

Postpartum Hypertension Control Made Simple And Sustainable

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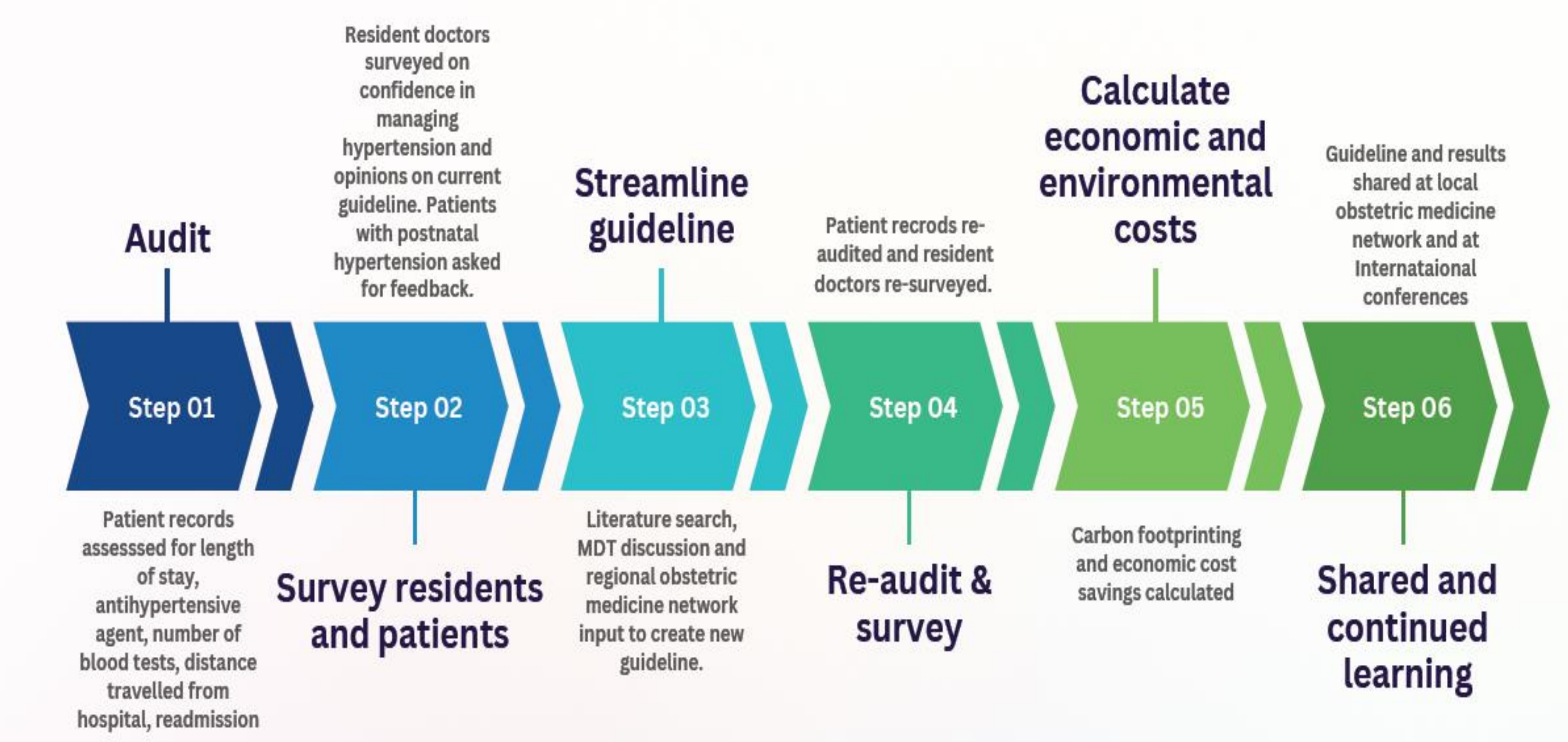
Introduction

Postpartum hypertension is a major cause of prolonged hospital stay and readmission. Associated polypharmacy, wasted medicines, multiple blood tests, separation from family and implications for cardiovascular health have long-term and widespread impacts. As part of the RCOG Green Maternity Challenge we designed a sustainable quality improvement project aimed at reducing the economic and environmental costs of postpartum hypertension.

Objective

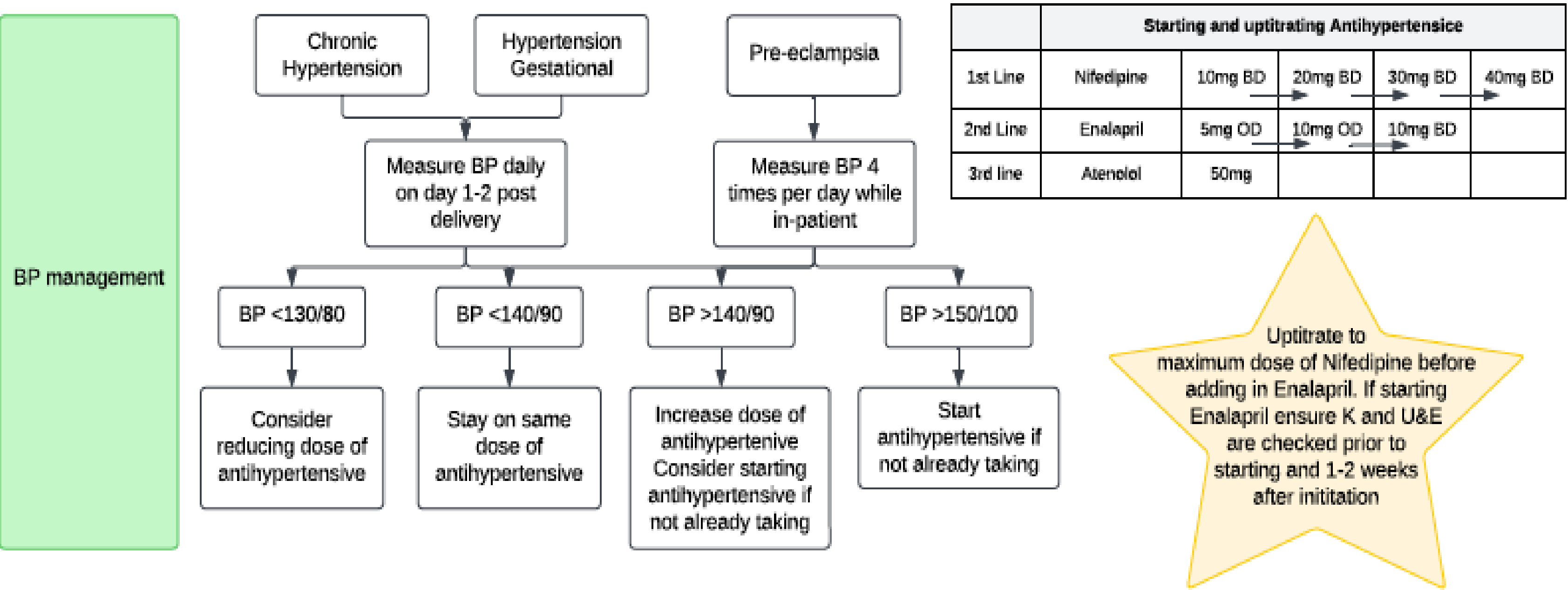
This quality improvement project sought to combat the associated clinical, economic, environmental and social impacts of postpartum hypertension through a change in prescribing and clinical practice. Through selecting nifedipine as a first-line antihypertensive agent alongside a new streamlined clinical guideline we aimed to demonstrate an improvement in environmental, economic and social costs over a 16 week study period.

Methodology

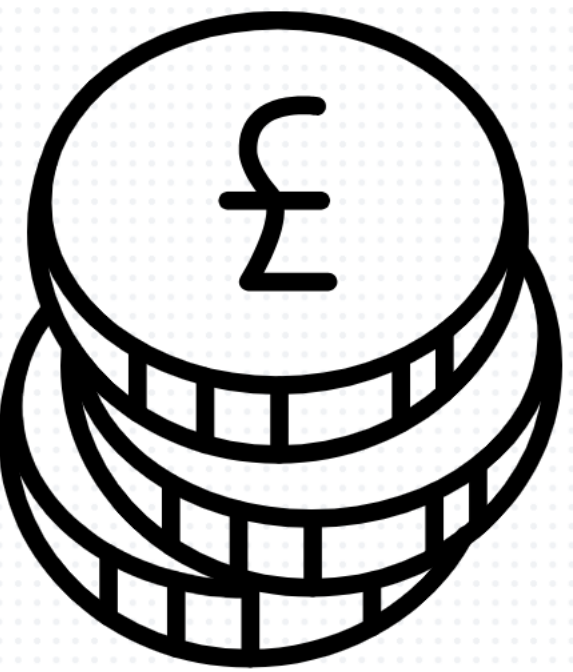
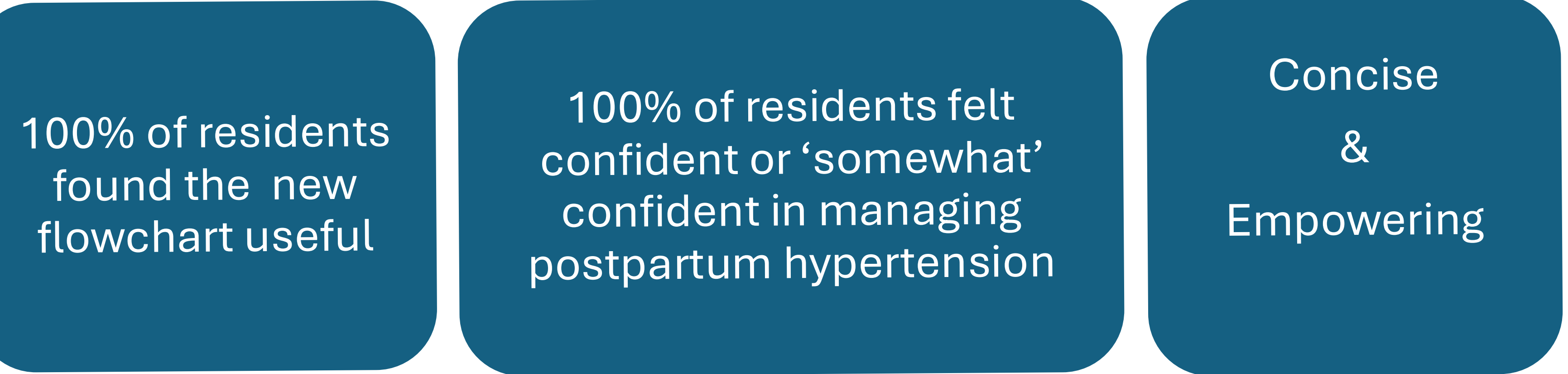
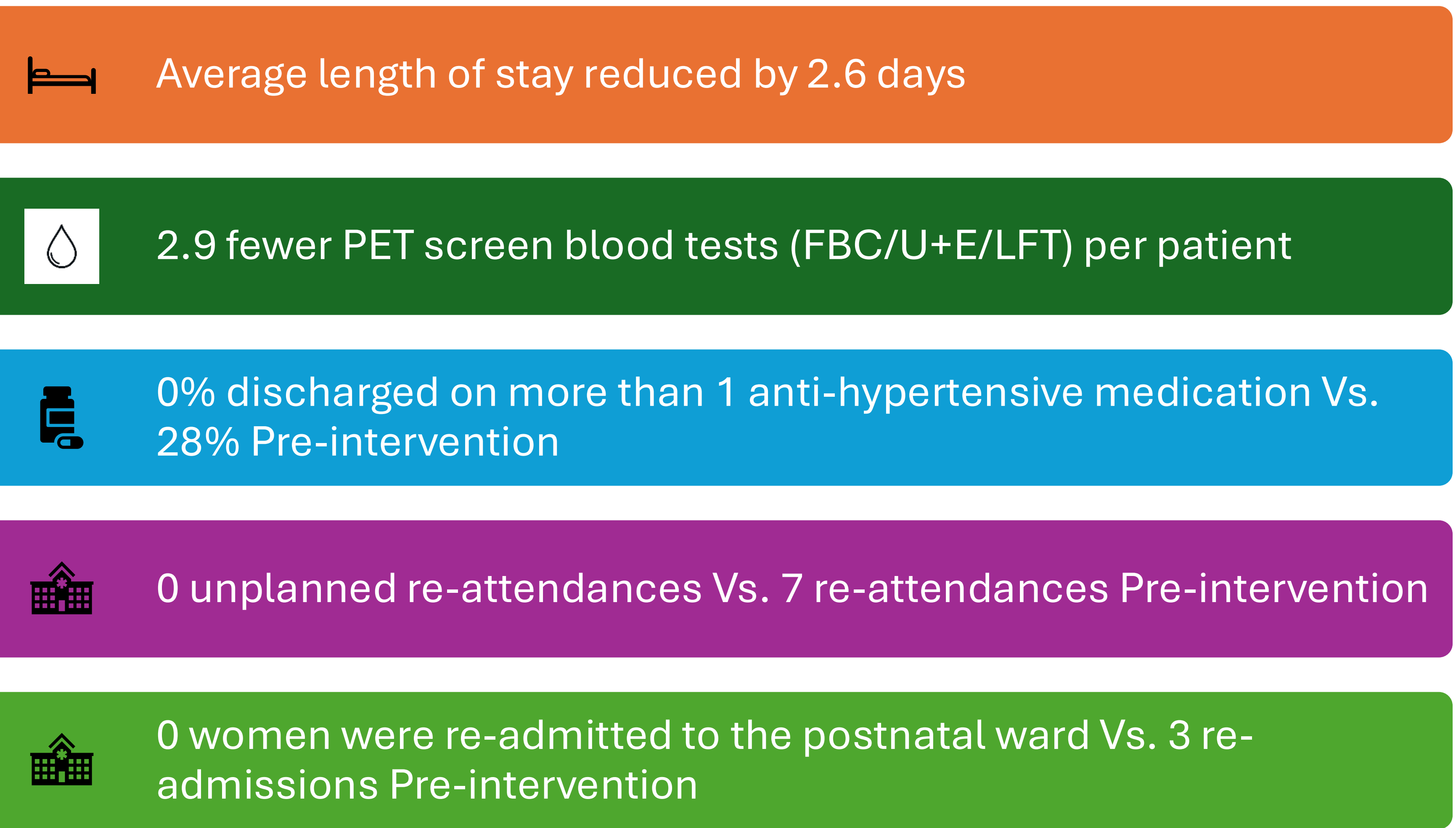


Intervention

A streamlined and easy-use flowchart clarifying how to switch medicines, when to repeat blood tests and discharge criteria.



Results



£14,500 potential savings over one year from modified prescribing practice and reducing unnecessary blood tests alone.



58,645KgCO₂e potential savings annually – equivalent to 290 return trips from London to Paris by car

Conclusion

- The use of nifedipine as a first line agent, combined with a streamlined management protocol reduced the economic and environmental cost associated with postpartum hypertension in our unit.
- Multi-disciplinary team engagement enabled effective and quick change.
- Ongoing audits with a larger post-study sample size are needed to ensure a lasting impact.

Recommendations

- Agree consistent management protocols across your department.
- Streamline care to reduce inpatient stay length and patient associated travel.
- Optimise medicines management to reduce polypharmacy and medicines waste.
- Be judicious in the use of diagnostic tests to reduce waste.

References

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