Evaluation of a Hypertension Bundle to Improve Maternal Outcomes

Date:    July 15, 2021
Time:    5:00 p.m. to 6:00 p.m.
Place:   Remote

Abstract

Problem: Hypertensive disorders of pregnancy continue to be on the rise in the United States, contributing to an increase in both maternal morbidity and mortality rates. These disorders not only have an effect on the pregnant women, but also the neonate. Early recognition and treatment of increased blood pressure findings can improve maternal and fetal outcomes.

Methods: This Quality Improvement (QI) project used an observational, descriptive design and was comprised of a retrospective chart review, focused on the effectiveness of evaluating a hypertension bundle to improve maternal outcomes. The data collected for this project comprised of six months pre and post bundle implementation.

Results: Charts of those patients prior to bundle implementation (n=112) and post implementation (n=91) were reviewed for rate of hospital readmission, maternal deaths, Intensive Care Unit (ICU) transfers, and eclampsia rates. Hospital readmissions decreased from 4% to 2% during post-bundle implementation even though not a statistically significant finding with a (P= .463). A maternal death did not occur in either pre or post bundle groups. Transfers to the ICU increased from 2% to 4% post bundle (P= .411) and eclampsia outcomes indicated a non-significant reduction with bundle implementation from 0% to 1% post activation (P=.448).

Implications: The use of the hypertension bundle did not improve maternal outcomes, but the care givers did have a greater awareness of the advantages of having a standardized practice and set of provider orders for patients who meet the hypertension bundle criteria. Extended study time periods pre- and post-bundle implementation could possibly yield a larger sample size and show improvement in maternal outcomes with bundle activation.