning signs** • Provides tips and prompts for more productive dialogue about one's concerns	• Patient educator / Nurse • Home visitor • Case manager • Doula	• Initial OB visit • Home visit • Prenatal education class	• Where/when there is opportunity for review and conversation about the resource
Infographic - Urgent Maternal Warning Signs	• Uses easy to understand **images** to communicate **urgent warning signs** and what to do	• Anyone	• Any setting	• Low literacy level • Language barrier • Brief encounter • Repeat messaging
Action Plan for Depression and Anxiety Around Pregnancy	• Focuses on the **mental health** warning signs • Indicates level of severity or concern and need for action	• Anyone	• Any setting	• Compare to a traffic light – red, yellow and green categories of symptoms – for easy digestion
AWHONN - Save Your Life	• Calls quick attention to the urgent **POST-BIRTH Warning Signs**	• Anyone	• Any setting in postpartum period	• Lower comprehension level • Lower education level • Brief encounter • Repeat messaging
Hear Her - Listening and Acting Quickly	• Provides messaging about the **urgent warning signs** to **partners/family/ support people** in a pregnant person's life	• Patient educator / Nurse • Home visitor • Case manager • Doula	• Any setting where the opportunity to engage partners/family/support persons presents itself	• Where/when there is opportunity for review and conversation about the resource
Talk About Depression and Anxiety During Pregnancy and After Birth	• Provides messaging about the **mental health** warning signs to **partners/family/ support people** in a pregnant person's life	• Patient educator / Nurse • Home visitor • Case manager • Doula	• Any setting where the opportunity to engage partners/family/support persons presents itself	• Where/when there is opportunity for review and conversation about the resource



URGENT MATERNAL WARNING SIGNS

Call 911 if you have:

Trouble breathing | Chest pain or fast-beating heart | Seizures | Thoughts of hurting yourself or your baby

Call your healthcare provider if you have:

(If you can't reach your healthcare provider, call 911 or go to an emergency room)

Severe belly pain that doesn't go away | Severe nausea and throwing up (not like morning sickness) | Extreme swelling of your hands or face | Changes in your vision | Headache that won't go away, dizziness or fainting

Baby's movements stopping or slowing | Vaginal bleeding or fluid leaking ***during pregnancy*** | Fever | Incision that is not healing | Vaginal bleeding soaking through more than 1 pad/ hour ***after pregnancy***

Swelling, redness, or pain of your leg | Overwhelming tiredness | Feeling intense anxiety | Feelings of depression or having little interest in things | Scary or upsetting thoughts that won't go away

If you have any of these symptoms during or after pregnancy, contact your health care provider and **get help right away.**

If you can't reach your provider, go to the emergency room. **Remember to say that you're pregnant or have been pregnant within the last year.** Learn more: safehealthcareforeverywoman.org/urgentmaternalwarningsigns

SEÑALES MATERNAS DE ADVERTENCIA URGENTES

Llame al 911 si tiene:

Dificultad para respirar | Dolor de pecho o latidos de corazón acelerados | Convulsiones | Pensamientos de hacerse daño a sí misma o a su bebé

Llame a su proveedor de atención médica si tiene:

(si no puede comunicarse con su proveedor de atención médica, llame al 911 o vaya a una sala de emergencias)

Dolor de estómago intenso que no desaparece. | Náuseas intensas y vómito (no como las náuseas matutinas) | Hinchazón extrema de las manos o la cara | Cambios de la vista | Dolor de cabeza que no desaparece, mareos o desmayos

Los movimientos del bebé se detienen o disminuyen | Sangrado vaginal o pérdida de fluido ***durante*** el embarazo | Fiebre | Incisión que no sana | Sangrado vaginal que empapa más de 1 toalla sanitaria/hora después del embarazo

Hinchazón, enrojecimiento o dolor en la pierna | Cansancio agobiante | Sensación de ansiedad intensa | Sentimientos de depresión o poco interés en las cosas | Pensamientos aterradores o perturbadores que no desaparecen

Si tiene alguno de estos síntomas durante o después del embarazo, comuníquese con su proveedor de atención médica y obtenga ayuda de **inmediato.**

Si no puede comunicarse con su proveedor, vaya a la sala de emergencias. **Recuerde decir que está embarazada o ha estado embarazada durante el último año.** Más información: safehealthcareforeverywoman.org/urgentmaternalwarningsigns

Action Plan for Depression and Anxiety Around Pregnancy

Having a baby brings a mix of emotions, including feeling sad and overwhelmed.

Depression and anxiety are some of the **most common** medical complications during pregnancy and the postpartum period.

Be prepared. Watch for the signs. Ask for help.

If you...	Get help now!
• Feel hopeless and total despair • Feel out of touch with reality (you may see or hear things that other people don't) • Feel that you may hurt yourself or your baby	**These feelings will not go away on their own.** • Call 9-1-1 or go to your nearest emergency department for immediate help.

Plan de acción para la depresión y la ansiedad en torno al embarazo

Tener un bebé trae una mezcla de emociones, que incluyen sentirse triste y abrumada.

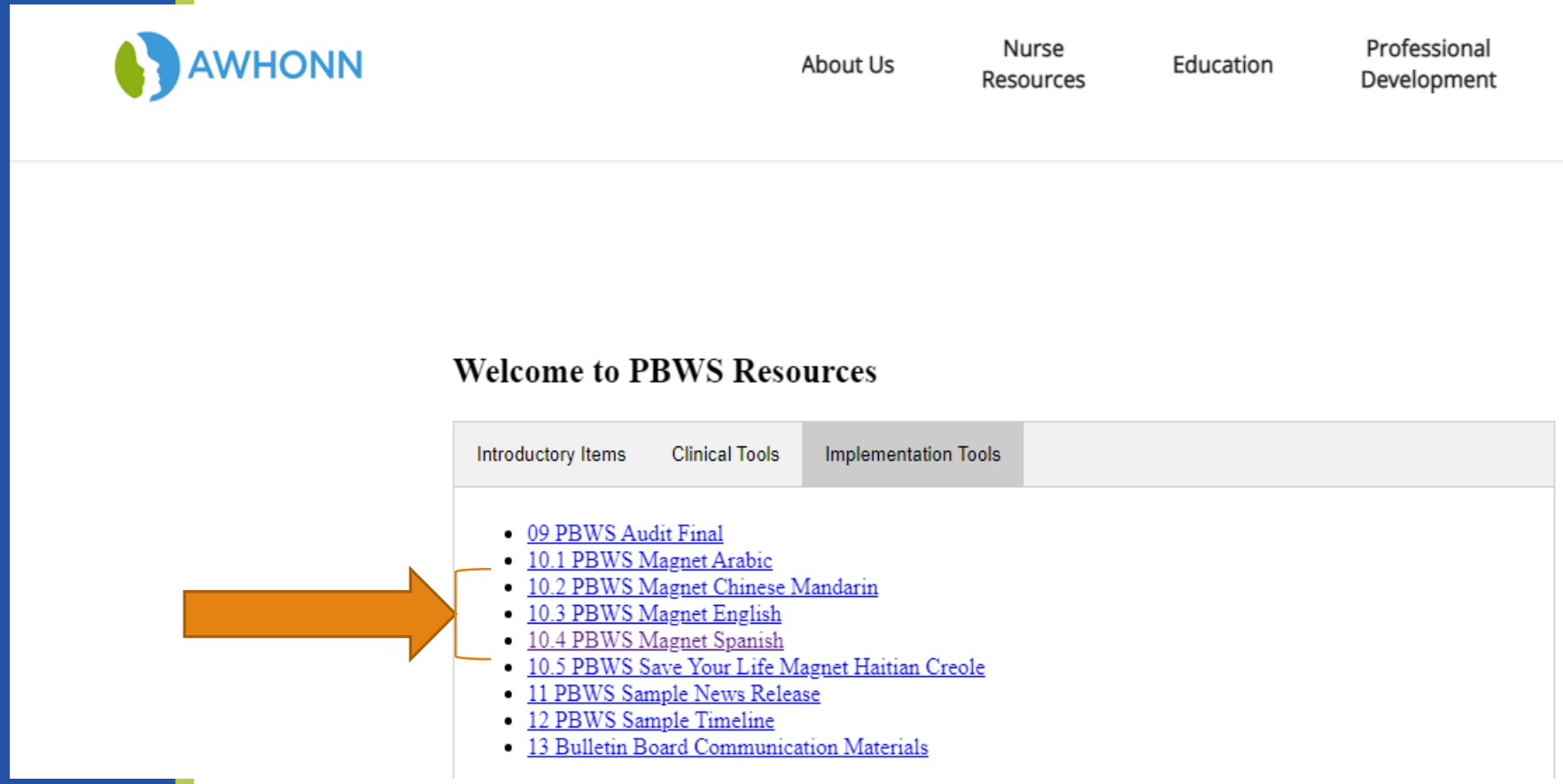
La depresión y la ansiedad son algunas de las complicaciones médicas más comunes durante el embarazo y el posparto.

Esté preparada. Esté atenta a las señales. Pida ayuda.

Si...	¡Busque ayuda ahora!
• Se siente desesperanzada y totalmente desconsolada • Se siente fuera de contacto con la realidad (es posible que vea o escuche cosas que otras personas no ven) • Siente que puede hacerse daño o hacerle daño a su bebé	**Estos sentimientos no desaparecerán por sí solos.** • Llame al 9-1-1 o vaya al departamento de emergencias más cercano para obtener ayuda inmediata.

KPQC Kansas Perinatal Quality Collaborative | FOURTH TRIMESTER INITIATIVE

Magnet: Multiple Languages



KPQC
Kansas Perinatal Quality Collaborative

Maternal Hypertensive Disease POSTPARTUM

Maternal Hypertensive Disease PP

POST-BIRTH trained/educated

Identification/Diagnosis (aka Screen POSITIVE)

Postpartum Care Team alerted

Maternal Hypertenive Checklist= Protocol

Preeclampsia Checklist = Protocol

PP Discharge Summary
- Mom Card completed

Referral from PP Discharge provider to Primary OB Provider

*Internal Medicine, Cardiology may also be consulted

PP Appointment(s) Made:

3-5 days Post-Discharge

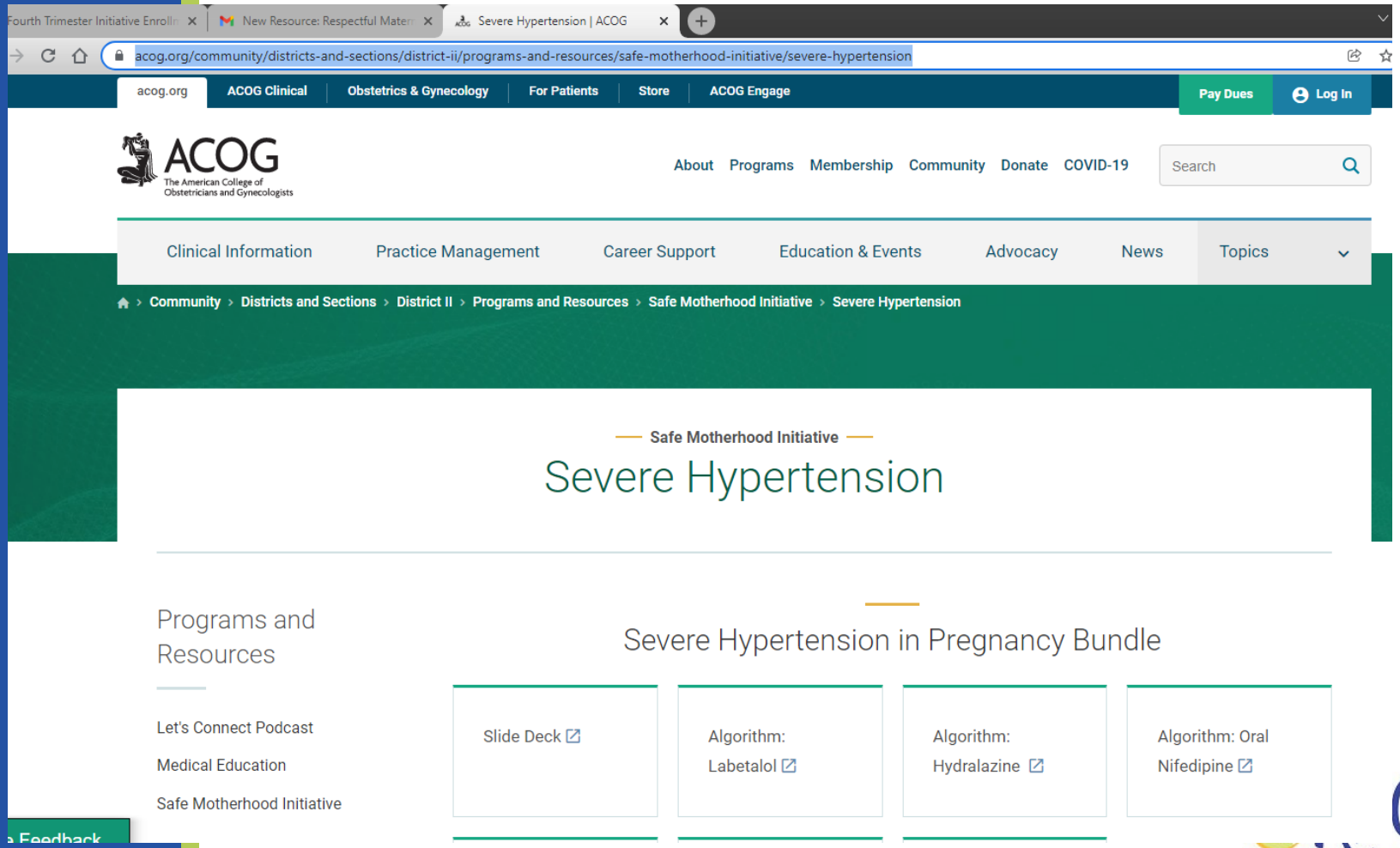
7-10 days by Primary OB Provider

Pt has had POST-BIRTH education for red flags

“Mom Card” utilized

ACOG: HTN Bundles

www.acog.org/community/districts-and-sections/district-ii/programs-and-resources/safe-motherhood-initiative/severe-hypertension



Kansas Perinatal Quality Collaborative

Maternal Warning Signs: ACOG

Types of Hypertension

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Chronic Hypertension	○ SBP ≥ 140 **or** DBP ≥ 90 ○ Pre-pregnancy or <20 weeks
Gestational Hypertension	○ SBP ≥ 140 **or** DBP ≥ 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	○ SBP ≥ 140 **or** DBP ≥ 90 ○ Proteinuria with or without signs/symptoms ○ Presentation of signs/symptoms/lab abnormalities but no pro **Proteinuria not required for diagnosis eclampsia seizure in setting*
Chronic Hypertension with Superimposed Preeclampsia	○ Preeclampsia in a woman with a history of hypertension befo of gestation
Preeclampsia with severe features *(ACOG Practice Bulletin #202, Gestational Hypertension and Preeclampsia, & ACOG Practice Bulletin #203, Chronic Hypertension in Pregnancy)*	○ SBP ≥ 160 **or** DBP ≥ 110 (can be confirmed within a short int antihypertensive therapy) ○ Thrombocytopenia (platelet count less than 100,000/micro ○ Impaired liver function that is not accounted for by alternat abnormally elevated blood concentrations of liver enzymes normal concentrations), or by severe persistent right upper unresponsive to medications. ○ Renal insufficiency (serum creatinine concentration more th serum creatinine concentration in the absence of other ren ○ Pulmonary edema ○ New-onset headache unresponsive to medication and not a ○ Visual disturbances

First Line Therapies

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- Intravenous labetalol
- Intravenous hydralazine
- Oral nifedipine

Magnesium sulfate not recommended as antihypertensive agent

- Should be used for: seizure prophylaxis and controlling seizures in eclampsia
- IV bolus of 4-6 grams in 100 ml over 20 minutes, followed by IV infusion of 1-2 grams per hour. **Continue for 24 hours postpartum**
- If no IV access, 10 grams of 50% solution IM (5 g in each buttock)
- Contraindications: pulmonary edema, renal failure, myasthenia gravis

Anticonvulsants (for recurrent seizures or when magnesium is C/I):

- **Lorazepam**: 2-4 mg IV x 1, may repeat x 1 after 10-15 min
- **Diazepam**: 5-10 mg IV every 5-10 min to max dose 30 mg
- **Phenytoin**: 15-20 mg/kg IV x 1, may repeat 10 mg/kg IV after 20 min if no response. Avoid with hypotension, may cause cardiac arrhythmias.
- **Keppra**: 500 mg IV or orally, may repeat in 12 hours. Dose adjustment needed if renal impairment.

**There may be adverse effects and additional contraindications. Clinical judgement should prevail*

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Safe Motherhood Initiative

15

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Labetalol Algorithm

EXAMPLE

Trigger: If severe elevations (SBP ≥160 or DBP ≥ 110) persist* for 15 min or more **OR** If two severe elevations are obtained within 15 min and tx is clinically indicated

1. Labetalol 20 mg† IV over 2 minutes
2. Repeat BP in 10 minutes
3. If SBP ≥ 160 or DBP ≥ 110, administer labetalol 40 mg IV over 2 minutes; If BP below threshold, continue to monitor BP closely
4. Repeat BP in 10 minutes
5. If SBP ≥ 160 or DBP ≥ 110, administer labetalol 80 mg IV over 2 minutes; If BP below threshold, continue to monitor BP closely
6. Repeat BP in 10 minutes
7. If SBP ≥ 160 or DBP ≥ 110, administer hydralazine§ 10 mg IV over 2 minutes; If below threshold, continue to monitor BP closely
8. Repeat BP in 20 minutes
9. If SBP ≥ 160 or DBP ≥ 110 at 20 minutes, obtain emergency consultation from specialist in MFM, internal medicine, anesthesiology, or critical care
10. Give additional antihypertensive medication per specific order as recommended by specialist
11. Once BP thresholds are achieved, repeat BP:
12. - Every 10 minutes for 1 hour
    - Then every 15 minutes for 1 hour
    - Then every 30 minutes for 1 hour
    - Then every hour for 4 hours
13. Institute additional BP monitoring per specific order

- Notify provider after one severe BP value is obtained
- Institute fetal surveillance if viable
- Hold IV labetalol for maternal pulse under 60
- Maximum cumulative IV-administered dose of labetalol should not exceed 300 mg in 24 hours
- There may be adverse effects and contraindications. Clinical judgement should prevail.

* Two severe readings more than 15 minutes and less than 60 minutes apart

† **Avoid parenteral labetalol with active‡ asthma, heart disease, or congestive heart failure; use with caution with history of asthma. May cause neonatal bradycardia.**

‡ "Active asthma" is defined as:
Ⓐ symptoms at least once a week, or
Ⓑ use of an inhaler, corticosteroids for asthma during the pregnancy, or
Ⓒ any history of intubation or hospitalization for asthma.

§ Hydralazine may increase risk of maternal hypotension.

Safe Motherhood Initiative

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Revised February 2020

EXAMPLE

Additional Therapy Recommendations

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IF NO IV ACCESS AVAILABLE:

- Initiate algorithm for oral nifedipine, or
- Oral labetalol, 200 mg **Repeat in 30 min if SBP remains ≥ 160 or DBP ≥ 110 and IV access still unavailable*

SECOND LINE THERAPIES (if patient fails to respond to first line tx):

Recommend emergency consult with:

- Maternal Fetal Medicine
- Internal Medicine
- Anesthesiology
- Critical Care
- Emergency Medicine

May also consider:

- ✓ Labetalol or nicardipine via infusion pump
- ✓ Sodium nitroprusside for extreme emergencies **Use for shortest amount of time due to cyanide/thiocyanate toxicity*

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Hypertensive Emergency Checklist

HYPERTENSIVE EMERGENCY:

- Two severe BP values (≥160/110) taken 15-60 minutes apart. Values do not need to be consecutive.
- May treat within 15 minutes if clinically indicated

- ☐ Call for Assistance
- ☐ Designate:
  - ○ Team leader
  - ○ Checklist reader/recorder
  - ○ Primary RN
- ☐ Ensure side rails up
- ☐ Ensure medications appropriate given patient history
- ☐ Administer seizure prophylaxis (magnesium sulfate first line agent, unless contraindicated)
- ☐ Antihypertensive therapy within 1 hour for persistent severe range BP
- ☐ Place IV; Draw preeclampsia labs
- ☐ Antenatal corticosteroids (if <34 weeks of gestation)
- ☐ Re-address VTE prophylaxis requirement
- ☐ Place indwelling urinary catheter
- ☐ Brain imaging if unremitting headache or neurological symptoms
- ☐ Debrief patient, family, and obstetric team

† "Active asthma" is defined as:
Ⓐ symptoms at least once a week, or
Ⓑ use of an inhaler, corticosteroids for asthma during the pregnancy, or
Ⓒ any history of intubation or hospitalization for asthma.

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)

Antihypertensive Medications

For SBP ≥ 160 or DBP ≥ 110
(See SMI algorithms for complete management when necessary to move to another agent after 2 doses.)

- ☐ **Labetalol** (initial dose: 20mg); **Avoid parenteral labetalol with active asthma, heart disease, or congestive heart failure; use with caution with history of asthma**
- ☐ **Hydralazine** (5-10 mg IV* over 2 min); **May increase risk of maternal hypotension**
- ☐ **Oral Nifedipine** (10 mg capsules); Capsules should be administered orally, not punctured or otherwise administered sublingually

** Maximum cumulative IV-administered doses should not exceed 220 mg labetalol or 25 mg hydralazine in 24 hours*

***Note:** If first line agents unsuccessful, emergency consult with specialist (MFM, internal medicine, OB anesthesiology, critical care) is recommended*

Anticonvulsant Medications

For recurrent seizures or when magnesium sulfate contraindicated

- ☐ **Lorazepam (Ativan)**: 2-4 mg IV x 1, may repeat once after 10-15 min
- ☐ **Diazepam (Valium)**: 5-10 mg IV q 5-10 min to maximum dose 30 mg

- ✓ Call for assistance
- ✓ Designate team leader, checklist reader, primary RN
- ✓ Ensure side rails are up
- ✓ Administer seizure prophylaxis
- ✓ Antihypertensive therapy within 1 hr for persistent severe range BP
- ✓ Place IV; Draw PEC labs
- ✓ Antenatal corticosteroids is <34 wks gestation
- ✓ Re-address VTE prophylaxis requirement
- ✓ Place indwelling urinary catheter
- ✓ Brain imaging if unremitting headache or neurological symptoms
- ✓ Debrief patient, family, OB team

EXAMPLE

Postpartum Surveillance

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District II

Necessary to prevent additional morbidity as preeclampsia/eclampsia can develop postpartum

INPATIENT

- Measure BP every 4 hours after delivery until stable
- Do not use NSAIDs for women with elevated BP
- Do not discharge patient until BP is well controlled for at least 24 hours

OUTPATIENT

- For pts with preeclampsia, visiting nurse evaluation recommended:

✓ Within 3-5 days

✓ Again in 7-10 days after delivery (earlier if persistent symptoms)

ANTIHYPERTENSIVE THERAPY

- Recommended for persistent postpartum HTN: SBP ≥ 150 or DBP ≥ 100 on at least two occasions at least 4 hours apart
- Persistent SBP ≥ 160 or DBP ≥ 110 should be treated within 1 hour

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EMERGENCY DEPARTMENT

Postpartum Preeclampsia Checklist

IF PATIENT < 6 WEEKS POSTPARTUM WITH:

- BP ≥ 160/110 or
- BP ≥ 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
- ☐ Place IV; Draw preeclampsia labs
  - ○ CBC
  - ○ PT
  - ○ PTT
  - ○ Fibrinogen
  - ○ Chemistry Panel
  - ○ Uric Acid
  - ○ Hepatic Function
  - ○ Type and Screen
- ☐ Ensure medications appropriate given patient history
- ☐ Administer seizure prophylaxis
- ☐ Administer antihypertensive therapy
  - ○ Contact MFM or Critical Care for refractory blood pressure
- ☐ Consider indwelling urinary catheter
  - ○ Maintain strict I&O — patient at risk for pulmonary edema
- ☐ Brain imaging if unremitting headache or neurological symptoms

† "Active asthma" is defined as:
Ⓐ symptoms at least once a week, or
Ⓑ use of an inhaler, corticosteroids for asthma during the pregnancy, or
Ⓒ any history of intubation or hospitalization for asthma.

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)

Antihypertensive Medications

For SBP ≥ 160 or DBP ≥ 110
(See SMI algorithms for complete management when necessary to move to another agent after 2 doses.)

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- ☐ **Oral Nifedipine** (10 mg capsules); Capsules should be administered orally, not punctured or otherwise administered sublingually

** Maximum cumulative IV-administered doses should not exceed 220 mg labetalol or 25 mg hydralazine in 24 hours*

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- ☐ **Diazepam (Valium)**: 5-10 mg IV q 5-10 min

EXAMPLE

- ✓ Call for assistance
- ✓ Designate team leader, checklist reader, primary RN
- ✓ Ensure side rails up
- ✓ Call OB consult; Document call
- ✓ Place IV; Draw PEC labs
- ✓ Administer seizure prophylaxis
- ✓ Administer antihypertensive therapy
- ✓ Consider indwelling urinary catheter. Maintain strict I&O
- ✓ Brain imaging if unremitting headache or neurological symptoms

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EXAMPLE

EMERGENCY DEPARTMENT

Postpartum Preeclampsia Checklist

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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
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- ☐ Magnesium sulfate maintenance 1-2 grams/hour

No IV access:

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

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Anticonvulsant Medications

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Post-Discharge Evaluation

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ELEVATED BP AT HOME, OFFICE, TRIAGE

Postpartum triggers:

- SBP ≥ 160 or DBP ≥ 110 or
- SBP ≥ 140-159 or DBP ≥ 90-109 with unremitting headaches, visual disturbances, or epigastric/RUQ pain

↓

- Emergency Department treatment (OB /MICU consult as needed)
- AntiHTN therapy suggested if persistent **SBP ≥ 150 or DBP ≥ 100** on at least two occasions at least 4 hours apart
- Persistent **SBP ≥ 160 or DBP ≥ 110** should be treated within 1 hour

↓

Good response to antiHTN treatment and asymptomatic

↓

Admit for further observation and management
(L&D, ICU, unit with telemetry)

Signs and symptoms of eclampsia, abnormal neurological evaluation, congestive heart failure, renal failure, coagulopathy, poor response to antihypertensive treatment

↓

Recommend emergency consultation for further evaluation
(MFM, internal medicine, OB anesthesiology, critical care)

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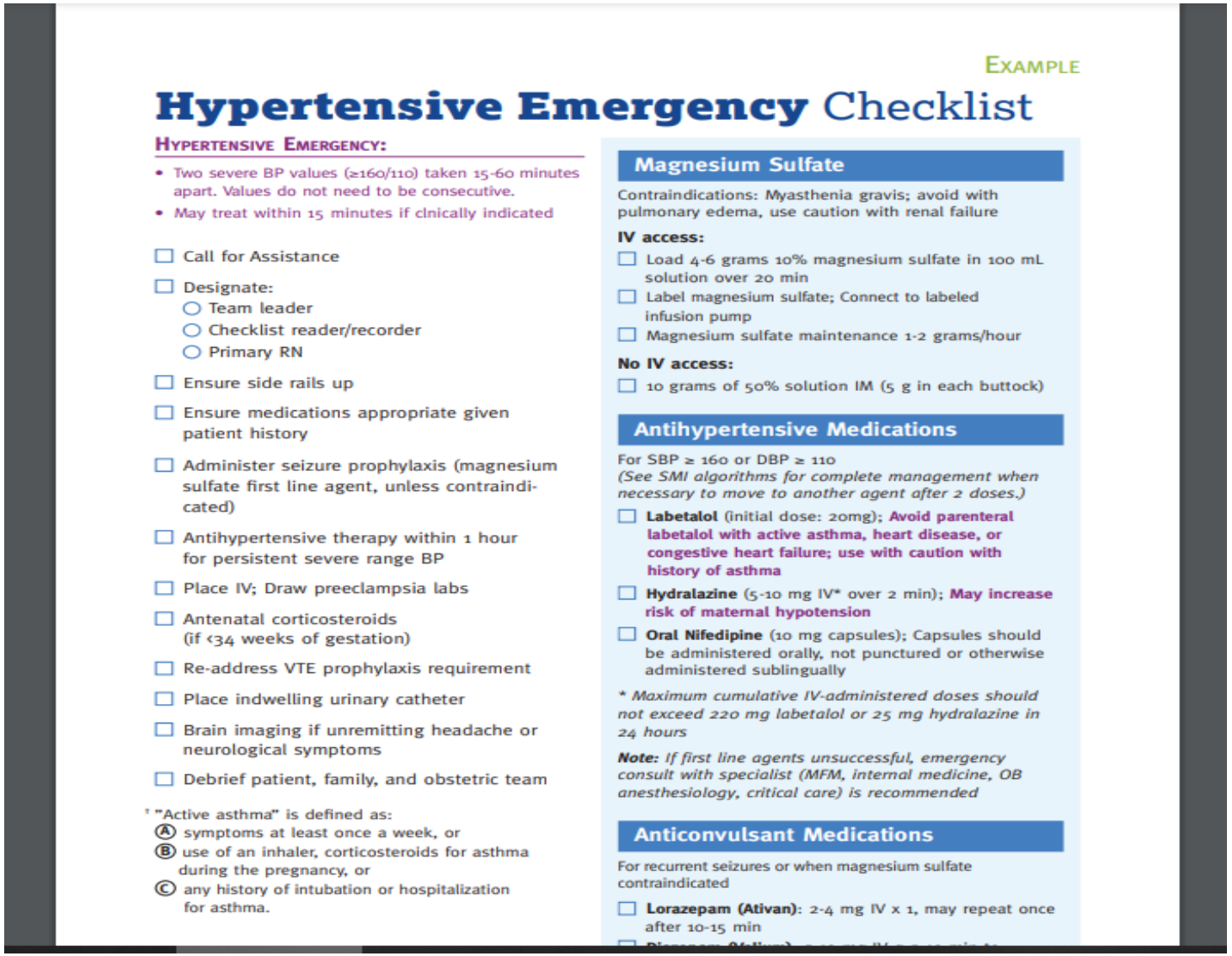

EXAMPLE

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www.acog.org/-/media/project/acog/acogorg/files/forms/districts/smi-hypertension-bundle-emergency-checklist.pdf