



## NEWS RELEASE

### FOR IMMEDIATE RELEASE

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### **Study on race and ethnicity and timely treatment of severe peripartum hypertension**

*Study in December 2022 issue of The Joint Commission Journal on Quality and Patient Safety*

(OAKBROOK TERRACE, Illinois, November 29, 2022) – Approximately 50,000 cases of severe maternal morbidity (SSM) and 700 pregnancy-related deaths occur annually in the United States. Hypertensive disorders of pregnancy are a leading cause of SSM, leading to approximately 7% of pregnancy-related deaths.<sup>1-3</sup> Additionally, pregnancy-related mortality ratios (PRMRs) are more than three times higher for Black women than for white women, and this disparity appears to be worsening.<sup>3,4</sup>

A [new study](#) in the December 2022 issue of *The Joint Commission Journal on Quality and Patient Safety* evaluated whether there is an association between race and ethnicity and the timely treatment of severe peripartum hypertension at Cedars-Sinai Medical Center, Los Angeles. The researchers created an automated report to identify women who experienced severe hypertension during the delivery admission. The record for each case was reviewed to determine if treatment was timely (within 30 minutes). Additionally, rates of timely vs. not timely treatment were compared by race/ethnicity.

From April 1, 2019, through March 31, 2021, there were 12,069 deliveries. A total of 684 (5.7%) women had at least one episode of severe hypertension. Of those women, 441 women met criteria for and received treatment, with 417 (94.6%) treated in a timely manner. Black, Asian and Hispanic women were all more likely to experience severe hypertension requiring treatment than white women. However, there was no difference in the rates of timely treatment between groups.

“These data highlight two very important points – with a collaborative effort between physicians and nurses we were able to systematize rapid treatment of patients with confirmed severe hypertension, and this systemization and expectation of successful timely treatment resulted in

no disparities in who was treated,” said Sarah J. Kilpatrick, MD, PhD, senior study author, professor and chair, Department of Obstetrics and Gynecology, Cedars-Sinai Medical Center.

The findings suggest that Cedars-Sinai Medical Center’s current strategies of provider education and standardized guidelines for the treatment of severe hypertension and the monthly reporting of results are effective and may be beneficial at similar institutions.

Also featured in the December issue:

- [Providing Palliative Care to Patients Throughout the State of Indiana from a Centralized Virtual Palliative Care Hub](#) (Indiana University Health, Indianapolis)
- [Telehealth: An Avenue for Expanding Access to Specialist Palliative Care](#) (editorial)
- [Intraoperative Code Blue: Improving Teamwork and Code Response Through Interprofessional, In Situ Simulation](#) (Holy Name Medical Center, Teaneck, New Jersey)
- [Interprofessional In Situ Simulation in a Complex Setting. What Does the Future Hold?](#) (editorial)
- [The Effect of a System-Level Tiered Huddle System on Reporting Patient Safety Events: An Interrupted Time Series Analysis](#) (University of North Carolina School of Medicine, Chapel Hill, North Carolina)
- [A Stepped-Wedge Cluster-Randomized Trial to Improve Adherence to Evidence-Based Practices for Acute Stroke Management](#) (data from nine hospitals in Australia)
- [Reduction of the No-Show Rate for New Patients in a Pediatric Neurology Clinic](#) (Dayton Children’s Hospital, Dayton, Ohio)
- [Hospital Ethics Practices: Recommendations for Improving Joint Commission Standards](#) (commentary)

For more information, visit the [JQPS website](#).

<sup>1</sup>Petersen EE, et al. Vital signs: pregnancy-related deaths, United States, 2011–2015, and strategies for prevention, 13 states, 2013–2017. *MMWR Morb Mortal Wkly Rep.* 2019;68:423–429 May 10.

<sup>2</sup>Ozimek JA, et al. Opportunities for improvement in care among women with severe maternal morbidity. *Am J Obstet Gynecol.* 2016;215(509) e1–509.e6.

<sup>3</sup>Gupta M, Greene N, Kilpatrick SJ. Timely treatment of severe maternal hypertension and reduction in severe maternal morbidity. *Pregnancy Hypertens.* 2018;14:55–58.

<sup>4</sup>Petersen EE, et al. Racial/ethnic disparities in pregnancy-related deaths—United States, 2007–2016. *MMWR Morb Mortal Wkly Rep.* 2019;68:762–765 Sep 6.

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#### **Note for editors**

The article is “[Lack of Association Between Race and Ethnicity and Timely Treatment of Severe Peripartum Hypertension](#),” by John A. Ozimek, DO; Naomi Greene, PhD; and Sarah J. Kilpatrick, MD, PhD. The article appears in *The Joint Commission Journal on Quality and Patient Safety*, volume 48, number 12 (December 2022), published by Elsevier.

#### ***The Joint Commission Journal on Quality and Patient Safety***

*The Joint Commission Journal on Quality and Patient Safety* (JQPS) is a peer-reviewed journal providing healthcare professionals with innovative thinking, strategies and practices in improving quality and safety in healthcare. JQPS is the official journal of [The Joint Commission](#) and [Joint Commission Resources, Inc.](#) Original case studies, program or project reports, reports of new methodologies or the new application of methodologies, research studies, and commentaries on issues and practices are all considered.