

Washington State Perinatal Collaborative

Postpartum Follow-up Care Schedule

RECOMMENDATIONS FOR:

Women Diagnosed with Hypertensive
Disorders during Pregnancy



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Background

In 2016, the Washington State Legislature passed ESSB 6534 (codified at RCW 70.54.450), which called for the creation of a Maternal Mortality Review Panel (MMRP) to conduct “comprehensive, multidisciplinary reviews of maternal deaths in Washington. The panel would identify factors associated with maternal deaths and make recommendations for systems changes to improve health care services for women in the state.

Administered by the Washington State Department of Health (DOH), the MMRP conducted the first formal maternal mortality review in fall of 2016 and focused on maternal deaths that occurred during 2014 and 2015. The MMRP and DOH found that nearly three-quarters of the deaths related to pregnancy occurred during the six weeks postpartum, and most of those occurred during the first seven days postpartum. All of the deaths related to hypertensive disorders of pregnancy occurred during this time. The MMRP included recommendations to state legislators to expand and improve effective follow-up care for women during pregnancy and through the first year postpartum.

Both the American College of Obstetricians and Gynecologists (ACOG, 2018) and the World Health Organization (2013) agree and recommend early and frequent follow-up care and services for women during the postpartum period, especially for women diagnosed with hypertension in pregnancy. ACOG recommends women with hypertensive disorders of pregnancy have contact with their providers as early as 72 hours after discharge from the hospital, and as frequent as two or more times during the first six weeks after pregnancy. Similarly, the World Health Organization guidelines for general postnatal care (regardless of hypertensive diagnoses) includes routine postpartum evaluation of all women (and infants) at three days, one to two weeks, and six weeks after birth.

Purpose

The purpose of this guideline is to assist health care and services providers in addressing potential gaps in care for women diagnosed with hypertension in pregnancy during the critical postpartum period by providing a recommended schedule for follow up services during the first six weeks postpartum. Leading evidence-based resources were used in developing this schedule, including information and guidelines published by the ACOG, the Association of Women’s Health, Obstetric and Neonatal Nurses (AWHONN), and the Preeclampsia Foundation.

Definitions

According to ACOG Task Force, the definition of **hypertension in pregnancy** refers to hypertension that complicates pregnancy, including preeclampsia-eclampsia, any-cause chronic hypertension, chronic hypertension with superimposed preeclampsia, and gestational hypertension (ACOG, 2013 p.13). This guideline is focused on addressing hypertension in pregnancy after pregnancy has ended.

Postpartum Follow-up Care Schedule for Women Diagnosed with Hypertensive Disorders during Pregnancy

PRIOR TO
DISCHARGE
FROM
FACILITY

1. **Be cautious: Blood pressures frequently worsen during days two through five postpartum.**
 - a. Consider treating blood pressures earlier to non-pregnant goals, and with or without proteinuria.
 - b. If patient has been receiving antihypertensive medications, continue medications until first outpatient follow up appointment with obstetric provider.
 - c. If patient is not on antihypertensive medications, consider following up with patient sooner and more closely.
 - d. Consider medications that are congruent with breastfeeding. (See **Appendix C**).
2. **Blood pressure is monitored in the hospital – or an equivalent – for at least 72 hours postpartum.**

If not in the hospital, potential options:

 - a. Schedule postpartum blood pressure checks with obstetric provider and ensure patient can get to appointment.
 - b. Include a prescription for blood pressure cuff and education on how to use cuff and parameters educate patient that blood pressure may be elevated through Day Five postpartum.
 - c. Arrange for postpartum nurse home visit through local home visiting or other support services (See **Appendix B**).
 - d. Ask pediatric provider to check mother's blood pressure during well-child checks.
 - e. Arrange telemedicine follow up visit.
3. **Patient is not discharged until blood pressure is controlled for at least 24 hours.**
4. **Schedule all follow up appointments with obstetric provider**
 - a. In addition to the blood-pressure monitoring follow up appointments outlined in Step 2, set at least two general postpartum follow-up visits with obstetric provider.
 - Seven to 14 days after delivery
 - Six weeks after delivery (comprehensive postpartum follow up), sooner if necessary

Postpartum Follow-up Care Schedule for Women Diagnosed with Hypertensive Disorders during Pregnancy

PRIOR TO
DISCHARGE
FROM
FACILITY

5. Ensure newborn appointment is made with newborn provider.
6. Ensure access to transportation.
 - a. Ensure mother can get to all obstetric and newborn provider appointments.
 - b. Facilitate transportation assistance if necessary.
7. Ensure access to medications.
 - a. Ideally, facilitate prescription refill prior to discharge and confirm mother has medications in hand before discharge.
 - b. Ensure the mother has resources to fill prescription; facilitate access to resources to assist with this if needed.
8. Coordinate postpartum care and services with maternal services, such as Maternity Support Services or Nurse Family Partnership.
 - a. If the mother is already enrolled with a support service such as Maternity Support Services or Nurse Family Partnership, coordinate postpartum care services with them.
 - b. If the mother is covered through Medicaid and is not enrolled in Maternity Support Services, refer patient to those services. (See Appendix B.)
9. Consider connecting mother and family with facility social services to assess for other needs or connections to resources as necessary.
10. Provide patient and family education and discharge information about hypertension in pregnancy, when to call obstetric provider or go to emergency room (or the labor and delivery unit). Information should be available in plain talk and acceptable reading levels, and in multiple languages when possible. (See Appendix C.)

Postpartum Follow-up Care Schedule for Women Diagnosed with Hypertensive Disorders during Pregnancy

PRIOR TO
DISCHARGE
FROM
FACILITY

11. Work with mother and family to create a postpartum check-in plan for the first two to three weeks after pregnancy.
 - a. Ask mother to identify one or two people who call her at least one time per day, and can also physically check on her every 24 hours after discharge from the hospital if she is unable to be reached by phone.
 - b. Advise mother and family to post emergency contact information in a readily available place at home; make sure key family members are aware.

Postpartum Follow-up Care Schedule for Women Diagnosed with Hypertensive Disorders during Pregnancy

48 – 72
HOURS
AFTER
DISCHARGE

1. Initiate a postpartum follow-up phone call.

Discharging facility or obstetric provider initiates a 48- to 72-hour follow-up phone call to check on the mother and address hypertension related issues, identify gaps in care/services, and address barriers to following through with postpartum appointments and obtaining medications. Phone call ideally done by a registered nurse.

(See **Appendix E** for sample follow-up phone call scripts.)

- a. Other options to check in with mother if phone calls are not feasible:
 - Text messaging
 - Email
 - App-based support
 - Remote blood pressure monitoring
 - Ask mother to call her obstetric provider's nurse to check in every two or three days until the first obstetric follow up appointment.

2. Blood pressure checked *within 72 hours* after discharge or sooner with symptoms – including headache that persists after taking medication, nausea and/or vomiting, vision changes, shortness of breath, swelling in hands or face, seizures.

- a. Potential options to facilitate these blood pressure checks:
 - Ideal: Schedule postpartum blood pressure check with obstetric provider and ensure patient can get to appointment.
 - Arrange for postpartum nurse home visit. (See **Appendix B**.)
 - Ask pediatric provider to check mother's blood pressure at newborn's well child visit.
 - Facilitate telemedicine follow up visit.
 - Include a prescription for blood pressure cuff along with education on how to use cuff and parameters.

Postpartum Follow-up Care Schedule for Women Diagnosed with Hypertensive Disorders during Pregnancy

7 – 14 DAYS AFTER DISCHARGE

1. Blood pressure checked within seven to 10 days after discharge and sooner with symptoms – including headache that persists after taking medication, nausea and/or vomiting, vision changes, swelling in hands or face, seizures.
 - a. Potential options to facilitate blood pressure checks:
 - Schedule postpartum blood pressure checks with obstetric provider and ensure patient can get to appointment.
 - Include a prescription for blood pressure cuff along with education on how to use cuff and parameters.
 - Arrange for postpartum nurse home visit. (See Appendix B.)
 - Arrange telemedicine follow up visit.
2. Postpartum appointment with obstetric provider seven to 14 days after discharge to check in on well-being of mother and blood pressure as needed.
3. Advise patient to seek immediate care with increased or persistent symptoms, including headache that persists after taking medication, nausea and/or vomiting, vision changes, shortness of breath, swelling in hands or face, seizures.

Postpartum Follow-up Care Schedule for Women Diagnosed with Hypertensive Disorders during Pregnancy

6 WEEKS
AFTER THE
END OF
PREGNANCY

1. **Six-week comprehensive postpartum follow-up appointment (sooner if necessary).**
(See **Appendix D**.)
 2. **Continuum of Care:**
 - Obstetric provider should help mother schedule primary care provider appointment to transfer primary care at or after six-week follow-up appointment.
 - Obstetric provider conveys information related to mother's hypertension in pregnancy, course of treatment, and need for additional follow-up to primary care provider.
 3. **For Primary Care Providers:**
 - a. Follow-up care for women diagnosed with hypertension in pregnancy includes yearly assessment/monitoring of blood pressure in medical setting.
 - b. Advise for preconception counseling with obstetric provider.
 - c. Follow ACOG guidelines on preconception screening (listed in **Resources**).
 - d. Address contraception.
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References

American College of Obstetricians and Gynecologists. (2018). Committee opinion number 736: Optimizing postpartum care. *Obstetrics and Gynecology*. 131:e140–50.

American College of Obstetricians and Gynecologists. (2013). Hypertension in pregnancy. *Task Force on Hypertension in Pregnancy*. Washington, D.C.

World Health Organization. (2013). WHO recommendations on postnatal care of the mother and newborn.

Appendix A: Family and Patient Resources

1. Preeclampsia Education and Tools

- a. ACOG (2019). Preeclampsia Resource Overview - Resources for Women and Patients. Found at: <https://www.acog.org/Womens-Health/Preeclampsia-and-Hypertension-in-Pregnancy>
- b. Preeclampsia.org (2019). Patient education and tools and information about postpartum preeclampsia (includes infographics).

Appendix B: Information and Resources on Home Visiting

1. Contact your local health department for more information about nurse home visiting services in your area and for assistance with setting up a home visit service.
2. **Other information and resources:**
 - a. Department of Children, Youth and Families - Home visiting Website: <https://www.dcyf.wa.gov/services/child-dev-support-providers/home-visiting>
 - b. Health Care Authority home visiting providers: https://www.hca.wa.gov/assets/billers-and-providers/fs_provider_directory.pdf
 - c. Washington 2-1-1: <https://win211.org/>
 - d. Health Care Authority Maternity Support Services/Infant Case Management provider directory: <https://www.hca.wa.gov/health-care-services-and-supports/apple-health-medicaid-coverage/first-steps-provider-directory>

Appendix C: Professional Guidelines Related to Hypertension in Pregnancy

1. **Blood Pressure Parameters and Care Guidelines for Hypertension in Pregnancy**
 - a. ACOG (2019). Preeclampsia Resource Overview - Resources for OBGYNs and Women's Health Providers. Found at: <https://www.acog.org/Womens-Health/Preeclampsia-and-Hypertension-in-Pregnancy>
 - b. Preeclapmsia.org (2019). Patient education and tools and information about postpartum preeclampsia (includes infographics)
2. **Hypertensive Medications and Breastfeeding**
 - a. Eyal, S., Kim, J. D., Anderson, G. D., Buchanan, M. L., Brateng, D. A., Carr, D., ... & Hebert, M. F. (2010). Atenolol pharmacokinetics and excretion in breast milk during the first 6 to 8 months postpartum. *The Journal of Clinical Pharmacology*, 50(11), 1301-1309. Free online at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2940977/>
 - b. LactMed - Drugs and Lactation Database: <https://www.toxnet.nlm.nih.gov/newtoxnet/lactmed.htm>
3. **Postpartum Care**
 - a. ACOG Optimizing Postpartum Care. Committee Opinion No. 736. May 2018.
 - b. Association of Women's Health, Obstetric and Neonatal Nurses Post Birth Tool: <https://www.awhonn.org/page/POSTBIRTH>.

Appendix D: Other Important Links and Resources

1. **American College of Obstetrics and Gynecology (ACOG)**
 - a. ACOG. (2017). Emergent Therapy for Acute Onset Severe Hypertension During Pregnancy and the Postpartum Period. Committee Opinion No. 767. September 2017
 - b. ACOG. (2013) Task Force Report Hypertension in Pregnancy (2013).
 - c. ACOG. (2018). Maternal Safety Bundle for Hypertension in Pregnancy. Safe Motherhood Initiative.
2. **Alliance for Innovation on Maternal Health Program (AIM)**
 - a. Patient Safety Bundle – Severe Hypertension in Pregnancy: <https://safehealthcareforeverywoman.org/patient-safety-bundles/severe-hypertension-in-pregnancy/>
3. **American Heart Association**
 - a. Preeclampsia-related articles
4. **Association of Women’s Health, Obstetric and Neonatal Nursing (AWHONN)**
 - a. Preeclampsia Education: <https://www.awhonn.org/page/POSTBIRTH>
5. **California Maternal Quality Care Collaborative (CMQCC)**
 - a. Preeclampsia Tools: <https://www.cmqcc.org/qi-initiatives/preeclampsia>
6. **Illinois Perinatal Quality Collaborative (IPCQ)**
 - a. Improving postpartum access to care initiative and tools.
7. **Preeclampsia Foundation**
 - a. Postpartum preeclampsia: <https://www.preeclampsia.org/stillatrisk>

Follow-up Care Schedule Pathway

Postpartum Care for Women with HYPERTENSION in Pregnancy



Appendix F: Postpartum Follow-Up Phone Call Script Examples (to add to general postpartum follow up scripts)

1. **Recommendations for content to address needs related to hypertension in pregnancy:**
 - a. Review hypertension in pregnancy-related symptoms: stomach pain, headaches, nausea/vomiting, change in vision, swelling in hands or face, weight gain of five pounds or more in a week. Ask if she has been experiencing these symptoms.
 - b. Ask mother about history of blood pressure and any related issues during pregnancy, in the hospital, and during birth. Was it a complication of pregnancy or due to chronic conditions?
 - c. Ask mother if she has or is currently taking medications to control blood pressure. When were they prescribed? Is she taking them as prescribed? Make sure she can get them/pay for them.
 - d. Does she have a way to check her blood pressure?
 - If so, what has it been and how often is she checking it?
 - If not, offer some options to do this.
 - e. Are follow-up appointments scheduled? Can she get to them?
2. **Refer to general postpartum telephone call script examples in Appendix F.**

Appendix F: Postpartum Follow-up Phone Call Script

- “Hello, this is ___ calling. May we talk for a few minutes about how you’re doing after your child's birth?”
- “I see you had *vaginal birth/cesarean birth*, are you having any pain? How would you describe your pain? Were you able to obtain all your medications? Are prescribed medications working well? How often do you need them?” (If appropriate: “Is your incision healing?”)
- “Has bleeding decreased? How many pads are you using a day? Are you passing any clots? If so, what size? Any foul odors from the bleeding? Are you still using the peri-care bottle to keep that area clean? Have you felt feverish? If so, have you checked your temperature?”
- “I see you *did/did not* have elevated blood pressure, have you made a follow-up appointment? Can you get to your appointment? Has your blood pressure been checked since you left the hospital? If you were prescribed blood pressure medicine, are you still taking it? Do you have a headache? Blurry vision? Increased swelling? Chest pain or heartburn?”
- “Did you have diabetes during your pregnancy?” (If appropriate: “Did it require medication? Has your medication dose changed?”) “Are you still checking your blood sugar?”
- “How often are you urinating? Any difficulty starting or stopping urinating? Have your bowel movements returned to normal? How is your appetite?”
- “Are you still taking your prenatal vitamins or any other medications prescribed after delivery?”
- “Have you been feeling sad or noticed a lack of interest in activities since going home? Do you have a history of depression or anxiety? Were you taking medication for this before delivery? Are you still taking them? (If yes, complete Edinburgh Postnatal Depression Scale and refer to MD/ED as necessary.)

Postpartum Follow-Up Phone Call Script (Continued)

- “May we now talk about your baby? (Know live born, discharged home, NICU, etc.) I see you had a *boy/girl*. How is *he/she* doing? Are you breastfeeding? How are your breasts feeling? Has your milk come in? How many times per day does baby feed? Are your nipples cracked? Are you hand expressing or pumping breast milk? Have you gone for a lactation follow up visit or baby weight check?”
- “How many wet or dirty diapers? (Refer to number of wet/dirty diapers by age.) Any diaper rash or other skin concerns? Does the baby’s skin look yellow? Has the umbilical cord fallen off? (If boy, did you have your son circumcised? How is that healing?) How is baby sleeping? Are you placing baby on the back to sleep without pillows, stuffed toys or other soft surfaces? Have you scheduled a doctor’s appointment for your baby yet?”
- “I know I’ve asked many questions, and I am glad to hear you are enjoying your baby (if this is accurate). Do you have any questions for me? Thank you and have a great day.”

Developed in part from the Illinois Perinatal Quality Collaborative Discharge Phone Script