PROBLEM

- Preventable readmissions regarding hypertension have been flagged as an area for improvement in OB/GYN at Aurora Health Care. Between November 2014 to Nov 2015, 57% of our obstetric postpartum readmissions were secondary to hypertension.
- Additionally, chronic disease (hypertension) and health literacy are measures identified on the Milwaukee County Community Health Needs Assessment as areas for our community to improve.
- In 2013, the American Congress of Obstetricians and Gynecologists (ACOG) recommendations for treatment of hypertension in pregnancy were updated and were gradually incorporated through the multidisciplinary team of attending physicians residents, midwives, and nursing staff.
- Traditionally, discharge planning, follow-up, and BP checks, as well as education on postpartum preeclampsia, was up to discretion of the admitting provider within our healthcare system.

BACKGROUND

Preeclampsia is traditionally defined as new onset elevated blood pressures with associated proteinuria in the later half of a pregnancy. In a 2009 study, 27% of obstetric readmissions were due to hypertensive disease. In the last several years, recognition of new preeclampsia or worsening preeclampsia in the postpartum period has increased, although the overall incidence is not well defined. Recent guidelines for treatment of preeclampsia have focused on timing of delivery and increasing awareness of the importance of preeclampsia in the postpartum period. While blood pressure often decreases in the 48 hours after delivery, increases can be seen 3-6 days postpartum.

RESULTS

Average number of days to readmission was 6 days postpartum and the most common days for readmission were postpartum days 2-3. After intervention, 61% of readmissions were identified as related to hypertension, with 51 total readmissions. Overall, there was a significant improvement in written discharge instructions regarding postpartum hypertension with 94% receiving written instructions. 33% had blood pressure checks and 13% had visiting nursing services arranged on discharge.

CONCLUSIONS

Over the course of the study, we improved patient and provider awareness of postpartum hypertension which could be related to the increasing readmission rates. We increased efforts to optimize outpatient medical management of hypertension and reduce preventable readmissions.

Improvement in discharge instructions for patient did not decrease overall admission for postpartum hypertension but may have improved overall patient care. Our chart review was limited to patients who did require re-admission and we did not evaluate those who received visiting nursing care. Overall cost analysis would be beneficial to evaluate the economic impact of home health care in decreasing readmission rates. Optimal management of postpartum preeclampsia has not yet been established, and further studies for reducing readmission will be important, given the potential morbidity of preeclampsia disease.

REFERENCES

- "Hypertension in Pregnancy" (2013), American Congress of Obstetricians and Gynecologists
- Milwaukee County Community Health Needs Assessment, 2015-2016 Executive Summary