



Hypertension for Doulas

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Supported by the Oregon Perinatal Collaborative

January 13th, 2024

Oregon Perinatal Collaborative (OPC) is Oregon's Perinatal Quality Collaborative (PQC)

- All 50 states in the US have a Perinatal Quality Collaborative
- “Perinatal Quality Collaboratives (PQCs) are state or multi-state networks of multidisciplinary teams, working to improve maternal and infant health outcomes” -NNPQC
- PQCs use quality improvement methods to:
 - Implement evidence-based care practices
 - Increase respectful, patient-centered care
 - Close gaps in care
 - Advance policy to improve maternal & infant health
- PQCs work on everything from cesarean reduction, to antibiotic stewardship to maternal mental health



OPC Vision & Mission

Vision:

Oregon is a safe, welcoming place to be pregnant, give birth, be born and thrive within healthy communities.

Mission:

We work together to improve maternal and childhood health outcomes through collaboration, implementation of best practices, and policy change throughout the state of Oregon.



Oregon Perinatal Collaborative: Severe Hypertension Initiative

- Clinical Lead: Dr. Karen Archabald, MFM, Medical Director, Legacy Health
- Rooted in the Alliance for Innovation on Maternal Health (AIM) patient safety bundle
- Multidisciplinary workgroup developed policy recommendations and Oregon specific toolkits for multiple audiences
- 25 hospitals in Oregon participating in a 13-month initiative to implement bundle (*ends June 2025*)
 - *Represents over 60% of Oregon births*



Oregon Perinatal Collaborative: Severe Hypertension Initiative, Cont'd

Webinars open to all (*not just participating hospitals*)

- *December 2024 – Available on Demand: Management of Postpartum Hypertension with Dr. Karen Gibbins*
- **Today!** Hypertension Webinar for Doulas
- 3/17/25: Magnesium for Seizure Prophylaxis with Dr. Kathleen Brookfield and Lacey Miller, RN
- April 2025 TBD: Hypertension Management in the Emergency Department with Dr. Mark Tomlinson and ED physician TBD
- June 2025 TBD: Overview of Learning from Oregon's 13-month Hypertension Initiative with Dr. Karen Archabald



Key Terms

- Hypertension Disorder of Pregnancy (HTN or HDP)
 - An all-encompassing term that indicates a person had high blood pressure meeting criteria for one or more hypertension conditions as it relates to pregnancy. It is the most common medical complication of pregnancy
 - Includes gestational HTN, chronic HTN, preeclampsia without severe features, preeclampsia with severe features, and eclampsia
- Preeclampsia
 - A disorder that occurs only during pregnancy and the postpartum period and affects both the mother and the unborn baby. Affecting at least 5-8% of all pregnancies, it is a rapidly progressive condition characterized by high blood pressure and usually the presence of protein in the urine.



Background: Oregon Perinatal Collaborative Severe Hypertension in Pregnancy Initiative

Toolkit Development

- Core guiding documents
 - Alliance for Innovation Maternal Health (AIM) Hypertension in Pregnancy Bundle
 - AIM Reduction of Peripartum Ethnic and Racial Disparities Patient Safety Bundle (now archived)
 - Institute for Healthcare Improvement (IHI) Severe Hypertension in Pregnancy Change Package
 - CMQCC Hypertensive Disorders of Pregnancy Toolkit
 - CDC Severe Hypertension in Pregnancy Change Package
- Oregon data review
 - Oregon Health Authority Center for Health Statistics
 - Maternal Data Center
- Local expert workgroup formation
 - Included MD's, CNM's, community midwives, RN's, doulas, public health
- Focus group
 - People who identify as Black, Indigenous, and/or Pacific Islander, gave birth in past 2-3yrs in Oregon and experienced severe hypertension



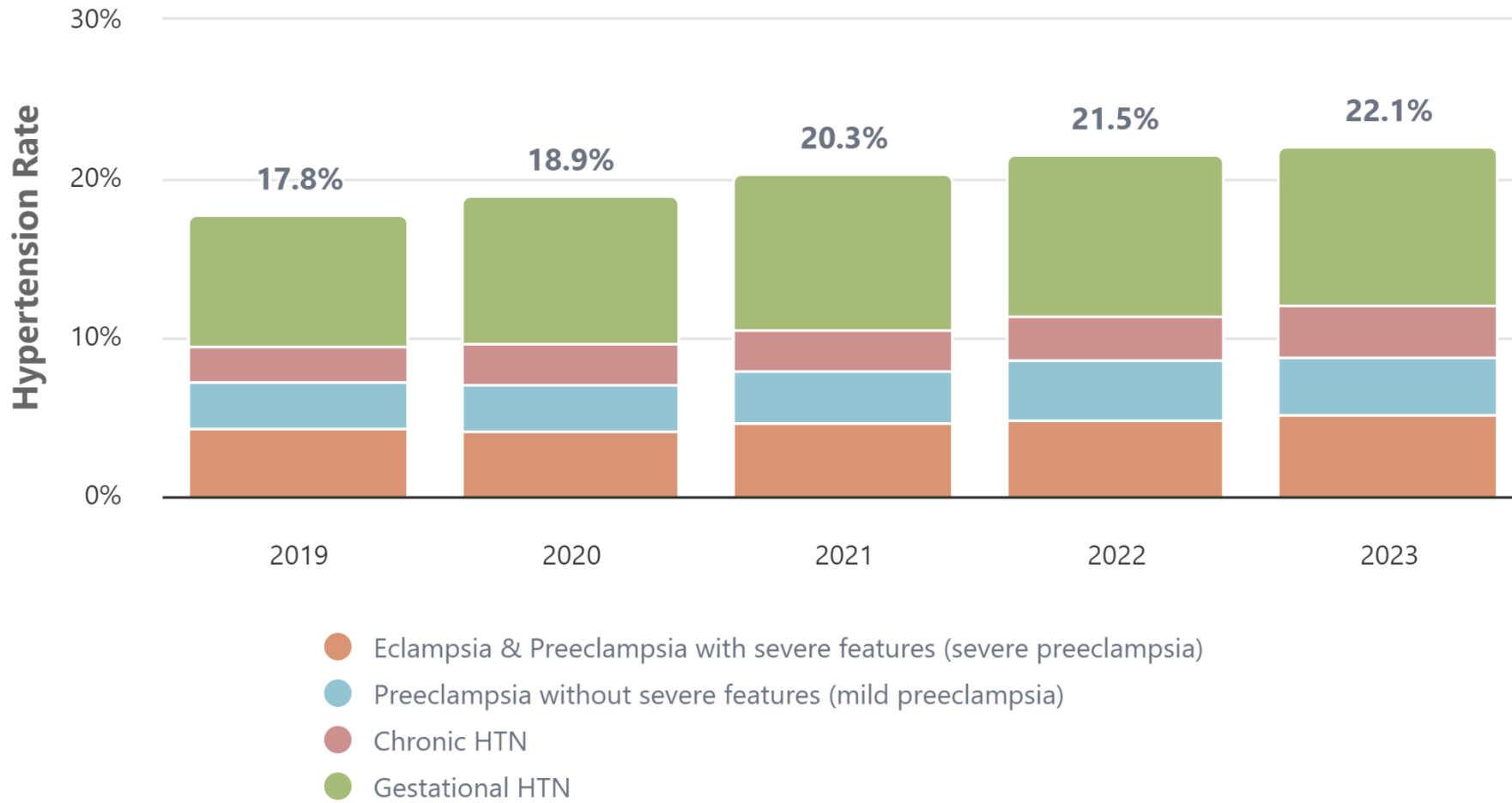
Why work on severe hypertension?

- Severe hypertension and preeclampsia are major drivers of maternal morbidity and mortality in Oregon
- Birthing mothers and families are deeply impacted by experiences of severe hypertension and preeclampsia

“I'm grateful for the little moments of joy that my babies give me and I'm happy that I'm like on my way to healing and reconnecting with friends and family. Just getting back to how I used to be. It was really crazy.” --Focus group participant



Oregon Trend: Hypertension Frequency 2019-2023



Percent of deliveries with diagnosis codes for hypertension

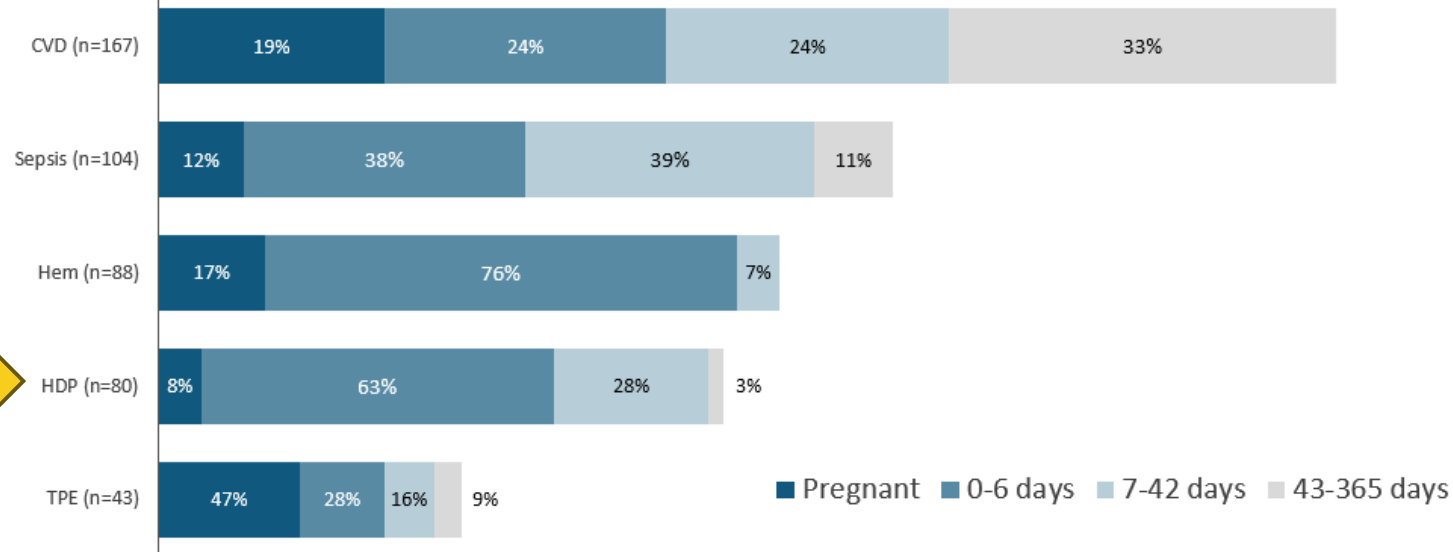
Source: Maternal Data Center, denominators ~28,000-30,000/yr includes all Oregon facilities who submitted data during these time periods



Why is doula postpartum follow up so important?

Pregnancy-Related Deaths by Cause and Timing to Death, California 2008-2016 (N=608)

CA-PMSS Surveillance Report: Pregnancy-Related Deaths in California, 2008-2016. Sacramento: California Department of Public Health, Maternal, Child and Adolescent Health Division. 2021.



Pregnancy-related deaths include deaths within a year of pregnancy from causes related to or aggravated by the pregnancy or its management, as determined by expert committee review.

Ok, but why are doulas involved in this work on severe hypertension?

- Doulas aren't clinical – seems out of our scope
- I'm not a fan of all the inductions – I think providers are too often using any raise in BP as an excuse to induce
- I don't even see how doulas could make a difference in fixing someone's hypertension



Ok, but why are doulas involved in this work on severe hypertension?

- Doulas aren't clinical – seems out of our scope
 - Being aware of warning signs, checking in with clients about their health and giving referrals as appropriate is totally in your scope!
- I'm not a fan of all the inductions – I think providers are too often using any raise in BP as an excuse to induce
 - Higher health acuity is real but let's learn about some upstream resources to help prevent this!
 - Reduce client trauma from HTN related inductions
- I don't even see how doulas could make a difference in fixing someone's hypertension
 - Doulas have way more potential to save lives and reduce poor outcomes around HTN than most other aspects of birth or postpartum support!



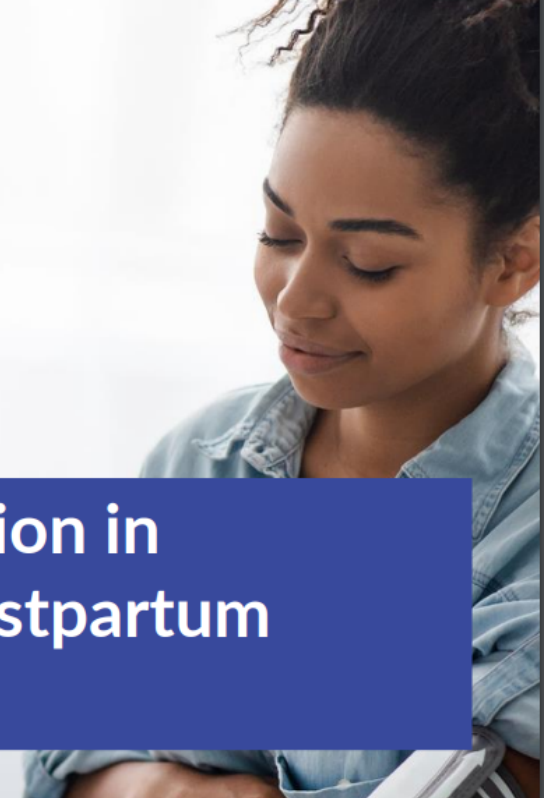
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Severe Hypertension in
Pregnancy and Postpartum
Doula Toolkit



Introduction of Doula Toolkit

Readiness

Recognition & Prevention

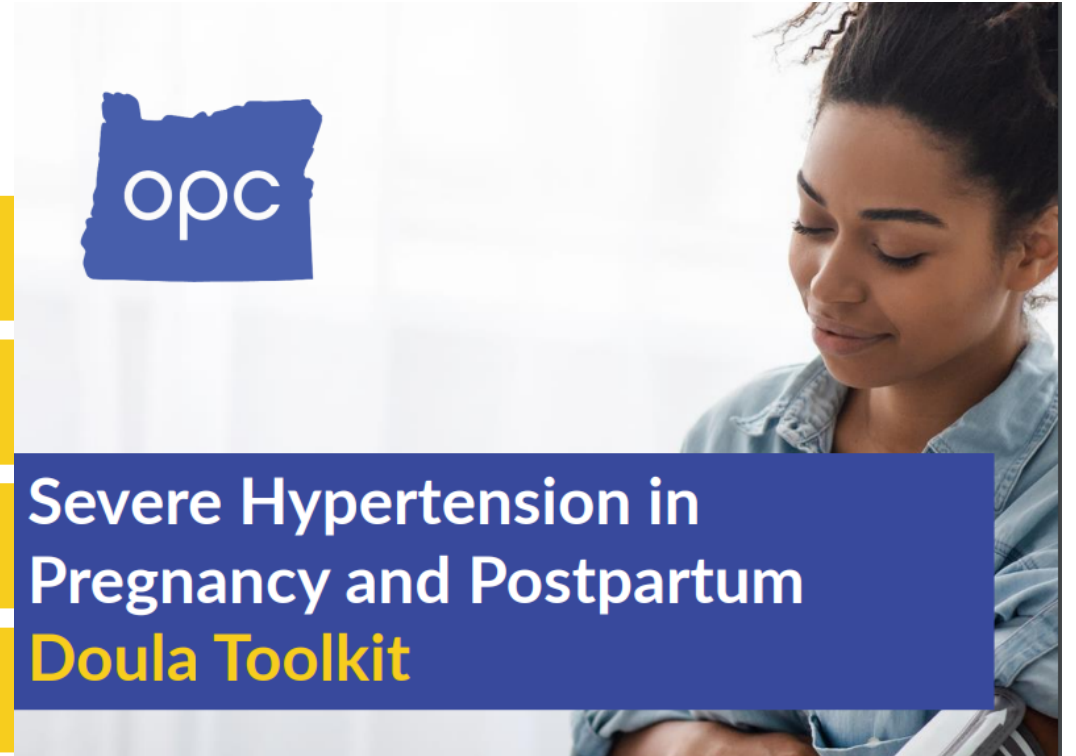
Response

Reporting & Learning Systems

Respectful, Equitable, and Supportive Care



Severe Hypertension in
Pregnancy and Postpartum
Doula Toolkit



Readiness

- Train to understand severe hypertension and preeclampsia.
 - [ACOG Preeclampsia and High Blood Pressure During Pregnancy FAQs](#)
 - [Hypertension Doula Toolkit, Wisconsin](#)
 - [Preeclampsia Foundation Doula Resources](#)



ACOG FAQs

Gestational Hypertension

Expand All

What is gestational hypertension?



How will my health be monitored if I have gestational hypertension?



How does gestational hypertension affect future health?



Preeclampsia

Expand All

What is preeclampsia?



What are the risk factors for preeclampsia?



How does preeclampsia affect the body?



Will I need to deliver early if I have preeclampsia?



How does preeclampsia affect future health?



What are the signs and symptoms of preeclampsia?



ACOG FAQs

Preeclampsia

Expand All

What is preeclampsia?



What are the risk factors for preeclampsia?



How does preeclampsia affect the body?



- Preeclampsia can lead to a condition that causes seizures and stroke.
- Preeclampsia can cause [HELLP syndrome](#). HELLP stands for **h**emolysis, **e**levated **l**iver enzymes, and **l**ow **p**latelet count. HELLP syndrome damages or destroys red blood cells and interferes with blood clotting. It can also cause chest pain, abdominal pain, and bleeding in the liver. HELLP syndrome is a medical emergency. Women can die from HELLP syndrome. They can also have lifelong health problems from the condition.

Will I need to deliver early if I have preeclampsia?



Wisconsin Hypertension Doula Toolkit

6. WAYS TO SUPPORT YOUR CLIENT IF THEY HAVE ANY CONCERNING SYMPTOMS (LISTED ABOVE) OF HYPERTENSION

- Verify symptoms are consistent with worrisome signs or symptoms of hypertension/high blood pressure
- Ask if they checked a blood pressure- if not have them conduct and refer to table if the result is normal or not.
- If not normal:
 - Encourage the patient to call their blood pressure monitoring team (STAC) or local care provider to report their symptoms and home blood pressure.
 - Ask client if it is ok to contact the patient's provider if they have limits to accessing care or this is helpful to them
- If blood pressure is greater than systolic 160 or diastolic 110 then the patient is in danger and should be encouraged to seek advise/care immediately



Preeclampsia Foundation Doula Resources

EDUCATE YOUR CLIENTS ABOUT PREECLAMPSIA

Educating clients about the signs and symptoms of preeclampsia is the first line of defense to prevent bad outcomes. Preeclampsia can occur rapidly and worsen quickly between regular prenatal appointments. As her doula, you can take the first step to educate your clients by **familiarizing yourself with the signs and symptoms**, and encouraging her to trust her instinct when something feels wrong.

Research shows that pregnant patients know that preeclampsia is serious, but also have a poor understanding of preeclampsia's signs and symptoms.

When women know their risk factors and how to recognize the signs and symptoms, they are also more likely to comply with prescribed preventions or treatments. This has a direct impact on reducing adverse outcomes. As a doula, your knowledge and encouragement might just save a life! Use the following tools in your sessions or on your social media channel to help educate your clients.

What is preeclampsia?

Preeclampsia (pre-e-CLAMP-si-a) is persistent high blood pressure during pregnancy or the postpartum period

WITH...

- high levels of protein in the urine
- decreased blood platelets
- trouble with the kidneys or liver
- fluid in the lungs
- signs of brain trouble, such as seizures and/or visual disturbances



www.preeclampsia.org/faqs

Symptoms of HELLP syndrome



- Abdominal, chest or shoulder pain, especially in the right upper side
- Nausea, vomiting, or indigestion
- Headache that won't go away
- Pain when breathing deeply
- Bleeding
- Changes in vision
- Swelling, especially of the face or hands
- Shortness of breath, difficulty breathing, or gasping for air



www.preeclampsia.org/HELLP-syndrome

Know The Signs and Symptoms of Preeclampsia



High blood pressure (140/90 or greater)

Protein in the urine



Swelling of the hands and face

Headache



Sudden weight gain

Seeing spots or vision changes



Stomach pain (especially in the right upper side)

Nausea and Vomiting (in the second half of pregnancy)

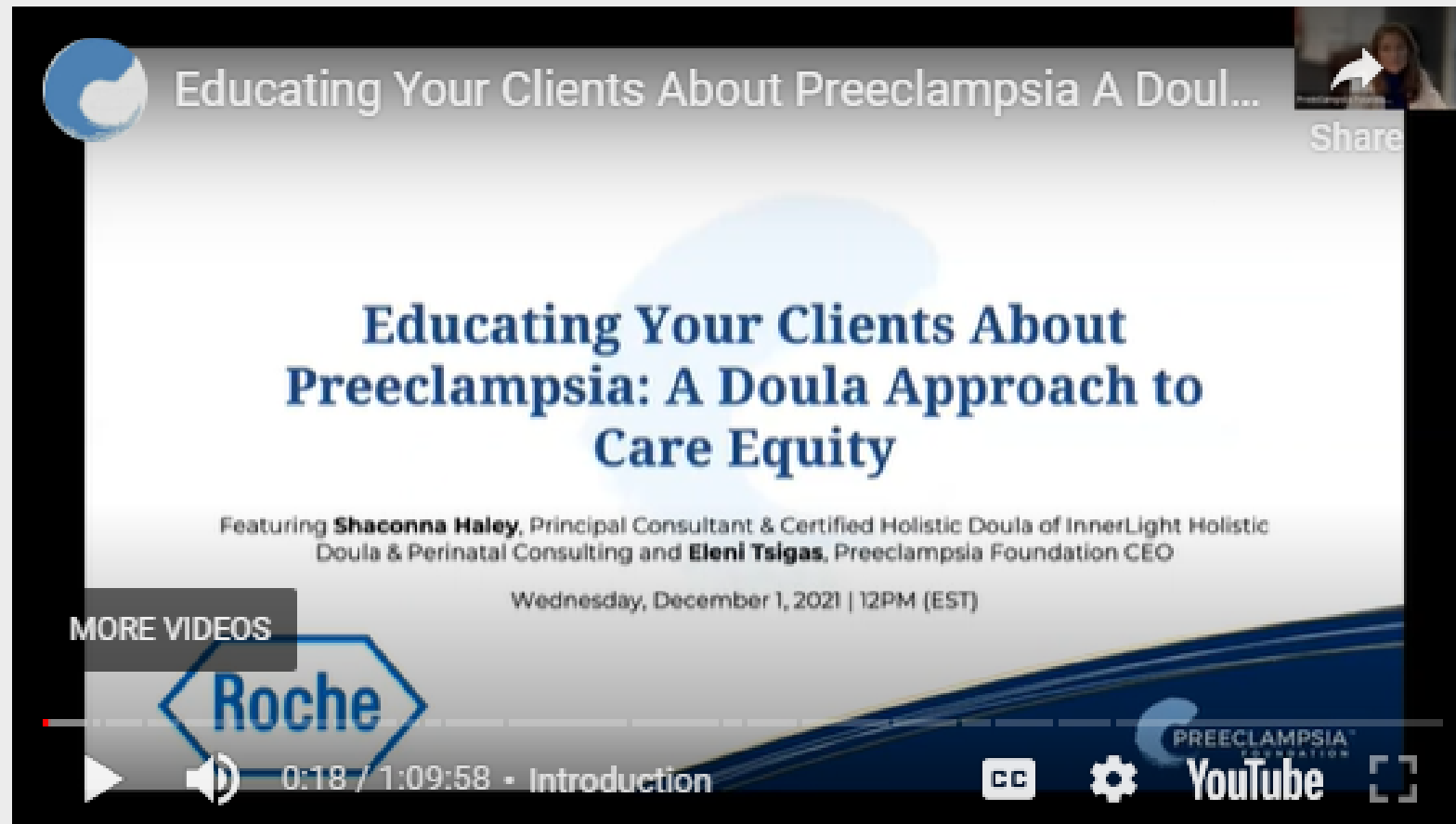


preeclampsia.org/signs-and-symptoms



Preeclampsia Foundation Doula Resources

WATCH OUR SPECIAL DOULA WEBINAR



The image shows a YouTube video player interface. At the top left is a blue circular icon with a white swirl. The video title is "Educating Your Clients About Preeclampsia A Doul...". In the top right corner, there is a small video thumbnail of a woman and a "Share" button. The main content area features the title "Educating Your Clients About Preeclampsia: A Doula Approach to Care Equity" in a large, bold, blue font. Below the title, it says "Featuring **Shaonna Haley**, Principal Consultant & Certified Holistic Doula of InnerLight Holistic Doula & Perinatal Consulting and **Eleni Tsigas**, Preeclampsia Foundation CEO". The date and time are "Wednesday, December 1, 2021 | 12PM (EST)". At the bottom left, there is a "MORE VIDEOS" button and a "Roche" logo. The video progress bar shows "0:18 / 1:09:58 • Introduction". At the bottom right, there are icons for "CC", a settings gear, the "Preeclampsia Foundation" logo, the "YouTube" logo, and a full-screen icon.



Readiness

- Become familiar with correct home blood pressure monitor use to support clients who are taking their own blood pressure at home.
 - [Home blood pressure monitoring instructions](#)



Home BP Monitoring – Preeclampsia Foundation

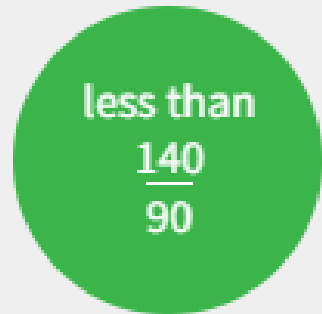


YOUR BLOOD PRESSURE: CHECK. KNOW. SHARE.

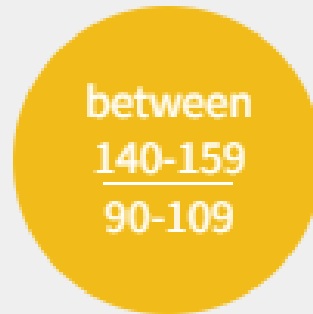
Home BP Monitoring – Preeclampsia Foundation

KNOW

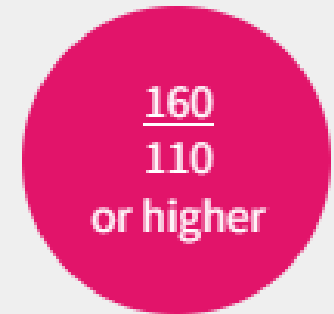
Your Numbers



Normal (Keep checking)



Call your healthcare provider



Seek immediate medical care

Keep checking your blood pressure daily and log your trends.

If either your top (systolic) or bottom (diastolic) number falls out of the normal range, take action.

Readiness

- Learn about racial and ethnic disparities in birth outcomes and their root causes, implicit bias, and the use of [cultural humility](#).
- Refer clients to culturally and linguistically matched doulas when possible.





Black Women Face **Three Times** the Maternal Mortality Risk as White Women

Black mothers: **55**



White mothers: **19**



Hispanic mothers: **18**



*Deaths per 100,000 live births

Source: <https://www.cdc.gov/nchs/data/hestat/maternal-mortality/2020/maternal-mortality-rates-2020.htm>

Are there racial differences in healthcare utilization among patients with suspected or confirmed preeclampsia?

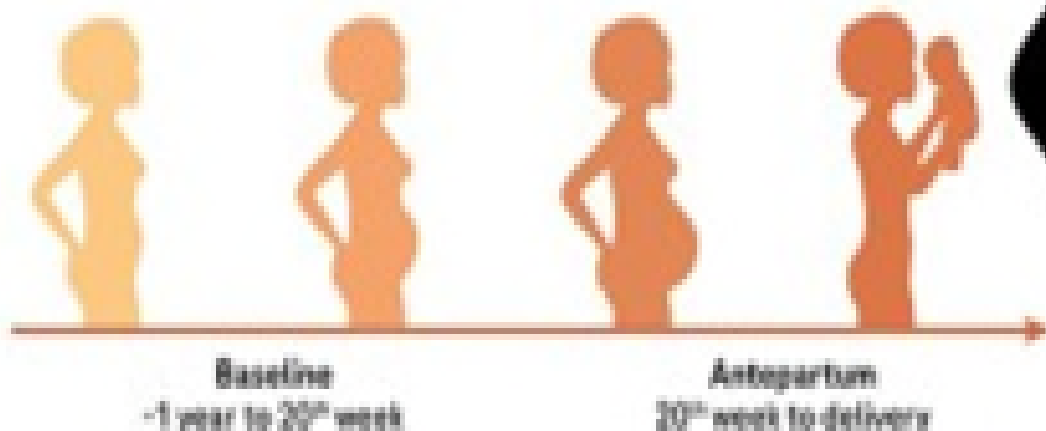


Retrospective cohort study in Black and White pregnant women using the IBM® Explorys Database



July 31, 2012-Dec 31, 2020

Cohort



Black
N=38,190
vs
White
N=248,586

Compared with White patients, Black patients with signs/symptoms of preeclampsia had:



Higher emergency room utilization



Fewer preeclampsia blood tests



Lower use of antenatal steroids for preterm labor



Higher rates of severe maternal morbidity



More cardiovascular disease and corresponding resource use/tests

In the USA, racial disparities in healthcare utilization for preeclampsia diagnosis and management are prevalent

Community-Based Doulas

Specifically aim to serve their cultural, linguistic, or lived-experience communities



“Community-based doulas are particularly well suited to **improve racial disparities** in health outcomes by ensuring that pregnant people who face the greatest risk of discrimination and mistreatment in the medical system receive the additional support they require. As members of the communities they serve, community-based doulas are able to intimately understand the needs of their clients and effectively **build trusting relationships**. Research demonstrates that a strong doula/client relationship grounded in trust and shared experience **increases a pregnant person’s engagement in care, agency in decision-making, and overall improved health outcomes.**”







Recognition & Prevention

- **Address toxic stress** – share resources for mindfulness, stress reduction and deep breathing practices
- Share pregnancy-specific mindfulness resources with clients, such as the free app **Insight Timer**




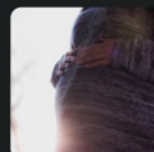
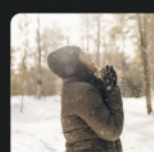
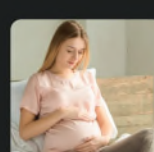
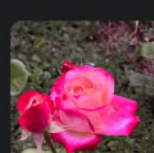
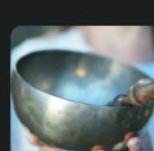

Pregnancy Cancel

Top Tracks Courses Teachers People Events

-  4.9 ★ Guided · 29 min
Pregnancy Affirmations
Naomi - Soul Tranquility Healing
-  4.8 ★ Course · 10 days · *Plus*
Calm For Two: Practical Tools For Mothers To Be
Emma Maidment
-  4.7 ★ Guided · 9 min
Pregnancy Affirmations
Kelly Colvin
-  4.8 ★ Music · 13 min
Pregnancy Music: Womb Waters
Simone Vitale
-  4.8 ★ Guided · 11 min
Pregnancy Meditation
Žana Žižek
-  4.4 ★ Guided · 5 min
Pregnancy Connection
Lynette Diamant




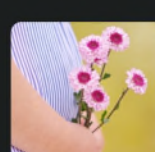
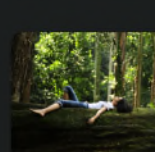
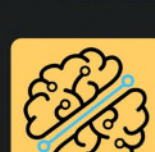
Pregnancy stress Cancel

Top Tracks Courses Teachers People Events

-  **Pregnancy**
Lauren Grogan
-  ★ 4.6 · GUIDED · 16 MIN
Relaxation During Pregnancy
Brenda Rock
-  ★ 4.7 · GUIDED · 20 MIN
Lower Fatigue & Release Fears During Pregnancy
Katie Falk
-  ★ 4.7 · GUIDED · 15 MIN
Healthy Pregnancy
Jessica Crow
-  ★ 4.3 · GUIDED · 19 MIN · *Plus*
Mindfulness for Pregnancy
Dr Linda Kantor
-  ★ 4.3 · GUIDED · 8 MIN
Pregnancy Meditation For Deep Peace & Connection
Michelle Meech
-  GUIDED · 7 MIN
Prenatal Meditation - Connection And Stress Release
Sharon Gagnier

Pregnancy body scan Cancel

Top Tracks Courses Teachers People Events

-  ★ 4.7 · GUIDED · 16 MIN
Pregnancy Body Scan
Natural Birth Co.
-  ★ 4.2 · GUIDED · 10 MIN
Body Scan During Pregnancy
Heather Gilmartin
-  ★ 4.5 · GUIDED · 11 MIN
Simple Body Scan Relaxation For Pregnancy
Jess - Pocket Neuro
-  ★ 4.8 · GUIDED · 6 MIN
Relaxing With Your Baby In Pregnancy
Dr. Juna Bobby
-  ★ 4.9 · COURSE · 10 DAYS · *Plus*
Body Scan With Binaural Beats For Blissful Sleep
Julie Murphy Yogaressa
-  ★ 4.1 · GUIDED · 8 MIN
Simple Body Scan
The Science of Well-Being

Recognition & Prevention

- **Address pregnancy nutrition and food insecurity** in prenataals
- The main building blocks of babies are water, protein and calcium – baby will get what it needs but the pregnant person will be depleted*
- WHO, NIH recommends getting 60-100 gm protein daily during third trimester
- Doulas can help clients strategize for getting enough protein through meal planning, food choices and food resources like SNAP and WIC







Mediterranean Diet

In Southern Europe, the Eastern Mediterranean, and North Africa, olive oil, vegetables, legumes, fruits, whole grains, and nuts take center stage, and meals are flavored with herbs, spices, seafood,...



African Heritage Diet

The diversity of the African Diaspora (Africa, the Caribbean, South America, and the American South) includes dishes of leafy greens, tubers, groundnuts, legumes, fruits, and other plants.



Asian Heritage Diet

East, Southeast, and South Asian cuisines feature green vegetables, soy foods, legumes, fruits, rice, and noodles.



Latin American Heritage Diet

Indigenous, Portuguese, Spanish, and African food traditions have all influenced Latin American Heritage cuisine, which features peppers, tropical fruits, beans, and whole grains like corn.



Vegetarian & Vegan Diet

Heritage diets each share a common pattern of mostly plant-based foods, supporting both human and planetary health.



Why Traditional Diets

Traditional diets allow us to center our health by celebrating our cultural heritage and rediscovering the joy in eating without deprivation.

Vegetarian & Vegan Diet - Oldways

**Beans, Peas,
Lentils, Soy**
Eat these every day



Recognition & Prevention

- Teach doula clients about preeclampsia warning signs and when to call their doctor, midwife, nurse practitioner or physician's assistant.
 - [Preeclampsia signs and symptoms](#)
 - Verify that clients know what phone number to call with urgent symptoms.
- Check in with clients who are doing home blood pressure monitoring and refer them to instructions if they have questions.
 - [Home blood pressure monitoring](#)
- Ask postpartum clients about signs and symptoms of preeclampsia.
 - Facilitate client contacting provider if signs or symptoms present.



Signs and symptoms: Patient Education Material

CDC

Hear
Her



Headache that won't go away or gets worse over time



Dizziness or fainting



Changes in your vision



Fever of 100.4° F or higher



Extreme swelling of your hands or face



Thoughts of harming yourself or your baby



Trouble breathing



Chest pain or fast beating heart



Severe nausea and throwing up



Severe belly pain that doesn't go away



Baby's movement stopping or slowing during pregnancy



Severe swelling, redness or pain of your leg or arm



Vaginal bleeding or fluid leaking during pregnancy



Heavy vaginal bleeding or discharge after pregnancy



Overwhelming tiredness

Ask Your Doctor or Midwife

Preeclampsia

What Is It?

Preeclampsia is a serious disease related to high blood pressure. It can happen to anyone during the second half of pregnancy, or up to 6 weeks after delivery.

Risks to You

- Seizures
- Stroke
- Organ damage
- Death

Risks to Your Baby

- Premature birth
- Low birth weight
- Death

Signs of Preeclampsia



Stomach pain



Headaches



Feeling nauseous; throwing up



Seeing spots



Swelling in your hands and face



Gaining more than 5 pounds (2.3 kg) in a week

What Should You Do?

Call your doctor or midwife right away. Finding preeclampsia early is important for you and your baby.



For more information go to www.preeclampsia.org

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Preeclampsia
Foundation



¿Embarazada ahora o lo estuvo dentro del último año?

Obtenga atención médica de inmediato si tiene cualquiera de estos síntomas:



Dolor de cabeza intenso que no desaparece o empeora con el tiempo



Mareos o desmayos



Cambios en la visión



Fiebre de 100.4 °F o más alta



Hinchazón extrema de las manos o la cara



Pensamientos acerca de hacerse daño o hacerle daño a su bebé



Dificultad para respirar



Dolor en el pecho o latidos cardíacos acelerados



Náuseas y vómitos intensos



Dolor abdominal fuerte que no desaparece



Movimientos del bebé que cesan o disminuyen durante el embarazo



Hinchazón, enrojecimiento o dolor en una pierna



Sangrado o pérdida de líquido vaginales durante el embarazo



Sangrado vaginal abundante o pérdida de líquido vaginal que huele mal después del embarazo



Cansancio extremo

Estos podrían ser signos de complicaciones graves. Si no puede comunicarse con un proveedor de atención médica, necesita ir a una sala de emergencias. Asegúrese de mencionar que está embarazada o lo estuvo en el último año.



Infórmese más en
[cdc.gov/Escuchela](https://www.cdc.gov/Escuchela)



HEAR
ESCÚCHELA

Esta lista fue creada por el Consejo para la Seguridad del Paciente en la Atención de la Salud de la Mujer

Беременны сейчас или были беременны в прошлом году?

Немедленно обратитесь за медицинской помощью, если у Вас возникнут какие-либо из следующих симптомов:



Головная боль, которая не проходит или усиливается со временем



Головокружение или обморок



Изменения в остроте зрения



Температура 100,4 °F или выше



Сильный отек рук или лица



Мысли о причинении вреда себе или своему ребенку



Затрудненное дыхание



Боль в груди или учащенное сердцебиение



Сильная тошнота и рвота



Сильная боль в животе, которая не проходит



Остановка или замедление движений ребенка во время беременности



Сильный отек, покраснение или боль в ноге или руке



Вагинальное кровотечение или подтекание жидкости во время беременности



Обильное вагинальное кровотечение или выделения после беременности



Непреодолимая усталость

Это могут быть признаки очень серьезных осложнений. Если Вы не можете связаться с лечащим врачом, обратитесь в отделение неотложной помощи. Обязательно сообщите, что Вы беременны или были беременны в течение последнего года.

Узнайте больше на веб-сайте www.cdc.gov/HearHer



HEAR
ВЫСЛУШАЙ ЕЕ ОПАСЕНИЯ

Этот перечень настораживающих симптомов у беременной или недавно перенесшей беременность женщины, которые требуют неотложного внимания, был разработан Советом по безопасности пациентов в области охраны женского здоровья.

You are **STILL AT RISK** **after** your baby is born!

Postpartum Preeclampsia

What is it?

Postpartum preeclampsia is a serious disease related to high blood pressure. It can happen to anyone who has just had a baby **up to 6 weeks after the baby is born.**

Risks to You

- Seizures
- Organ damage
- Stroke
- Death

Warning Signs



Stomach pain



Severe headaches



Feeling
nauseous or
throwing up



Seeing spots
(or other
vision changes)



Swelling in your
hands and face



Shortness
of breath

What can you do?

- Ask if you should follow up with your doctor within one week of discharge.
- Keep all follow-up appointments.
- Trust your instincts.

- Watch for warning signs. If you notice any, call your doctor. If you can't reach your doctor, call 911 or go directly to an emergency room and report you have been pregnant.



For more information, go to www.stillatrisk.org



Response

- Help clients with warning signs to access care quickly.
- Emphasize the need to contact their care provider right away with symptoms of preeclampsia.



Response: Practice scenario

- Your 37 week client texts you that she hasn't been feeling very good lately – mainly just a bad headache for a couple days that won't go away but she's been pretty stressed. She's super tired all the time and just wants to be done with this pregnancy – her back hurts and she just feels super fat and swollen





Headache that won't go away or gets worse over time



Dizziness or fainting



Changes in your vision



Fever of 100.4°F or higher



Extreme swelling of your hands or face



Thoughts of harming yourself or your baby



Trouble breathing



Chest pain or fast beating heart



Severe nausea and throwing up



Severe belly pain that doesn't go away



Baby's movement stopping or slowing during pregnancy



Severe swelling, redness or pain of your leg or arm



Vaginal bleeding or fluid leaking during pregnancy



Heavy vaginal bleeding or discharge after pregnancy



Overwhelming tiredness

These could be signs of very serious complications. If you can't reach a healthcare provider, go to the emergency room. Be sure to tell them you are pregnant or were pregnant within the last year.

Response: Practice scenario

- Yes, now that you mention it, her vision is weird and blurry but she thought that just went with the headaches
- Yes, her hands and feet are super swollen but isn't that just a part of pregnancy?
- Her next provider visit is in 5 days so she'll talk to them then. The clinic is closed now anyway and she still needs to go to the store to get something for dinner.



Response: Practice scenario

- You ask her to use the blood pressure machine by the pharmacy inside the grocery store and to let you know what it says
- She texts you back a while later saying that her BP was 175/110 and the machine said that was high. She sat for a while and did her deep breathing but it still measured 167/99 at the lowest.
- What is she supposed to do with this info?



KNOW

Your Numbers

less than
140
90

Normal (Keep checking)

between
140-159
90-109

Call your healthcare provider

160
110
or higher

Seek immediate medical care

Keep checking your blood pressure daily and log your trends.

If either your top (systolic) or bottom (diastolic) number falls out of the normal range, take action.

Response: Practice scenario

- You tell her she needs to go to the Emergency Department/L&D and also call her clinic (after-hours message line) and let them know
- She doesn't really want to – the ED is such a long, stressful ordeal where she's had some bad experiences in the past and she just wants to eat dinner and lay down.
- Then you don't hear back from her for several hours and are getting worried....



Response:

A note about care in the emergency department

- Reinforce importance of person sharing that they are pregnant or have been in past 6 weeks when they seek care anywhere. Don't assume they know!
 - Clinic & hospital, including emergency department



Response

- Provide [trauma- informed support](#) for clients who experience serious complications of severe hypertension or preeclampsia.
 - Consider referral for support groups/ short term therapy for all patients with preeclampsia diagnosis, regardless of complications.
 - [Preeclampsia Foundation Birth Trauma Resource site](#) may provide helpful links.






Preeclampsia.org -> Birth Trauma Resources

Need to talk about your feelings during pregnancy or the postpartum period? Check out the U.S. Health and Human Services Department's Health Resources and Services Administration (HRSA) Maternal Mental Health Hotline, a confidential, toll-free hotline for expecting and new moms experiencing mental health challenges launched in 2022. The hotline is accessible by phone or text at 1-833-TLC-MAMA (1-833-852-6262) in English and Spanish. TTY Users can use a preferred relay service or dial 711 and then 1-833-943-5746.

The Maternal Mental Health Hotline is not intended as an emergency response line and individuals in behavioral health crisis should continue to contact the National Suicide Prevention Lifeline at 1-800-273-TALK (8255).

Consider journaling. By writing things down, you can temporarily disconnect, become more self-aware, and start to chart your road to recovery. Write in it every day, even if it is only to state three good things that have happened that day.

Join a Facebook Community:

-  [Birth & Trauma Support Group](#)
-  [Traumatic Birth Stories & Support](#)
-  [Maternal Near Miss Survivors Group](#)

Reporting & Systems Learning

- Review cases of severe hypertension or preeclampsia with a doula mentor or trusted doula colleague to improve care.



Reporting & Learning: Practice scenario

- You don't hear back from her for several hours and are getting worried....
- You text the doula coordinator at your hospital to see if they have any advice or if they can reach out to the providers or leave a provider note in the chart



Reporting & Learning: Practice scenario

- She is able to see in the chart that the client has recently been admitted to L&D and is being put on magnesium. She messages the provider and they are glad to know this patient has doula support and very glad that she came in when she did!
- The client's phone died when she was in the ED but the doula is able to call her on the room phone and check in about next support steps.



Respectful, Equitable and Supportive Care

- Engage in open, transparent, and empathetic communication with pregnant and postpartum people and their support people.
- Advocate for inclusion of pregnant and postpartum persons as part of the multidisciplinary care team to establish trust and ensure informed, shared decision-making that incorporates the pregnant and postpartum person's values and goals.
- Connect clients to community resources (such as housing, food, support groups) that may improve social determinants of health.

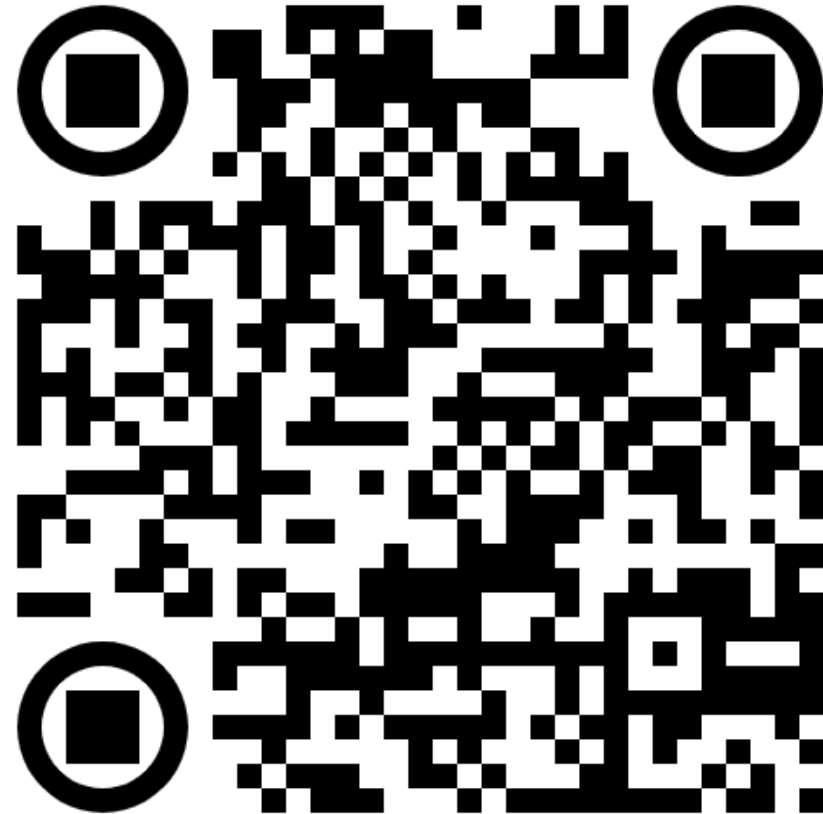


Q&A



Please complete this brief
evaluation survey to
receive your continuing
education certificate

Hypertensive Disorders in
Pregnancy: Doula Toolkit
Webinar - Evaluation Link





Thank You