C-MOP Data Collection

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
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