

Abstract

Background:

The postpartum period includes time of delivery of the placenta to six weeks after delivery. Blood pressure may be lower or even normal immediately after birth, however, blood pressure normally peaks three to six days postpartum in patients that develop postpartum hypertension. Postpartum hypertension is defined as systolic blood pressure at or above 140 mmHg and/or diastolic blood pressure at or above 90 mmHg after delivery. Severe postpartum hypertension (systolic blood pressure ≥ 160 or diastolic blood pressure ≥ 110 mmHg) can lead to stroke or even death. A consistent cause of morbidity and mortality in postpartum mothers is postpartum hypertension. Hypertensive disorders are a leading cause of postpartum readmission, accounting for approximately 30% of postpartum readmissions.

As of 2018, the American College of Obstetricians and Gynecologists (ACOG) recommends an initial interaction with the clinical care provider within 3 weeks postpartum, followed by ongoing care as needed and a comprehensive postpartum visit no later than 12 weeks postpartum for all postpartum mothers. For women diagnosed with hypertensive disorders, it is recommended to have contact with a provider 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. Attendance and adherence in regard to postpartum follow up visits after delivery may be suboptimal for many postpartum women. Limited maternity leave, lack of transportation, childcare if patients have other children, and medication adherence are common barriers to managing postpartum care appropriately.

Purpose:

This study will help investigate readmission rates before the implementation of the intensive postpartum hypertension follow-up program. With this study, we predict there will be a higher rate of readmissions due to postpartum hypertension compared to the rates seen after monitoring program implementation.

Methods:

This is a multicenter retrospective study based on the chart review from 7/1/2021 to 1/31/2022. Data will be collected by retrospectively reviewing SSM Maternal Fetal Care Center patient charts in EPIC through SSM Health St. Mary's Hospital – St. Louis and SSM Health DePaul Hospital identified by ICD-10 codes (pre-existing hypertension, preeclampsia, eclampsia, gestational hypertension, postpartum hypertension, unspecified hypertension). For the use of data collection alone, database with patient identification number will be used for chart review.

Results:

From July 2021- January 2022, 200 patients were included in the study. 160 patients were seen at SMSL and 40 at DPSL. Patients included ranged from 15-45 years old with an average of 29 years. Majority of patients 81% were black while 15.5% were white and 0.5% were Asian. Out of all patients reviewed only 10 (5%) of patients were readmitted to the hospital for concerns of their blood pressure during the 6-week post-partum period.

Conclusion:

Though readmission rates were lower than what was predicted, it is still important to know that postpartum hypertension is still a serious and potentially life-threatening condition that should not be treated any lighter due to the results from this study. There are many factors that contributed to the rates seen from this study, and the intensive monitoring program implemented at this institution can only help patients and would not be a harm to patients if it continued.

