

Perinatal Quality Collaborative of North Carolina

Conservative Management of Preeclampsia

Data Collection for Phase I



Inclusion criteria: All patients diagnosed with HTN of Pregnancy

1) Chart number _____

2) Patient's Date of Birth

3) Date Admitted

4) Date Discharged

5) At delivery, has this patient been diagnosed with:

Yes No (A) Chronic hypertension:

A systolic BP of ≥ 140 mmHg or diastolic BP ≥ 90 mmHg predating conception, identified prior to 20 weeks gestation, that persists > 12 weeks postpartum, with use of antihypertensive medications before pregnancy

Yes No (B) Gestational hypertension:

A systolic BP ≥ 140 mmHg or diastolic BP ≥ 90 mmHg taken on 2 occasions at least 4 hours apart that occurs after 20 weeks of gestation in a woman with previously normal blood pressure in the absence of proteinuria or other severe features (thrombocytopenia, renal insufficiency, impaired liver function, pulmonary edema or cerebral/visual symptoms)

Yes No (C) Preeclampsia WITHOUT severe features:

A systolic BP ≥ 140 mmHg or diastolic BP ≥ 90 mmHg taken on 2 occasions at least 4 hours apart after 20 weeks gestation in a woman with a previously normal blood pressure and proteinuria (greater than or equal to 300 mg per 24 hour urine collection) and without severe features (thrombocytopenia, renal insufficiency, impaired liver function, pulmonary edema or cerebral/visual symptoms)

Yes No (D) Preeclampsia WITH severe features:

Preeclampsia with severe features including blood pressure (systolic BP ≥ 160 mmHg or diastolic BP ≥ 110 mmHg taken on 2 occasions at least 4 hours apart after 20 weeks gestation in a woman with a previously normal blood pressure), thrombocytopenia (platelets $< 100,000$), impaired liver function (liver enzymes to twice normal concentration or severe RUQ or epigastric pain), renal insufficiency (serum creatinine > 1.1 or a doubling of serum creatinine in the absence of other renal disease), pulmonary edema or cerebral/visual disturbances.

Yes No (E) Superimposed preeclampsia WITHOUT severe features:

A sudden increase in BP that was previously well controlled or escalation of antihypertensive medications to control BP, new onset of proteinuria or a sudden increase in proteinuria in a woman with known proteinuria before or early in pregnancy.

Yes No (F) Superimposed preeclampsia WITH severe features:

Severe-range BP despite escalation of antihypertensive therapy, thrombocytopenia (platelet count less than 100,000/microliter), elevated liver transaminases (two times the upper limit of normal concentration for a particular laboratory), new-onset and worsening renal insufficiency, pulmonary edema, persistent cerebral or visual disturbances

6) Gestational Age at delivery? Weeks/days (34 weeks 5 days for example): _____ weeks _____ days

7) If less than 34 weeks gestation did the patient receive a full course of antenatal corticosteroids?

_____ Yes
_____ No

8) Did this patient have either a SBP > 160 or a DBP > 110 during her hospital stay?

_____ Yes
_____ No

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8a) If Yes, was the patient either given antihypertensive medication or achieved BP control (SBP < 160 and DBP < 110) within 60 minutes of the initial elevated blood pressure?

Yes
 No

9) Primary Indication for delivery if less than 37 weeks: (Check One)

- Hypertensive diagnosis - Chronic HTN
- Hypertensive diagnosis - Gestational HTN
- Hypertensive diagnosis - Preeclampsia WITHOUT severe features
- Hypertensive diagnosis - Preeclampsia WITH severe features
- Hypertensive diagnosis - Superimposed preeclampsia WITHOUT severe features
- Hypertensive diagnosis - Superimposed preeclampsia WITH severe features
- Spontaneous labor
- Ruptured membranes
- Placental abruption
- IUGR
- Non-reassuring antenatal testing
- Pre-gestational or Gestational diabetes
- Placenta previa
- Multiple gestation
- Other maternal medical complication

9a) Route of delivery:

- Vaginal
- Cesarean section

10) Was infant admitted to NICU or local equivalent?

Yes
 No

11) Was patient / family education provided? Check all that apply)

- Written
- Verbal
- Teach back
- None

12) Ethnicity/Race: Check One:

- White
- Asian American
- Black or African American
- Hispanic or Latino
- Native Hawaiian & Other Pacific Islander
- American Indian or Alaska Native
- Multiracial
- Refused

13) Payor: (Check One):

- Medicaid
- Blue Cross Blue Shield / State Health Plan
- Uninsured
- Other

14) Was the patient admitted to an ICU, step-down unit or local equivalent for any reason related to her hypertension in pregnancy diagnosis? Yes/No

Yes
 No



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