

Hypertensive Disorders of Pregnancy

Hypertensive disorders of pregnancy affect 3-6% of all pregnancies. There are racial disparities with respect to hypertensive disorders with Black women disproportionately affected. In addition other risk factors include hypertension prior to pregnancy, advanced maternal age, Type 1 or 2 diabetes, obesity, multiple gestations, and prior preeclampsia. In 2014 the United States Preventive Service task Force recommended that low dose aspirin (81 mg) be offered to at risk women. The reduction in incidence of hypertensive disorders is 24%, preterm birth 14% and fetal growth restriction 20%.

Women who develop a hypertensive disorder of pregnancy are at high risk for both maternal and neonatal mortality. Hypertensive disorders of pregnancy are responsible for up to 17% of all the maternal mortality in the United States. Neonatal morbidity and mortality is directly related to indicated preterm delivery. Often the leading cause for maternal mortality and morbidity is untreated hypertensive crisis. The American College of Obstetrics and Gynecology endorses treating a hypertensive crisis within 60 minutes to reduce the risk for stroke and other adverse outcomes. Women with a hypertensive crisis received adequate treatment < 30% of the time. Barriers to aspirin treatment include lack of knowledge, inadequate counseling, pharmacy reluctance to dispense ASA to pregnant women, and others. Inadequate treatment of hypertensive crisis occurs due to lack of knowledge, lack of access to best practice algorithms for care, inadequate training of nurses, obstetrics providers, emergency room staff, and clinic staff on the importance of treatment.

Minnesota PQC will educate clinic staff and all hospital staff that care for pregnant and recently pregnant women on the recognition and treatment of a hypertensive emergency. In addition MHA can assist in tracking compliance with treatment within 60 minutes which is already occurring in > 50% of birthing hospitals. The goal would be > 90% compliance. This work would reduce the morbidity/mortality of hypertensive disorders in Minnesota.

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