# READINESS

**Every unit**
- Adopt standards for early warning signs, diagnostic criteria, monitoring and treatment for severe preeclampsia/eclampsia to include order sets and algorithms
- Unit team education, reinforced by regular unit-based drills
- Process for timely triage and evaluation of pregnant and postpartum women with hypertension including ED and outpatient areas
- Rapid access to medications used for severe hypertension/eclampsia: Medications should be stocked and readily available on L&D and in other areas where patients may be treated. Include brief guide for administration and dosage
- System plan for escalation, obtaining appropriate consultation and maternal transport, as needed

# RECOGNITION & PREVENTION

**Every patient**
- Adoption of a standard process for the measurement and assessment of BP and urine protein for all pregnant and postpartum women
- Implementation of standard response to maternal early warning criteria
- Implementation of facility-wide standards for educating prenatal and postpartum women on signs and symptoms of preeclampsia and hypertension

# RESPONSE

**All severe hypertension/preeclampsia**
- Facility-wide standard processes with checklists for management and treatment of:
  - Severe hypertension
  - Eclampsia, seizure prophylaxis, and magnesium over-dosage
  - Postpartum, emergency department and outpatient presentation of severe hypertension/preeclampsia
- Support plan for patients, families and staff for ICU admissions and serious complications of severe hypertension

# REPORTING/SYSTEMS LEARNING

**Every unit**
- Implementation of a huddle for high risk cases and post-event team debrief
- Review all severe hypertension/eclampsia/ICU cases for systems issues
- Monitor outcomes and process metrics
- Documentation of education of pregnant and postpartum women about symptoms of preeclampsia

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This bundle was developed by the Council On Patient Safety in Women’s Health Care, National Partnership for Maternal Safety 2015
Minimal requirements for standard process

- Notification of physician or primary care provider is systolic BP $\geq 160$ or Diastolic BP $\geq 110$ for two measurements within 15 minutes apart
- After the second elevated reading, treatment should be initiated ASAP (ideally within 60 minutes of verification)
- Process must include timing for use of magnesium sulfate therapy
- Process for escalation measures for those unresponsive to standard treatment
- Describe manner and verification of postpartum follow up within 7 to 10 days of birth
- Describe postpartum education