

Appendix I: Patient Education Checklists

The following checklists have been included to assist clinicians provide women with education about hypertensive disorders of pregnancy (HDP) throughout pregnancy and postpartum period. Using patient-education checklists throughout pregnancy and the postpartum period can assist clinicians in meeting women's and their families' information needs. The checklists emphasize important warning signs, timely responses to reports of preeclampsia-related symptoms, and creates customized care plans to safeguard maternal health and safety, especially during the postpartum period.

Educational checklists for clinicians to use with women and families

- ▶ Checklist 1: Prenatal HDP Education for All Pregnant Women
- ▶ Checklist 2: Discharge HDP Education for All Postpartum Women
- ▶ Checklist 3: Education for Outpatient Management of Preeclampsia
- ▶ Checklist 4: Education for Women Diagnosed with Preeclampsia with Severe Features
- ▶ Checklist 5: Education at Discharge for Postpartum Women with Preeclampsia
- ▶ Checklist 6: Immediate and Long-term Follow-up Counseling for Women after a HDP Diagnosis
- ▶ Checklist 7: HDP Education for Administrative Staff

Together, the checklists represent the various points during the prenatal and postpartum period where clinicians need to check in with women and their families about their information needs.

Checklist 1: Prenatal HDP Education for All Pregnant Women

<p>Goal</p>	<p><input type="checkbox"/> All pregnant women receive education about hypertensive disorders of pregnancy (HDP).</p>
<p>Educate and Discuss</p>	<p><input type="checkbox"/> Briefly, define preeclampsia/HDP: Serious disease of high blood pressure that can be dangerous for you up to six weeks or more after giving birth.</p> <p><input type="checkbox"/> Provide <u>verbal</u> and <u>written</u> information about signs and symptoms of preeclampsia using culturally appropriate language.</p> <p><input type="checkbox"/> Ask women to repeat signs and symptoms; share information with key family members, using empathy and respectful listening in the discussion.</p> <p><input type="checkbox"/> If telehealth appointments, provide blood pressure cuff, instruct on accurate measurement, observe demonstration by women to verify measurement.</p>
<p>Convey Urgency</p>	<p><input type="checkbox"/> Emphasize urgency of symptoms to women and families, and stress importance of calling provider/hospital immediately particularly for women at risk of preeclampsia.</p>
<p>Emergency Contact</p>	<p><input type="checkbox"/> Provide emergency telephone number and location of hospital ED or L&D unit, if severe symptoms present.</p> <p><input type="checkbox"/> Inform patient what to say to administrative staff/answering service: <i>“I am having symptoms of preeclampsia and my provider told me to call and ask to be seen right away when I experience these symptoms.”</i></p>
<p>Staff Training</p>	<p><input type="checkbox"/> In office or clinic settings, ensure administrative staff/answering services are trained in preeclampsia signs and symptoms, understand its seriousness, and understand when to send patient to ED or L&D for emergency care.</p> <p><input type="checkbox"/> Staff should also be trained on implicit bias, respectful communication and validating patient/family perspectives.</p>

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Checklist 2: Discharge HDP Education for All Postpartum Women

<p>Goal</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Ensure all postpartum women receive education about hypertensive disorders of pregnancy (HDP) prior to discharge.
<p>Educate and Discuss</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Briefly, define preeclampsia/HDP: Serious disease of high blood pressure that can be dangerous for you up to six weeks or more after delivery. <input type="checkbox"/> Provide <u>verbal</u> and <u>written</u> explanation of signs and symptoms of preeclampsia prior to discharge, using culturally appropriate language. <input type="checkbox"/> Emphasize urgency of symptoms and importance of calling provider/hospital immediately to women and families.
<p>Communicate and Connect</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Use simple terms, communicate with empathy and listen to concerns. <input type="checkbox"/> Ask women to repeat signs and symptoms; share information with key family members, using empathy and respectful listening in the discussion. <input type="checkbox"/> Call interpreter or interpretation services for language barriers. <input type="checkbox"/> Provide adequate time to answer questions, validate emotions from woman and her family.
<p>Emergency Contact</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Provide emergency telephone number and location of hospital ED or L&D unit, if severe symptoms present. <input type="checkbox"/> Inform patient what to say to administrative staff/answering service: <i>“I am having symptoms of preeclampsia and my provider told me call and ask to be seen right away when I experience these symptoms.”</i>
<p>Staff Training</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Provide training to administrative staff, nursing and medical services on implicit bias, respectful communication and validating patient/family perspectives.

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Checklist 3: Education for outpatient management of preeclampsia

<p>Goal</p>	<ul style="list-style-type: none"> <input type="checkbox"/> All women diagnosed with preeclampsia who are candidates for outpatient management to receive comprehensive education to promote early identification of severe features.
<p>Educate and Discuss</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Define preeclampsia: Preeclampsia is a serious disease related to high blood pressure. <ul style="list-style-type: none"> ▶ Explain that preeclampsia diagnosis can progress to preeclampsia with severe features, eclampsia, or HELLP syndrome quickly. <input type="checkbox"/> Provide <u>verbal</u> list of signs and symptoms that should prompt urgent in-hospital evaluation (i.e., blood pressure over of 160/110 mm Hg or higher, severe headache that doesn't go away, etc.). <input type="checkbox"/> Provide <u>written</u> signs and symptoms of preeclampsia. <input type="checkbox"/> Ensure understanding by having woman and partner/family member verbally repeat back signs and symptoms. <input type="checkbox"/> Include partner/family members in discussion, using empathy and respectful listening. <input type="checkbox"/> Emphasize urgency of symptoms and importance of calling provider/hospital or calling 911 immediately.
<p>Emergency Contact</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Provide hospital emergency contact number and address. <input type="checkbox"/> Describe location of hospital ED or L&D unit for in-hospital evaluation. <input type="checkbox"/> Inform patient what to say to administrative staff/answering service: <i>"I am having symptoms of preeclampsia and my provider told me to call and ask to be seen right away when I experience these symptoms."</i>
<p>Educate: Blood Pressure Measurement at Home</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Provide blood pressure cuff. <input type="checkbox"/> Instruct on how to take blood pressure accurately. <input type="checkbox"/> Verify a woman understands how to <u>accurately</u> take her blood pressure by asking her to demonstrate in front of provider. <input type="checkbox"/> Instruct how frequently to take blood pressure. <input type="checkbox"/> Provide women and families with additional resources from Preeclampsia Foundation: accurate blood pressure measurement instructions and educational video.

<p>Evaluate Social Constraints to Timely Assessment</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Is the woman able to follow outpatient management plan? <input type="checkbox"/> Ask about patient's work/living situation and her plan for seeking care. <ul style="list-style-type: none"> ▶ How will you come in for appointments? ▶ Can you take time off from work for frequent evaluations? ▶ Will someone be able to come with you? ▶ Are you able to check your blood pressure frequently at home or at work? <input type="checkbox"/> Ask questions about the distance from home or work to hospital and possible barriers to frequent in-person evaluations. <ul style="list-style-type: none"> ▶ Do you have reliable transportation? ▶ What barriers may prevent you from getting to the hospital immediately? ▶ When would it be feasible to call 911? ▶ Do you have primary duty for caring for small children or elderly persons? <ul style="list-style-type: none"> • Who will take care of your children when you go in for evaluations or need to get to the hospital urgently?
<p>Staff Training</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Provide training to administrative staff, nursing and medical services on implicit bias, respectful communication and validating patient/family perspectives. <input type="checkbox"/> Ensure administrative staff/answering services are trained in preeclampsia signs and symptoms, understand its seriousness, and understand when to send patient to ED or L&D for emergency care.

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Checklist 4: Education for Patients Diagnosed with Preeclampsia with Severe Features

<p>Goal</p>	<ul style="list-style-type: none"> <input type="checkbox"/> All women diagnosed with preeclampsia with severe features to receive comprehensive, clear and culturally relevant education.
<p>Educate and Discuss</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Describe preeclampsia using simple terms, i.e. “high blood pressure” instead of “hypertension.” <ul style="list-style-type: none"> ▶ Explain that a preeclampsia with severe features diagnosis can progress to eclampsia or HELLP syndrome quickly. ▶ Describe pathophysiology using simple terms. <input type="checkbox"/> Encourage questions, and include partner/family members in discussion, using empathy and respectful listening.
<p>Explain Treatment Options and Rationale</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Communicate short-term treatment plan. <input type="checkbox"/> Validate patient/family emotions and provide opportunities for shared decision-making. <input type="checkbox"/> Discuss blood pressure (antihypertensive) medication safety for woman, baby, and breastfeeding and side effects. <input type="checkbox"/> Explain magnesium sulfate safety for woman, baby, and breastfeeding and side effects. <p>In Pregnancy</p> <ul style="list-style-type: none"> <input type="checkbox"/> Explain preterm birth as a therapeutic intervention in the pathophysiology of preeclampsia. <ul style="list-style-type: none"> ▶ Use of steroids: benefits to the baby. ▶ Preterm birth risks: consult pediatrics to explain issues with preterm births; treatment plan for baby; and what to expect after birth. ▶ Discuss timing of birth. <input type="checkbox"/> Reassure women and their families that their health care team is committed to providing quality, compassionate care. <input type="checkbox"/> Acknowledge the importance of working together as a team to get the best outcomes for women and their infants. <input type="checkbox"/> Summarize key points of treatment plan that has been mutually agreed on. <input type="checkbox"/> Encourage questions.

<p>Communicate and Connect</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Use simple terms and maintain eye contact. <input type="checkbox"/> Include a key family member or support person in preeclampsia education and discussion of treatment plan. <input type="checkbox"/> Encourage woman, family or support person to contact staff if any questions arise later. <input type="checkbox"/> Call interpreter or interpretation services if language is an issue.
<p>Provide Support and Empathy</p>	<p>Postpartum</p> <ul style="list-style-type: none"> <input type="checkbox"/> Acknowledge that patients who are recovering from hypertensive disorders of pregnancy are likely to feel overwhelmed, emotionally and physically, and concerned about their newborn. <input type="checkbox"/> Sensitive assist with women’s needs around lactation; assess need for lactation support continuously. <input type="checkbox"/> If infant in NICU, create opportunities for visits. <input type="checkbox"/> Assess birthing people for signs of acute stress disorder (SMM bundle). <input type="checkbox"/> Inform women and families of their risk for mental health issues, such as anxiety or PTSD, and offer information about mental health support services. <input type="checkbox"/> Be available for follow-up questions or concerns from women and families. <input type="checkbox"/> Before discharge, provide a summary communication in writing for women and their families.
<p>Staff Training</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Provide training to administrative staff, nursing and medical services on implicit bias, respectful communication and validating patient/ family perspectives.

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Checklist 5: Education at discharge for postpartum birthing people with HDP

<p>Goal</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Promote safety and vigilance for postpartum women with hypertensive disorders of pregnancy (HDP) during the time between hospital discharge and first follow-up visit in 3-7 days.
<p>Educate and Discuss</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Explain that HDP can progress to preeclampsia with severe features, eclampsia, or HELLP syndrome during the days and weeks after birth. <input type="checkbox"/> Provide <u>verbal</u> and <u>written</u> explanation of signs and symptoms of preeclampsia complications prior to discharge. <input type="checkbox"/> Emphasize urgency of symptoms and importance of calling provider/hospital immediately during this time of “watchful waiting.”
<p>Direction</p>	<p>Send patient home with blood pressure cuff and convey simple instructions for checking accurate blood pressure.</p> <p>Resource for clinicians/ hospitals: Preeclampsia Foundation’s the Cuff Kit™ provides blood pressure cuffs to women.</p> <p>Provide additional resources: easy to follow accurate blood pressure measurement instructions available at: https://www.preeclampsia.org/accurate-blood-pressure</p>
<p>Communicate and Connect</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Use simple terms and maintain eye contact. <input type="checkbox"/> Confirm whether patient understands signs and symptoms by asking her to repeat back signs and symptoms. <input type="checkbox"/> Include a key family member in discharge education. <input type="checkbox"/> Call interpreter or interpretation services for language barriers. <input type="checkbox"/> Provide adequate time to answer questions.
<p>Emergency Contact</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Provide emergency telephone number. <input type="checkbox"/> Make sure patient knows location of L&D/ED to go to in an emergency. <input type="checkbox"/> Inform patient what to say to administrative staff/answering service: <i>“I am having symptoms of preeclampsia and my provider told me to call and ask to be seen right away when I experience these symptoms. My baby was born <insert date here>.”</i>

<p>Follow-Up</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Ensure women have an OBGYN visit scheduled within 3-7 days to check blood pressure and assess mental health, social support, infant care and other issues of concern.
<p>Keep in Mind</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Postpartum women are managing the preeclampsia diagnosis, medication regimen, reactions to medications, additional health complications, pain, and the presence of a newborn. <input type="checkbox"/> Communication should be clear, simple and focus on short-term goals.

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Checklist 6: Immediate and long-term follow-up Counseling for Women after a HDP Diagnosis

<p>Goal</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Promote health and well-being of women with preeclampsia following first OBGYN visit 3-7 days postpartum and another at the six-week postpartum visit.
<p>Check in and Connect</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Review signs and symptoms of preeclampsia with severe features. <input type="checkbox"/> Use blood pressure check as an opportunity to explain preeclampsia condition and why ongoing BP management is important. <input type="checkbox"/> Check in about blood pressure medication reactions, side effects, and effectiveness. <input type="checkbox"/> Assess for signs of acute stress or depression. <input type="checkbox"/> Enquire about infant care and family support related to preeclampsia diagnosis.
<p>Debrief and Discuss</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Invite patients to debrief the birth experience and preeclampsia diagnosis and encourage dialogue. <input type="checkbox"/> Encourage women to bring clinical summary of pregnancy hospitalization.
<p>Refer</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Refer women to primary care physician for ongoing cardiovascular health maintenance following the 6-week postpartum management; encourage women to bring clinical summary of pregnancy hospitalization. <input type="checkbox"/> Refer women to mental health or counseling services, or group support.
<p>Emergency Plan</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Convey urgency of signs and symptoms of preeclampsia with severe features. <input type="checkbox"/> Review emergency plan for contacting provider and going to L&D/ED. <input type="checkbox"/> Inform patient what to say to administrative staff/answering service: <i>“I am having symptoms of preeclampsia and my provider told me to call and ask to be seen right away, when I experience these symptoms. I gave birth to my baby ____ days ago.”</i>
<p>Keep in Mind</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Postpartum women likely will feel overwhelmed managing the preeclampsia diagnosis, medications/reactions to medications, additional health complications, pain, and the presence of a newborn in her life. <input type="checkbox"/> Communication should be clear, simple and focus on short-term goals.

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Checklist 7: HDP Education for Administrative Staff

<p>Goal</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Ensure that all administrative staff who may interface with pregnancy-capable people, especially, ED reception, office or clinic receptionist, answering services etc., are trained in HDP signs and symptoms, understand its seriousness, and can timely refer patients for medical attention.
<p>Inform and Convey Urgency</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Provide information about signs and symptoms of preeclampsia. <input type="checkbox"/> State urgency of signs and symptoms of preeclampsia. <input type="checkbox"/> Explain that if women are experiencing headache that won't go away OR have high blood pressure [a top number \geq 160 mm Hg OR a bottom number \geq 110 mm Hg], they need to go to L&D or the emergency room right away.
<p>Direct and Implement</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Provide all staff with laminated cards indicating patient symptoms that require staff to contact provider immediately and/or instruct patient to seek emergency care. <input type="checkbox"/> When training ED reception, have staff ask all women if they are currently or recently pregnant. <input type="checkbox"/> Provide all staff with instructions to give to women experiencing HDP emergencies (e.g. go to ED or L&D) and their locations. <input type="checkbox"/> Direct staff to emphasize the urgency of seeking medical care to women or family members.
<p>Review</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Evaluate staff's knowledge around HDP signs and symptoms using respectful communication.

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