OB Hypertensive Crisis

How Do We Improve?

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1

Objectives

- Identify 3 important aspects of how Team STEPPS with simulation will help you achieve portions of the obstetric hypertension safety bundle
- Participate in a hypertensive emergency obstetric drill
- Describe ways to initiate or enhance obstetric drills in your facility using Team STEPPS

No conflict of interest exists for any member of the planning or presentation team for "OB Hypertensive Crisis: How We Improve"

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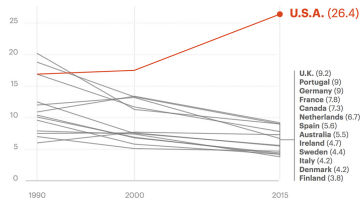
2

Maternal Mortality Is Rising in the U.S. As It Declines Elsewhere
Deaths per 100,000 live births



Global, regional, and national levels of maternal mortality, 1990–2015: a systematic analysis for the Global Burden of Disease Study 2015." *The Lancet*. Only data for 1990, 2000 and 2015 was made available in the journal.

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3

CMQCC
California Maternal Quality Care Collaborative

- From 2006 to 2013, the maternal death rate in California fell 55%
- What did they do ?

They initiated protocols —checklists, carts, drills and teamwork — they have not only saved women from dying, but they have also dramatically reduced the rate of women who nearly died.

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CMQCC

In particular, CMQCC found two well-known complications offered the best chance of survival if treated properly:

- **Hemorrhage**
- **Pregnancy-induced high blood pressure/ Preeclampsia**

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5

Wis PQC (Perinatal Quality Collaborative)

Current WisPQC Initiatives
Maternal Hypertension
Human Milk Feeding
NAS/NOWS

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COUNCIL ON PATIENT SAFETY IN WOMEN'S HEALTH CARE
safe health care for every woman

READINESS

Every Unit

- Standards for early warning signs, diagnostic criteria, monitoring and treatment of severe preeclampsia/eclampsia (include order sets and algorithms)
- Unit education on protocols, unit-based drills (with post-drill debriefs)
- Process for timely triage and evaluation of pregnant and postpartum women with hypertension including ED and outpatient areas
- Rapid access to medications used for severe hypertension/eclampsia: Medications should be stocked and immediately available on L&D and in other areas where patients may be treated. Include brief guide for administration and dosage.
- System plan for escalation, obtaining appropriate consultation, and maternal transport, as needed

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Readiness

- Standards for early warning signs, diagnostic criteria, monitoring and treatment of severe preeclampsia/eclampsia (include order sets and algorithms)
- Unit education on protocols, unit-based drills (with post-drill debriefs)

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RECOGNITION & PREVENTION

Every Patient

- Standard protocol for measurement and assessment of BP and urine protein for all pregnant and postpartum women
- Standard response to maternal early warning signs including listening to and investigating patient symptoms and assessment of labs (e.g. CBC with platelets, AST and ALT)
- Facility-wide standards for educating prenatal and postpartum women on signs and symptoms of hypertension and preeclampsia

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Recognition

- Standard response to maternal early warning signs including listening to and investigating patient symptoms and assessment of labs (e.g. CBC with platelets, AST and ALT)

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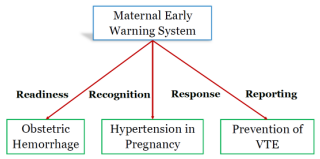
MEWS



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Maternal Early Warning Criteria

• Systolic BP; mmHg	<90 or >160
• Diastolic BP; mmHg	>100
• Heart rate; bpm	<50 or >120
• Respiratory rate; bpm	<10 or >30
• Oxygen saturation; %	<95
• Oliguria; ml/hr x 2h	<35

✓ Maternal agitation, confusion, or unresponsiveness
✓ Patient with hypertension reporting a non-remitting headache or shortness of breath

Immediate Action Required

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