Learning Objectives

- Review basic information about preeclampsia, a leading known cause of premature births.
- Utilize proven methods and tools for ensuring patient understanding of preeclampsia signs & symptoms, to reduce patient factors contributing to preventable maternal and neonatal deaths.
- Gain appreciation and resources for addressing mental health impact of maternal events.

Prologue
Hopes & dreams (family, pregnancy, birth experience)
Patient's health literacy (pregnancy IQ, risk awareness)
Patient/provider relationship (trust, listening, history)
Clinical Readiness (hospital/provider readiness/experience w/ preeclampsia, maternal health, prenatal care)
Prodromal symptoms in that pregnancy
Social determinants (inc. cultural & family influences)

The Hospital Event

Epilogue
Postpartum transition (discharge, follow up, medical home, acute and long-term health)
Emotional Recovery (impact on family, family planning decisions, trauma care, community support)
Patient/provider relationship (inc. trust in the healthcare system, future pregnancies)
Patient/family perspectives for case review
Employment & finances (self, spouse)

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What is Preeclampsia? HDP?

Hypertensive disorders of pregnancy
1. preeclampsia–eclampsia (includes HELLP)
2. chronic hypertension (of any cause)
3. chronic hypertension with superimposed preeclampsia
4. gestational hypertension


What is Preeclampsia? HDP?

- BP: 140/90+ (2 readings 4-6 hrs apart)
  PLUS
- Proteinuria: 300 mg in 24 hr urine collection (dipstick: 1+)
  AND/OR
- In association with (new onset):
  - thrombocytopenia
  - impaired liver function
  - renal insufficiency
  - pulmonary edema
  - cerebral or visual disturbances

“Severe Features”

Symptoms

- Headache that won’t go away
- Visual disturbances
- Epigastric pain
- Nausea/vomiting (2H pregnancy)
- Sudden weight gain
- Breathlessness
- Swelling of the face or hands
- “Just not feeling right”; unexplained “anxiety”
Preeclampsia Challenges

- Syndrome, not a defined disease entity; diagnosis does not predict outcomes
- Missed diagnoses (gall bladder, neurological, "normal" pregnancy, "white coat" HTN)
- Best prenatal care leaves large gaps in time until late in the pregnancy
- Two patients must be considered
- Symptoms are not unique to PE and may/may not be present

Figure 1. Distribution of Pregnancy-Related Causes of Death, Florida, 1999-2012 (n=560)
Original Research

Pregnancy-Related Mortality in California
Causes, Characteristics, and Improvement Opportunities

Elliot K. Man, MD, Cheryl L. McCain, MPH, Christine H. Mento, MD, Swara Hilly, MPH, and Elizabeth S. Laughon, MD

CONCLUSION: Pregnancy-related mortality should not be considered a single clinical entity. Reducing mortality requires in-depth examination of individual causes of death. The five leading causes exhibit different characteristics, degrees of preventability, and contributing factors, with the greatest improvement opportunities identified for hemorrhage and preeclampsia. These findings provide additional support for hospital, state, and national maternal safety programs.

doi: 10.1016/j.ajog.2015.07.047
DOI: 31.5287/ACOG.0000000000000746
LEVEL OF EVIDENCE: II

Where are the gaps in care?
Community factors in MM from HDP
Patient Education: Does it Really Matter?

- Patient is often the first responder; can speed time to diagnosis, impact outcomes
- What she needs to know is not obvious
- With greater understanding of seriousness, greater compliance and reporting
- Patient education is currently not routinely provided by health care providers
- And when it is, information is often not understood

“The best way to diagnose preeclampsia is to listen to your patients.”
~ Dr. Baha Sibai

Maternal Recognition Improves Outcomes

“Symptoms of preeclampsia: 
- Seeks care
- Escalate level of care (eclampsia, prehypertension, hypertension, delivery)

Improved outcome”

That’s why...

...Now how?
Key Strategies for Effective Communication

Listen to your patients!

On “not being listened to”...

• “I had good doctors, but I was not listened to about very intense and acute headaches that they called migraines. I would see black, throw up, and lose my ability to move certain parts of my body, as well as my ability to speak clearly.”

• “My doctors needed to listen to me. I was in the hospital a day before my placenta abrupted for symptoms related to HELLP. I was never told I had HELLP, but I had all of the symptoms. I kept telling them that I felt like I was in labor, but not normal labor. It was like I had a monster contraction that never let up. The next day, I lost a crazy large amount of blood and found that my placenta had abruptly.”
Key Strategies for Effective Patient Communication

- Use non-medical plain language
- Organize information into 2 or 3 components ("chunk & check")
- Use "teach back" to confirm understanding with open-ended Q's
- Do not assume patients' literacy levels or understanding by appearance
- Use proven tools that support consistent message
- Messages must be repeated to be remembered
- Use multiple teaching strategies to accommodate learning styles


Other patient education materials include:
- Brochures
- Magnets
- Videos
- Poster (NEW!)

Providers can order at: preeclampsia.org/store

Multiple teaching strategies accommodate variety of cognitive, physical, and psychological factors that affect learning. Messages must be repeated to be remembered.

“7 Symptoms Every Pregnant Woman Should Know” video available in English and Spanish on YouTube™.
“…the cure for preeclampsia is delivery.”

Joan Donnelly
May 24, 1967 – August 6, 2010
AUTHOR’S CONCLUSION: "...efforts should be directed to the education of the health care providers and patients regarding the importance of prompt reporting and evaluation of symptoms of preeclampsia during the postpartum period."

- 91% had at least 1 prodromal symptom
- 52% had more than one prodromal symptom
- Only 33% sought care for their symptoms


Mental Health Impact of a Severe Event

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Regular dialysis or kidney transplant?
~ Tia Doster, Miami, FL
Birth trauma affects everybody.
Steps Taken to Address Mental Health

N=1,346

• Breslau Short Screening Scale (7 Qs) for PTSD* or Edinburgh Postnatal Depression Scale**
• Psychological assessment & treatment
• Chaplain or spiritual leader
• Local or online support groups
• Grief counselor, specializing in perinatal loss

Birth Trauma? Get Help!

Failure Guilt Anger Anxiety Depression

• Breslau Short Screening Scale (7 Qs) for PTSD* or Edinburgh Postnatal Depression Scale**
• Psychological assessment & treatment
• Chaplain or spiritual leader
• Local or online support groups
• Grief counselor, specializing in perinatal loss

Tips for Supporting a Survivor...from a Survivor

• Ask mom what she needs or wants
• Let her talk.
• Encourage her to find doctors she trusts, who instill confidence, and who provide her accurate medical information.
• Be a friend and give hugs.
• Support through the process of taking each day in turn.
• Help her seek professional, qualified, mental health support.

Lua Lepianka, Gainesville, Florida
**Summary**

- Prenatal and postpartum patient education about preeclampsia is recommended for timely diagnosis and improved outcomes, supported by ACOG and Florida state guidelines
- Ensure comprehension; use proven techniques
  - Chunk & Check
  - Teach back
  - Illustrated symptoms tear pads & poster
- Proactively address mental health needs

www.preeclampsia.org

May is Preeclampsia Awareness Month!

www.preeclampsia.org

A trusted resource for your patients

www.preeclampsiaregistry.org

A trusted resource for researchers