

Location: North Coast Maternity Clinic
Contact: Dr. Sophie Harrison
Date: September 2021 - September 2022

HYPERTENSION IN PREGNANCY: APPLYING BEST PRACTICES

PHYSICIAN QUALITY IMPROVEMENT, VALS COHORT 3

► PROBLEM STATEMENT

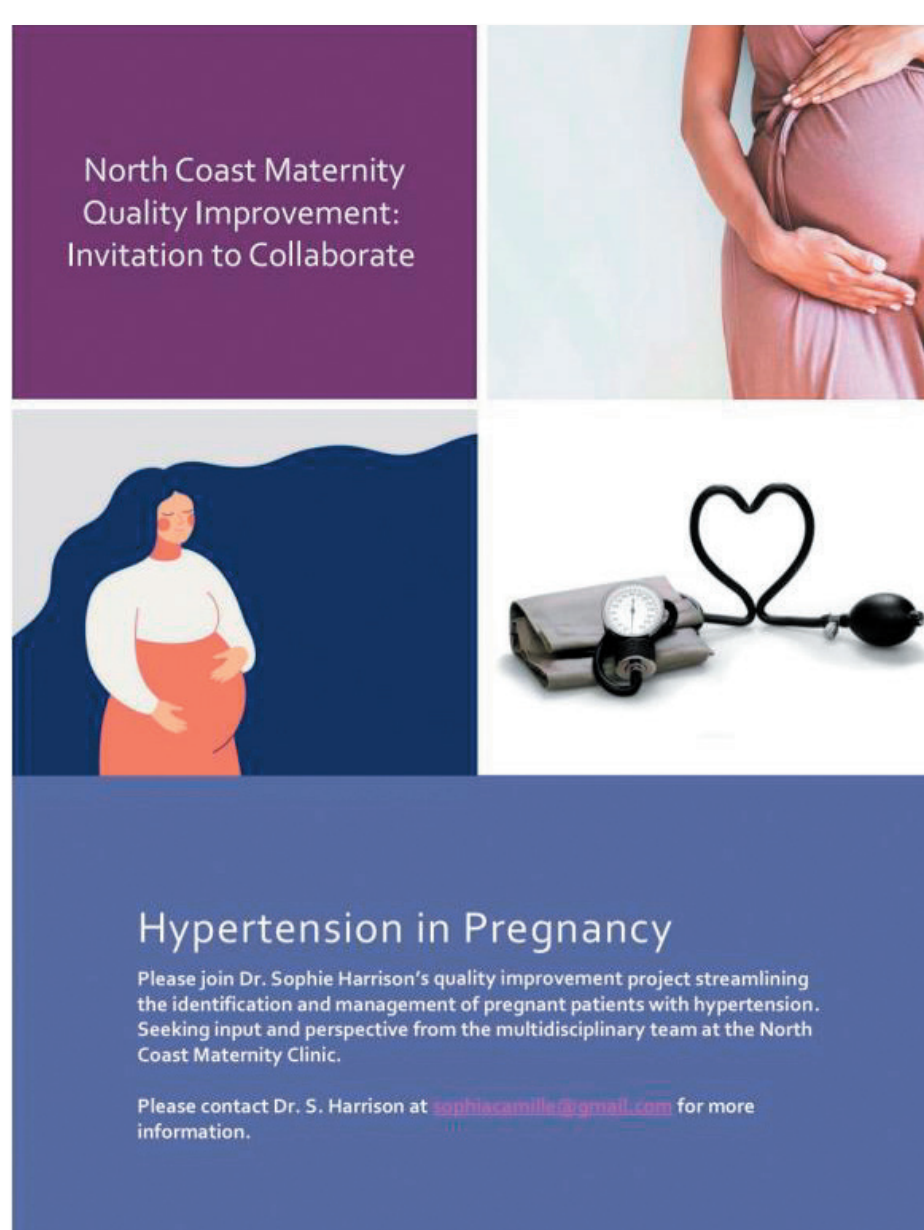
- Pregnancies complicated by Hypertensive Disorders of Pregnancy (HDP) are at a higher risk of preterm delivery, fetal growth restriction, stillbirth, and neonatal death
- HDP occur in approximately 7% of pregnancies and are a leading cause of maternal and perinatal morbidity and mortality (SOGC, 2014)
- Approximately 1 in 4 people with gestational hypertension will progress to preeclampsia
- Early identification of patients with HDP reduces maternal and fetal morbidity and mortality

► AIM STATEMENT

By February 28, 2022, one hundred percent of pregnant patients at the North Coast Maternity Clinic in Prince Rupert with non severe hypertension will be identified using accurate blood pressure measurement techniques and will be offered increased maternal and fetal surveillance based on hypertensive disorders of pregnancy guidelines

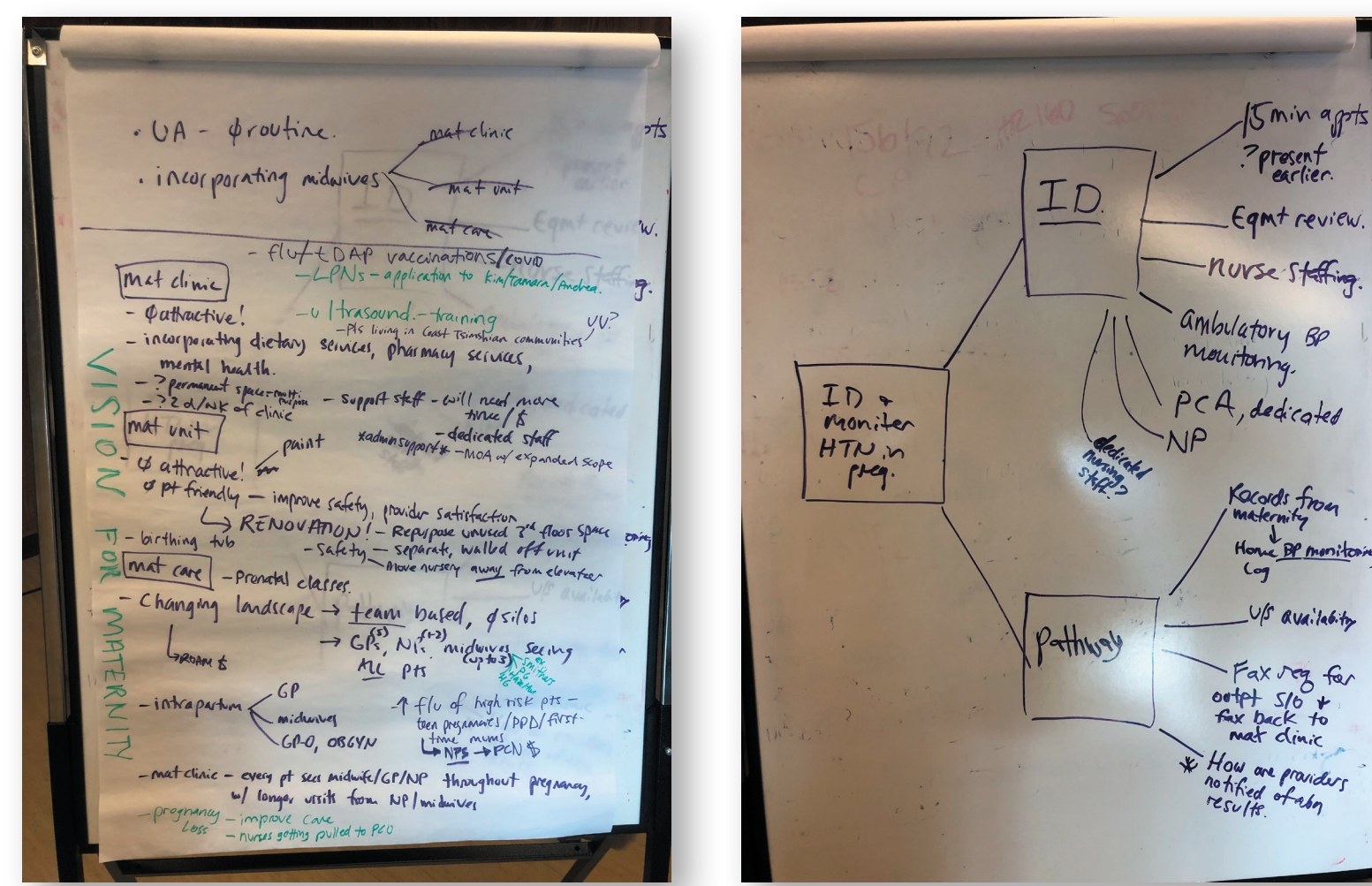
► COLLABORATION

Key clinical partners contributed to a collaborative brainstorming session. Discussion helped to focus the goals of this QI project, and identify new project ideas aimed to improve maternity care in Prince Rupert.



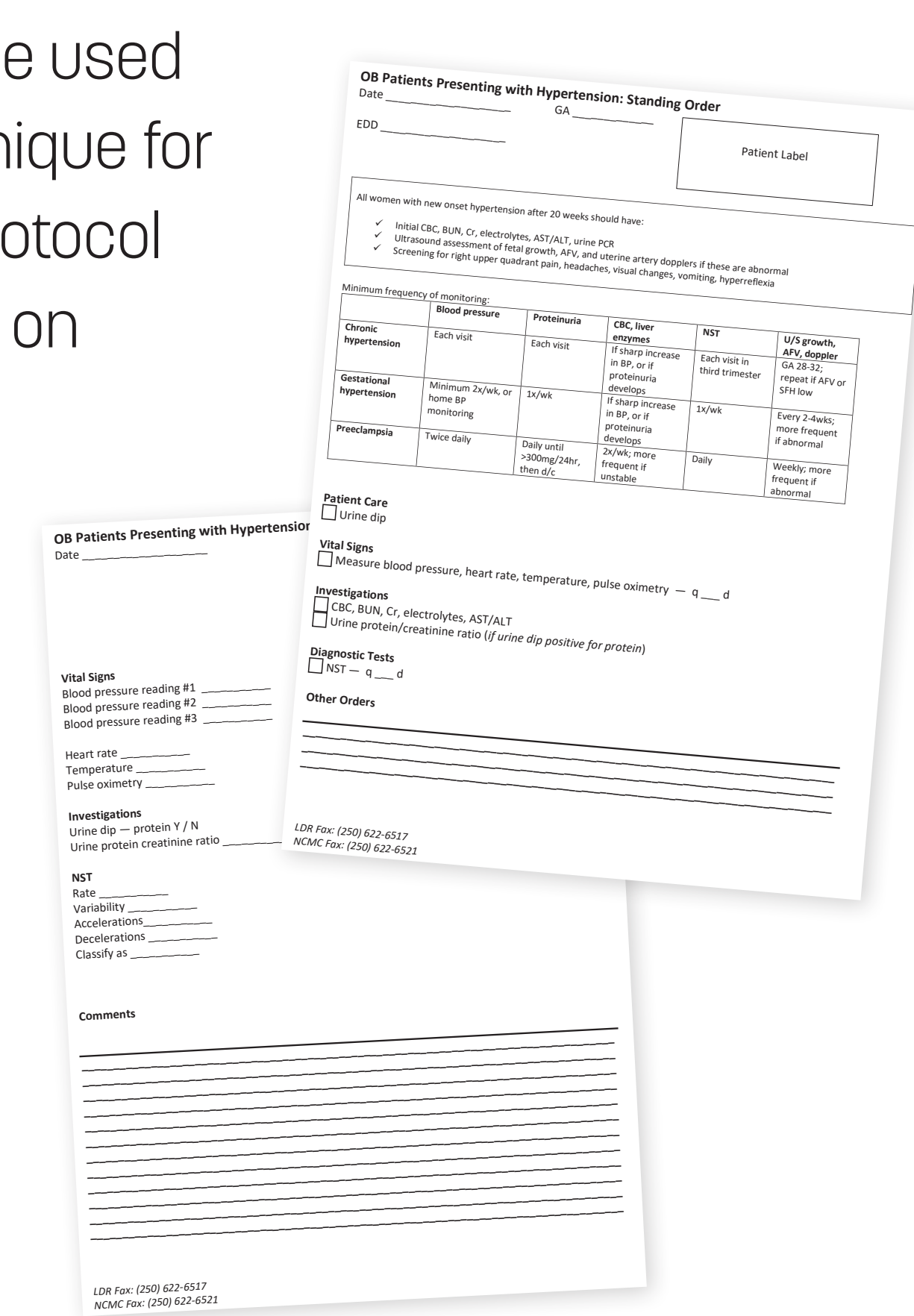
► CHANGE IDEAS

- 1) BP measurement according to best practices
- 2) Urine dip only as necessary
- 3) Standing order for maternal/fetal monitoring

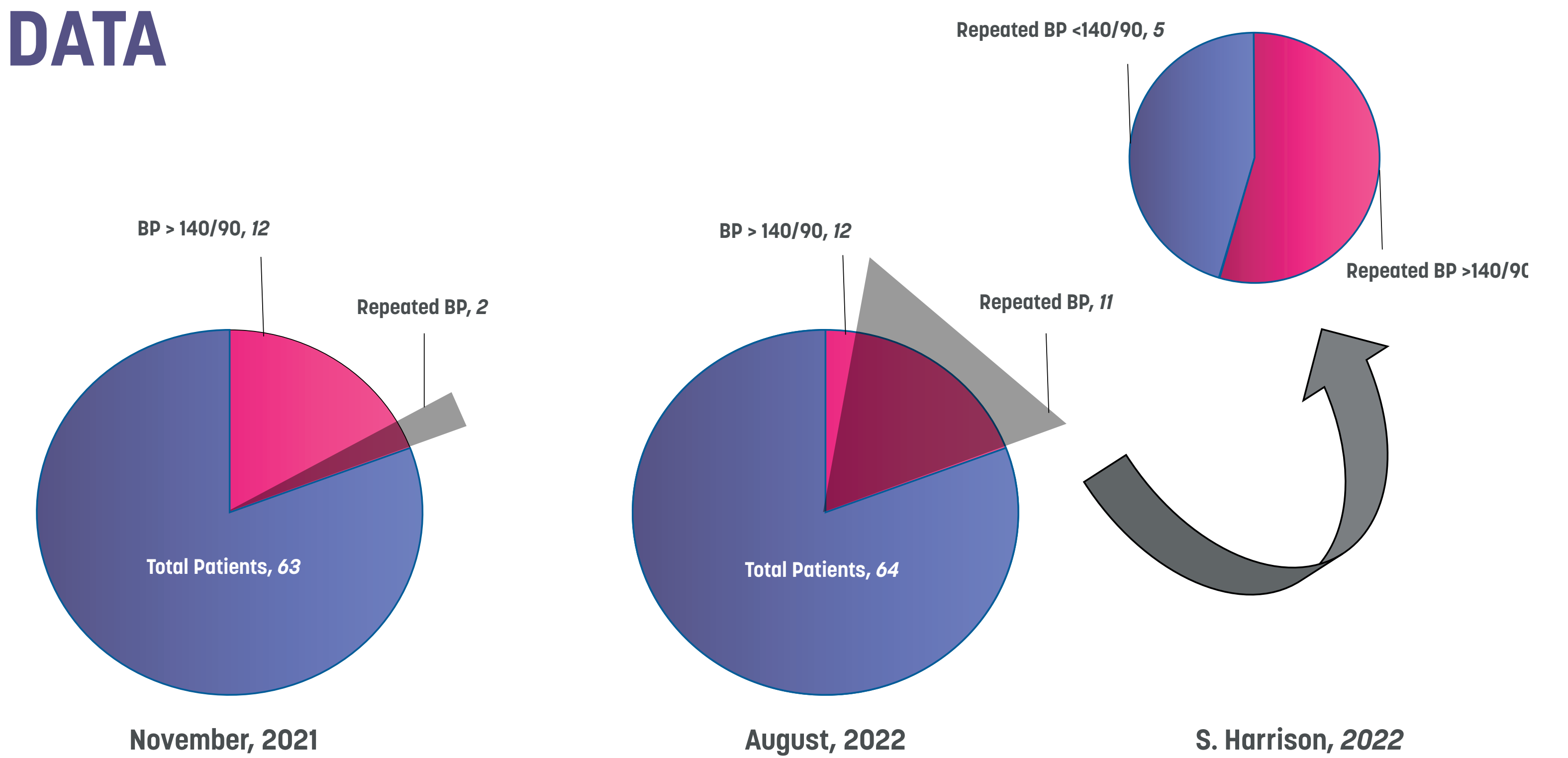


► IMPLEMENTATION

- SOGC clinical practice guideline used to develop step-by-step technique for accurate BP measurement. Protocol laminated and staff educated on protocol.
- Patients with elevated BP have their charts flagged and a urine dip is done to screen for proteinuria (no longer done routinely for all-comers)
- The GP-OB/NP/midwife orders ongoing monitoring and investigations using two new standing order forms.



► DATA



- In November, 2021, a chart audit of all patients attending the NCMC found that 12 of 63 patients had at least one documented BP >140/90. Of those, 2 had repeat BP measurements done.
- Second point: In August, 2022, 12 of 64 patients had at least one documented BP >140/90. Of those, 11 had a repeat measurement.
- Of those with repeated measurements, 6 had confirmed hypertension and 5 had normal readings.

► PRIORITIES WITHIN THE NEXT 6 MONTHS

- Continue to adhere to the new process, and implement PDSA cycles to make further adjustments
- Implement ROAM delivery tracker to evaluate outcomes at delivery
- Use a similar QI approach to address the management of Diabetes in Pregnancy

References:

- Hypertensive Disorders of Pregnancy, MoreOB, Sept 2021. 20th Edition

- Diagnosis, Evaluation and Management of the Hypertensive Disorders of Pregnancy: Executive Summary. SOGC Clinical Practice Guideline. No 307, May 2014.
- Hypertension Canada's 2018 Guidelines for the Management of Hypertension in Pregnancy. Canadian Journal of Cardiology 34 (2018) 526-531.

Acknowledgements

Lee Cameron (PQI Coach), Julia Pemberton (NH HSA), Sydney Behnson (DoBC Practice Support Coach), Kimberley Hughes (NH Interprofessional Team Lead), Alison Jack (NH PCA), North Coast Maternity Clinic staff