



Race and Ethnicity and Timely Treatment of Severe Peripartum Hypertension

Hypertensive disorders of pregnancy are a leading cause of severe maternal morbidity and mortality (SMM) in the United States, leading to approximately 7% of pregnancy-related deaths. Pregnancy-related mortality ratios (PRMRs) are more than three times higher for Black women than for white women, a disparity that persists across education and socioeconomic levels. This includes hypertensive disorders of pregnancy, which occur with higher frequency in Black women compared to white women, a disparity that is not well understood.



A study featured in the December 2022 issue of *The Joint Commission Journal on Quality and Patient Safety (JQPS)* aimed to quantify the number of patients who did not receive timely treatment for severe hypertension, identify barriers to timely treatment, and evaluate the association of race/ethnicity with timeliness of treatment. The study concluded that race/ethnicity was not associated with timeliness of treatment in the studied institution.

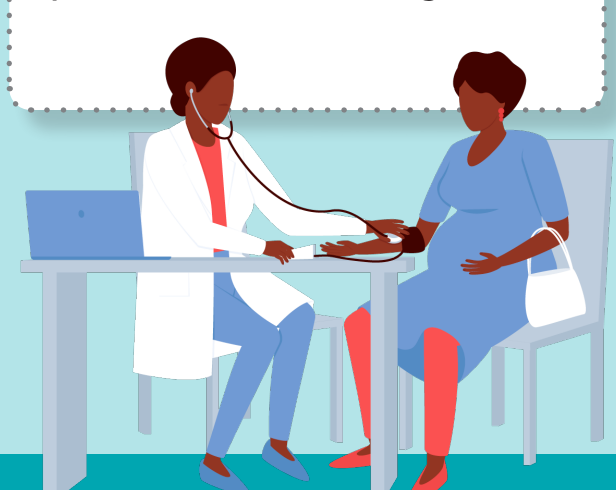
The Study

The institution used two years' of monthly automated quality improvement reports to quantify the proportion of patients who did not receive timely treatment of peripartum confirmed severe hypertension. The report...

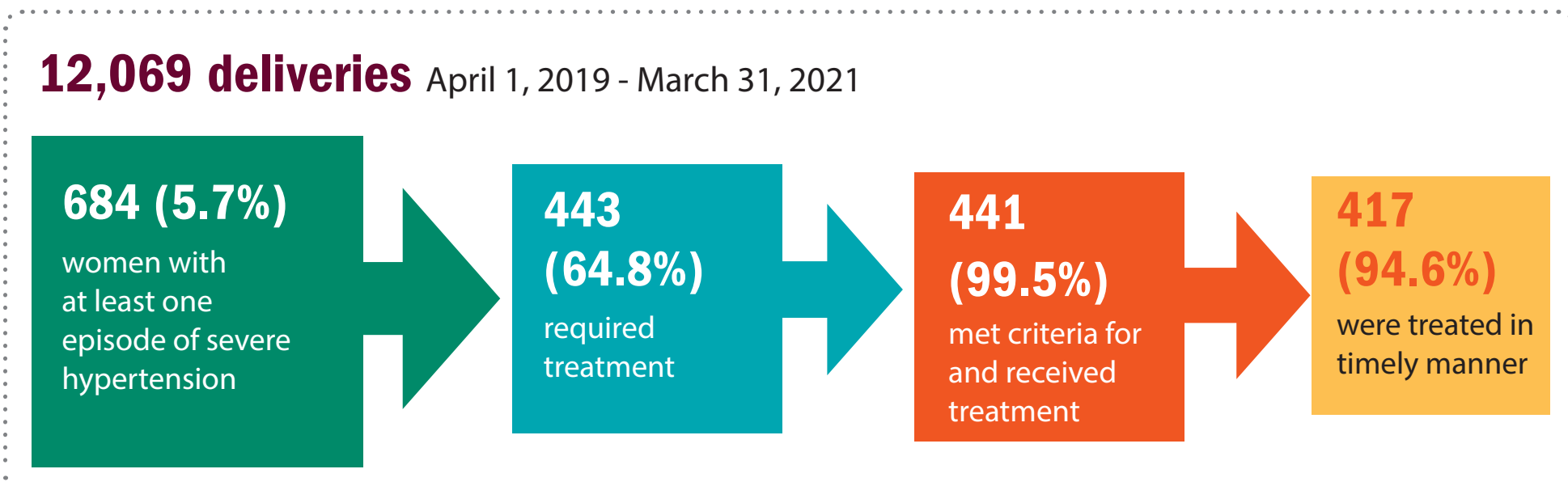
Defined severe hypertension as systolic blood pressure ≥ 160 or diastolic blood pressure ≥ 110 mmHg.

Identified initial severe range blood pressure that was confirmed with a second severe range blood pressure 15 minutes later to meet criteria for severe hypertension.

Included the initial and confirmatory blood pressure values, the timing of each, the timing and type of treatment, and whether the treatment was administered within 30 minutes of the confirmatory severe blood pressure.

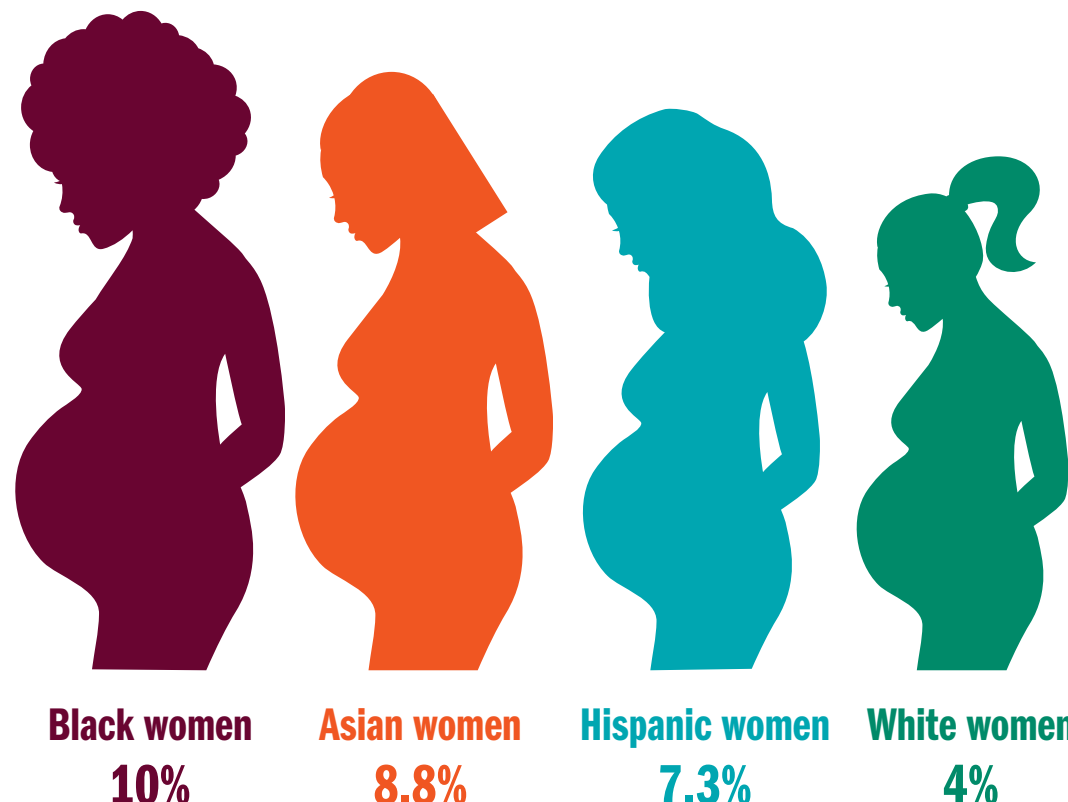


The Results



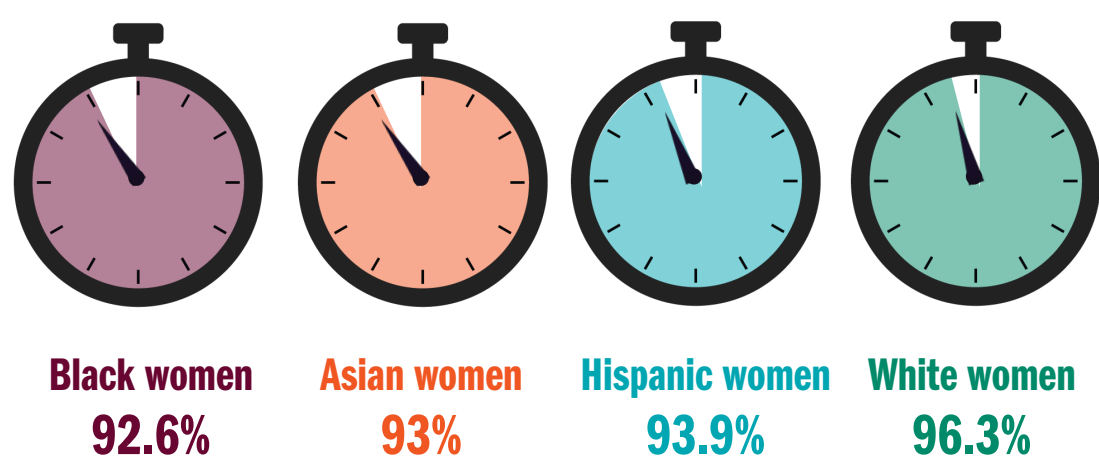
Hypertension requiring treatment occurred more commonly in women of color

Women who experienced confirmed severe hypertension were more likely to be **older than 35, obese, nulliparous, and have a history of chronic hypertension.**



Rates of timely treatment did not significantly vary

Treated in care ≤ 30 minutes:



In cases where barriers to timely treatment were identified, common causes were patient **refusal of medication**, slight delay in **provider notification** of severe hypertension, or antihypertensive **medications temporarily held** during assessment and treatment of concurrent morbidity.

Three Take-Aways

Protocols work

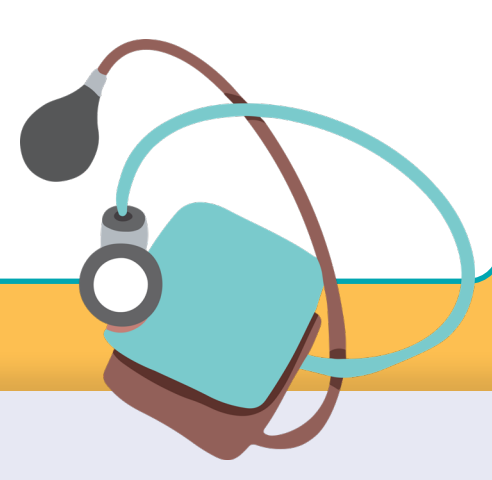
A unit protocol for the treatment of confirmed peripartum acute severe hypertension facilitates treating all patients in the same fashion and avoids disparity by race/ethnicity.

Learn from others

The effectiveness of current strategies of provider education and standardized guidelines and monthly reporting of results suggest that this process could be beneficial at similar institutions.

More studies needed

There is a need for ongoing studies of the complex and multifactorial contributors to racial disparities in SMM.



To learn more about this study, visit: [https://www.jointcommissionjournal.com/article/S1553-7250\(22\)00185-4/fulltext](https://www.jointcommissionjournal.com/article/S1553-7250(22)00185-4/fulltext)