

THE UNIVERSITY of NORTH CAROLINA at CHAPEL HILL

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### BACKGROUND

Mothers of medically fragile infants (MMFI) must recover from birth while attending to an infant in the neonatal intensive care unit (NICU). MMFI are also more likely to have a hypertensive disorder of pregnancy that requires a blood pressure check within 10 days postpartum.

#### **OBJECTIVE**

- We sought to quantify the prevalence and early postpartum (PP) follow-up assessments for hypertensive disorders of pregnancy among MMFI.
- These findings will inform new clinical strategies for addressing the postpartum health needs of MMFI.

## METHODS

- We conducted a retrospective cohort study of mothers of liveborn infants delivered at North Carolina Women's Hospital between July 1, 2014 and June 30, 2016.
- We defined mothers of well babies (MWB) as mothers of infants who were not admitted to an intensive care unit and were discharged to home.
- We defined MMFI as mothers of infants with a total neonatal intensive care unit and pediatric critical care unit length of stay  $\geq 3$  days.
- We defined mothers of transiently ill infants (MTII) as mothers of infants with a total neonatal intensive care unit and pediatric critical care unit length of stay <3days.
- Outcomes were ascertained from the UNC Perinatal Database and the Carolina Data Warehouse for Health, which includes data from the Epic@UNC electronic medical record (EMR).
- We ascertained hypertensive disorders using blood pressures (BP) that were measured in routine clinical care between 20 weeks of pregnancy and PP discharge, which we abstracted from the Epic EMR.

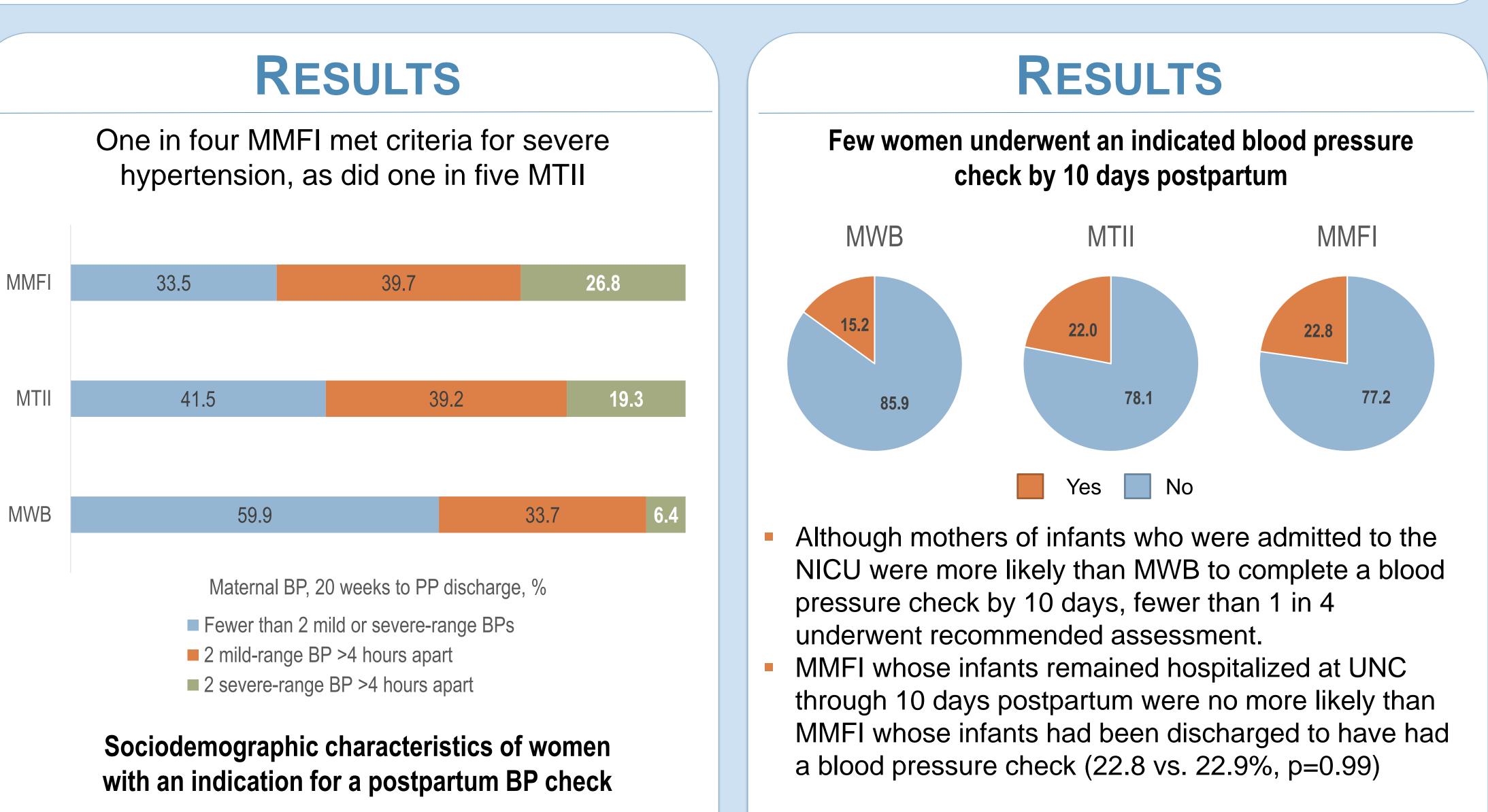
### Hypertensive disorders of pregnancy among mothers of medically fragile infants Alison M. Stuebe<sup>1,2</sup>, Christine Tucker<sup>2</sup>, Kristin Tully<sup>2</sup>, Katherine Bryant<sup>1</sup>, Erin McClain<sup>1</sup>, Renée Ferrari<sup>3</sup>, Sarah Verbiest<sup>1,4</sup>

# METHODS

- Severe hypertension was defined as  $\geq$  2 severe BP measurements (Systolic BP  $\geq$ 160 or Diastolic BP  $\geq$ 110) > 4 hours apart.
- Mild hypertension was defined as  $\geq 2$  mild BP measurements (SBP  $\geq$ 140 or DBP  $\geq$ 90) > 4 hours apart.
- An early postpartum blood pressure follow-up assessment was considered indicated for a diagnosis of pregnancy-induced hypertension, preeclampsia, eclampsia, or HELLP syndrome.
- Diagnoses were abstracted from the medical record by chart review.
- Completion of the postpartum BP follow-up assessment was indexed by a documented BP in the UNC EMR between postpartum discharge and 10 days after delivery.
- We used chi square test to compare rates of mild and severe hypertension and completion of recommended follow-up after maternal discharge among MMFI, MTII, and MWB.
- P values less than 0.05 were considered statistically significant.

### RESULTS

- A total of 6,851 women gave birth to one or more liveborn infants during the study period.
- 504,104 blood pressure measurements were recorded in the EMR between 20 weeks' gestation and postpartum discharge.
- 34.4% of women met criteria for mild hypertension. 9.0% met criteria for severe hypertension.
- 1,058 women had a diagnosis indicating a need for a postpartum blood pressure check.
- 601 women had a health encounter with a documented blood pressure in the EMR between postpartum discharge and 10 days postpartum.



	All, N	MWB, %	MTII, %	MMFI, %	
		Never in NICU, d/c to home	in NICU < 3 days	in NICU ≥ 3 days	p-value'
Ν	1058	726	82	250	
Age at Delivery					30.0
<20	66	6.0	4.9	7.2	
20-34	751	72.9	75.6	64.0	
<u>&gt;</u> 35	241	20.1	19.5	28.8	
Race/Ethnicity					0.0004
Non-Hispanic White	515	47.7	45.1	52.8	
Non-Hispanic Black	245	20.8	29.3	28.0	
Asian/Pacific Islander	23	2.9	1.2	0.4	
Hispanic	191	20.9	19.5	9.2	
Other	84	7.7	4.9	9.6	
Primary Language					0.02
English	894	84.0	84.2	92.6	
Spanish	136	15.2	14.6	6.6	
Other	9	0.8	1.2	0.8	
Insurance Type (at Delivery)					0.00
Private	483	45.5	31.7	50.8	
Public	532	50.4	65.9	44.8	
Tricare	35	3.4	0.0	4.0	
Self / unknown	8	0.7	2.4	0.4	
Cesarean Birth	435	31.2	58.5	65.1	<.0002
% = column percent. *p-value from the Pea	arson chi-square te	est. Missing not calcula	ated in percents.		



HEALTH CARE

WOMEN'S CARE

## CONCLUSIONS

Among MMFI, hypertensive complications of pregnancy are common.

Arranging recommended follow-up at the infant's bedside in the NICU could improve adherence to recommendations and reduce burden for mothers.

## FUNDING

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