

TEACHING PLAN

FOR: Hypertensive Disorders of Pregnancy

PURPOSE: To delineate the educational needs of a pregnant patient with a hypertensive disorder.

SUPPORTIVE

DATA: Pregnancy is normally a stressful time in a woman's/family's life. Any complication during pregnancy presents as a crisis situation. It is important to enlist the patient when assessing and evaluating a patient with a hypertensive disorder. This teaching plan addresses the educational information needed for a hypertensive pregnant patient to help her understand her condition and its risks and to teach her to report accurate signs and symptoms of her disorder.

Disorders included are:

1. Preeclampsia: New onset of hypertension (systolic BP > 140 mmHg or diastolic BP > 90 mmHg) and proteinuria (excretion of > 0.3g over 24 hours) usually after 20 weeks of gestation with in a previously normotensive woman.

Other clinical manifestations may include:

- headache
 - visual disturbances
 - epigastric pain
 - nausea
 - vomiting
 - decreased platelet counts
 - oliguria
 - edema
 - thrombocytopenia
 - fetal growth restriction
 - oligohydramnios
2. Eclampsia: The presence of a grand-mal seizure in a patient who has preeclampsia or gestational hypertension.
 3. Gestational Hypertension: Hypertensive state (systolic BP > 140 mmHg or diastolic BP > 90 mmHg) without proteinuria diagnosed after 20 weeks of gestation that resolves within the first 12 weeks postpartum.
 4. Preeclampsia superimposed upon existing chronic hypertension: worsening preexisting hypertension with new onset of proteinuria after 20 weeks gestation.
 5. Preexisting/Chronic hypertension: Systolic BP > 140 mmHg and/or diastolic BP > 90 mmHg that antedates pregnancy or persists longer than 12 weeks postpartum.

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DESIRED PATIENT

OUTCOMES: Patient will verbalize understanding of the signs and symptoms of hypertensive disorders, the physiological changes associated with hypertensive disorders, and the necessity for accurate reporting of onset and/or changes in symptomatology.

ASSOCIATED

STANDARDS: Standard Care Plan: Hypertensive Disorders: Antepartum

- ASSESSMENT:**
1. Assess ability to understand information given: language barrier, disabling mental/emotional capacity and age-adolescence.
 2. Assess level of consciousness secondary to magnesium sulfate administration.
 3. Assess previous history regarding hypertensive disorders.

- INTEVENTIONS:**
1. Initiate the Standard Care Plan: Hypertensive Disorders: Antepartum.
 2. Instruct patient in a quiet environment with limited distractions.
 3. Instruct patient using lay terms (e.g. high blood pressure vs. hypertension).
 4. Reinforce verbal instructions using videos, pamphlets and handouts.
 5. Have patient verbalize instructions given to determine patient understanding.

PATIENT

EDUCATION: The Nurse is responsible for identifying the educational needs of the patient and teaching basic information using the guidelines that follow:

1. The cause of preeclampsia is unknown. It is known that a preeclamptic woman lacks the normal decreased sensitivity to vasopressin in pregnancy, which normally increases maternal intravascular space and allows room for the increased blood volume in pregnancy. Other pathological factors include vasospasm, increased vascular permeability leading to edema and proteinuria, activation of coagulation, increased inflammatory response, ischemia, which may progress to full organ system involvement.
2. Instruct the patient to report the following symptoms:
 - a. Increased edema of the face and extremities (increased capillary permeability).
 - b. Headache that is throbbing, pounding, or piercing that is not relieved by over the counter medications.
 - c. Vision disturbances, i.e., spots or bright lights.
 - d. Decrease in urinary output.
 - e. Complaints of lethargy or fatigue.

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- f. Sharp pain in the epigastric area or near the upper right quadrant (possibly related to edema/hemorrhage in the liver capsule).
 - g. More than one to two pound weight gain in one week if associated with any of the other symptoms.
3. The development of preeclampsia during pregnancy has been associated with certain risk factors. Review with the patient:
- a. Previous history or a family history of hypertensive disorder in pregnancy/preexisting hypertension
 - b. The presence of diabetes (pre-pregnancy or gestational) related to microvascular disease
 - c. Nephropathy or other renal disease
 - d. Connective tissue disorders and chronic autoimmune disorders
 - e. Antiphospholipid antibody syndrome
 - f. Multiple gestation
 - g. Hydramnios
 - h. Primigravida
 - i. Maternal age over 35
 - j. Obesity
 - k. Prolonged intervals between pregnancies
4. Hypertensive disorders have an effect on fetoplacental efficiency causing injury to placental vessels and possible infarcts of the placenta. Instruct patient to report:
- a. Decrease in fetal movement
 - b. Vaginal bleeding caused by a potential separation of the placenta
 - c. Abdominal pain and/or tenderness
 - d. Uterine contractions
 - e. Premature rupture of membranes
5. The only cure recognized for preeclampsia is delivery of the infant. Since preeclampsia is diagnosed as early as the 20th week of gestation and even earlier if other risk factors are present, steps are taken to maintain the pregnancy in order to maintain the safety of the mother and the delivery of a viable infant. This is known as Conservative or Expectant Management. If maintenance of the pregnancy is possible, instruct the patient in the following:

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- a. Maintain bedrest as much as possible while hospitalized and at home if discharge is possible. Bedrest has been shown to have a positive effect on fetal weight gain and reduces the risk for severe hypertension.
 - b. Encourage left lateral lying while at rest. This position allows maximum blood flow to the patient's renal system and to the placenta.
 - c. Instruct the patient to report symptoms associated with vascular changes (see patient education section #2).
 - d. Explain to patient the need for frequent laboratory testing of blood and urine. Monitoring of increased levels of protein in urine, and creatinine, uric acid, BUN and other enzymes found in the blood of patients with preeclampsia is necessary to track the progression of the disease.
 - e. Explain to the patient the possibility for magnesium sulfate administration to decrease the risk for seizures and if it is used, it will be continued for 24 hours post delivery.
 - f. Explain to the patient that there will be frequent monitoring of both her and the fetus. This monitoring includes non-stress tests, vital signs, biophysical profiles and ultrasounds for growth.
 - g. Explain the use of maternal corticosteroid administration for fetal lung maturity if the infant is pre-term.
 - h. Explain to the patient the importance of treating her hypertensive disorder to decrease the risk of seizures, placental abruption, maternal stroke, heart failure, renal failure, preterm delivery, fetal growth restriction, fetal death, and maternal death.
6. If delivery is the medical choice of treatment, provide the following information to the patient:
- a. Induction and/or cesarean section delivery procedures.
 - b. Choices of anesthesia; arrange for anesthesia consult.
 - c. Arrange for tour of L&D and a NICU consult.

REPORTABLE

CONDITIONS:

1. Patient unable to understand instructions given.
2. Patient displaying symptoms as outlined in reportable conditions in the Protocol: Hypertensive Disorders of Pregnancy
3. Patient unwilling to report and/or perform direction given.

DOCUMENTATION:

1. Initiate Standard Care Plan: Hypertensive Disorders: Antepartum.

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2. Document patient response to instruction given as per Documentation Policies, Department of Nursing.

APPROVAL:

EFFECTIVE DATE: 1/91

REVISION DATES: 4/09