Perinatal Quality Collaborative of North Carolina
Conservative Management of Preeclampsia
Data Collection for Phase 2

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

START HERE IF LESS THAN 37 WEEKS

6) If less than 34 weeks gestation did the patient receive a full course of antenatal corticosteroids?
   _____ Yes
   _____ No

7) 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.
8) 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

START HERE IF GREATER THAN OR EQUAL TO 37 WEEKS / CONTINUE IF LESS THAN 37 WEEKS

9) Did this patient have either a SBP > 160 or a DBP > 110 during her hospital stay?
   _____ Yes
   _____ No

9a) 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

10) Route of delivery:
   ____ Vaginal
   ____ Cesarean section

11) Was infant admitted to NICU or local equivalent?
    _____ Yes
    _____ No

12) Was patient / family education provided? Check all that apply)
    ____ Written
    ____ Verbal
    ____ Teach back
    ____ None

13) 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

14) Payor: (Check One):
__Medicaid
__Blue Cross Blue Shield / State Health Plan
__Uninsured
__Other

15) 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