| | | |
|---|---|---|
| Winnipeg Regional Health Authority / Office régional de la santé de Winnipeg<br>Caring for Health / À l'écoute de notre santé<br><br>**CLINICAL PRACTICE GUIDELINE** | **Assessment and Management of Postpartum Hypertension for Public Health Nurses** | |
| | **Approved by:**<br>Population & Public Health Clinical Nurse Specialist | **Pages:**<br>*1 of 8* |
| | **Approval Date:**<br>**Updated**<br>*November 9, 2022* | **Supersedes (if applicable)**<br>**Target Review Date:**<br>*Nov 9, 2025* |

## PURPOSE AND INTENT

- To provide a standard of care for public health nurses (PHNs) outlining their role and responsibilities in screening for postpartum hypertension during the initial phone call and/or home visit for postpartum clients.
- To ensure continuity of care between public health and the health care provider for postpartum clients who are experiencing symptoms of hypertension.
- This clinical practice guideline does not support ongoing monitoring of blood pressure beyond the initial PHN assessment, identification, and referral to the health care provider for follow up once the client is diagnosed/under treatment for postpartum hypertension.

## 1. PRACTICE OUTCOME

To prevent adverse events and minimize cardiovascular risks related to hypertension for postpartum clients.

This guideline is used in conjunction with the Provincial Standards For Prenatal, Postpartum And Early Childhood: Province of Manitoba: Public Health Nursing: Postpartum Nursing Care Pathway: (https://www.gov.mb.ca/health/publichealth/phnursingstandards/docs/Postpartum_Nursing_Care_Pathway.pdf)

## 2. SCOPE

The guideline will be used by all public health nurses (PHNs) in accordance with the Manitoba Provincial Public Health Nursing Standards: Prenatal, Postpartum, and Early Childhood: http://www.gov.mb.ca/health/publichealth/phnursingstandards/docs/nursing_standards.pdf

These standards define that PHNs are to provide screening for postpartum hypertension on initial contact within 48 hours of discharge from hospital and subsequently at the home visit within one week of initial contact for all postnatal clients.

## 3. BACKGROUND

Hypertensive disorders of pregnancy (HDP) that include pre-eclampsia, eclampsia, HELLP syndrome and gestational hypertension affect about 10% of pregnancies and can have a deleterious effect on future maternal cardiovascular outcomes, including permanent damage to the brain, liver and kidneys, seizures, pulmonary edema, stroke, blood clots, stroke, and may even lead to death (9).

The incidence of new onset postpartum hypertension is unknown, but it is estimated to occur in 0.3 – 28% of women (5). Symptoms may include severe headache (increasing in frequency and unrelieved by regular analgesia); visual disturbance such as blurred vision, flashing lights, double vision, or floating spots; nausea and vomiting; malaise, breathlessness caused by pulmonary edema; sudden swelling of the face, hands, or feet; or seizure up to four weeks postpartum (5). SOGC clinical practice guidelines recommend that blood pressure should be measured during the time of peak postpartum blood pressure, at days 3 to 6 after delivery (III-B) (4). A recent study concluded that 10% of women who were normo- tensive before delivery developed novo hypertension postpartum. Most people develop symptoms of postpartum preeclampsia within 48 hours of childbirth. However, the condition can develop up to six weeks after delivery (6).

MB Postpartum Nursing Care Pathway is the foundational guide for nursing assessment public health nurses (PHNs) use for postpartum assessment and documentation in the care map / nursing notes. It states that "*assessment will be performed based on individual nursing judgement in consultation with the family".*

- Assessment of vital signs, including blood pressure, is to include history, risks, and self-report regarding how the client is feeling related to vital signs" (7).
- According to the pathway, **normal / normal variation** in blood pressure is defined as: asymptomatic with systolic readings ranging from 90-140 mg Hg over diastolic readings ranging from 50-90 mg Hg.
- **Variations** are defined as symptomatic (e.g. headache, blurred vision, labored respirations, light headedness, palpitations, edema) ***and / or*** vital signs outside the norm.
- Variations / pertinent observations are to be documented by PHNs in the progress notes (or in the electronic medical record where applicable), and the client is to be referred for medical follow up with a health care provider when variations are identified (7).

## 4. GUIDELINES

### 4.1 INITIAL MANAGEMENT:

4.1.1 Initial phone contact within 48 hours of discharge from hospital as per the Provincial Public Health Nursing Standards: Prenatal, Postpartum and Early Childhood (7).

4.1.2 The PHN reviews the postpartum referral and considers any medical history or relevant documentation provided on the referral from the birthing unit / hospital pertaining to gestational or intra partum hypertension, preexisting hypertension and / or therapeutic treatment of hypertension.

4.1.3 The PHN makes initial contact by telephone and assesses current symptoms and history related to hypertension, including whether the client is experiencing headache, visual disturbances, epigastric pain, nausea and vomiting and/or medical history including gestational hypertension, preexisting hypertension and treatment for same.

4.1.4 When potential symptoms of hypertension have been identified upon initial phone assessment and there is no BP reading, the PHN should offer a home visit as soon as possible for further

assessment. Depending on the timing of the home visit and /or the severity of symptoms, the PHN may direct the postpartum client to call their health care provider (e.g. OBGYN, primary care physician) and/or attend obstetrical triage the same day for further assessment/ medical follow up.

4.1.5 When a home visit is declined by the postpartum client, the assessment must include anticipatory guidance, education regarding signs and symptoms of hypertension and to report these symptoms to their health care provider as well as to seek medical care that same day.

4.1.6 With the client's consent, the PHN may also contact the health care provider or obstetrical triage, report any variations as identified and arrange for same day medical follow up. Assessment findings may be also communicated via fax or with a duplicate copy of the community health services 'communication form' provided to client as appropriate.

4.1.7 An in-person assessment should be offered and provided within 7 days of initial contact or sooner, depending on whether or not there are red flags, as per the Provincial Public Health Nursing Standards: Prenatal, Postpartum and Early Childhood (7).

4.1.8 The in-person assessment includes inquiring about relevant symptoms (headache, visual disturbances, epigastric pain, nausea and vomiting) and medical history including gestational hypertension, preexisting hypertension, and treatment for same.

4.1.9 At minimum, when symptoms of hypertension (including an elevated BP reading) have been identified and / or the client has a medical history (including a self-reported elevated blood pressure reading), a manual assessment of blood pressure (BP) will be offered to the postpartum client. An elevated blood pressure reading is defined as: BP > 140/90 mm Hg as described in the postpartum pathways:

| **Normal /Normal Variations:** | **Variations:** |
|---|---|
| Asymptomatic & | Symptomatic ***& / or*** |
| BP: 90 – 140 /50 – 90 mm Hg | BP: >140 / 90 mm Hg |

4.1.10 When variances are identified and the need for further medical attention is indicated, the public health nurse provides education to the postpartum client, arranges for a same day communication and follow up with the health care provider or obstetrical triage.

## 4.2 MANAGEMENT IF SYMPTOMS PRESENT

4.2.1. The Public Health Nurse informs the postpartum client of the blood pressure reading. Advises regarding the need to consult with a health care provider or obstetrical triage and then contacts the client's health care provider with the findings of the postpartum hypertension assessment.

4.2.2 It is the responsibility of the client's health care provider to arrange follow up for the client including a plan for ongoing monitoring (e.g. antenatal home care, more frequent office visits or self-

monitoring). If same day follow up with the client's health care provider is not available, the client should be referred to obstetrical triage. The PHN will follow the client as per their scope of care**.**

4.2.3 To ensure the client's needs are met, the PHN can assist the client in problem solving for ongoing follow up, for example by arranging transportation through Employment and Income Assistance (EIA);

**4.3 ONGOING MANAGEMENT:**

4.3.1 The PHN and client's health care provider will work collaboratively to clarify roles / scope of practice and problem-solve regarding referrals to antenatal homecare program / visiting nursing service if the client requires ongoing monitoring.

## 5. REFERENCES:

(1) Baha M. Sibai. (2012) Etiology and Management of Postpartum Hypertension-Preeclampsia. American Journal of Obstetrics and Gynecology. Volume 206, Issue 6, Pages 470-475.

(2) Canadian Hypertension Education Program Recommendations (2022). Recommendations for Hypertension Diagnosis Assessment and Follow-up. www.hypertension.ca

(3) Doreen M. Rabi, Kerry A. McBrien, et al. (2020). Hypertension Canada's 2020 Comprehensive Guidelines for the Prevention, Diagnosis, Risk Assessment, and Treatment of Hypertension in Adults and Children. Canadian Journal of Cardiology 36 (2020) 596-624.

(4) Magee, LA, Helewa, M, et al. (May 2014) SOGC Clinical Practice Guideline: Diagnosis, Evaluation, and Management of the Hypertensive Disorders of Pregnancy: Executive Summary JOGC 304 pages 416-438.

(5) Bramham, K., Nelson-Piercy, C., Brown, M. J., Chappell, L. C. (2013, March) Postpartum management of hypertension. BMJ |VOLUME 346

(6) August, P. & and Malha, L. (2015, September 28) Postpartum Hypertension: It Ain't Over 'til It's Over. Vol. 132, No. 18 pp 1690-1692. Retrieved from: https://doi.org/10.1161/CIRCULATIONAHA.115.019510

(7) Provincial Standards for Prenatal, Postpartum and Early Childhood: Province of Manitoba: Public Health Nursing: Postpartum Nursing Care Pathway. Retrieved from: (https://www.gov.mb.ca/health/publichealth/phnursingstandards/docs/Postpartum_Nursing_Care_Pathway.pdf)

(8) The Canadian Hypertensive Society (June 2022). Retrieved from: www.hypertension.ca

(9) Giorgione,V., Ridder,A., Kalafat, E., Khalil, A., & Thilaganathana, B. (2020, October 21). Incidence of postpartum hypertension within 2 years of a pregnancy complicated by pre-eclampsia: a systematic review and meta-analysis.



**PRIMARY AUTHORS:** WRHA Population and Public Health CNS group