



# Raising the Bar for Maternal Safety: A Nursing-Led Initiative to Transform Hypertension Response

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## Background

- Severe hypertension in pregnancy is a leading cause of maternal morbidity and mortality.
- National Guidelines (ACOG, SMFM, AHA, ASA) recommend initiating antihypertensive therapy within 30-60 minutes of confirmed severe hypertension.
- Evaluation of current process identified delays in recognition, workflow inefficiencies, and inconsistent escalation pathways contribute to suboptimal outcomes within organization.



Previous work included:

- Standardized order sets
- Monthly performance audits
- Interdisciplinary education

## Purpose

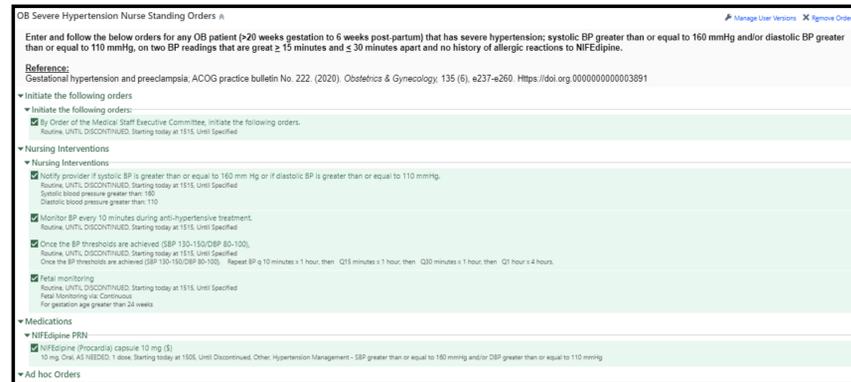
- To increase the rate of timely treatment for obstetric hypertensive emergencies from 72% (Q1 & Q2 2024) to meet the state benchmark of 75% by December 31, 2025.
- Goal:** Treat 100% of obstetrical, birthing and post-partum, patients who experience severe hypertension within **60 minutes** of second hypertensive reading.
- Design/Setting:** This QI project utilized the Plan-Do-Study-Act (PDSA) cycle within a labor and delivery unit at a community-based hospital. The initiative engaged obstetrical nurses, providers, pharmacy, and nursing leaders over a 12-week implementation period.



## Interventions

A multidisciplinary quality improvement (QI) initiative was launched, targeting improved early intervention by implementing nursing standing orders, structured monitoring, and streamlined provider communication. Best practices from the MHA Perinatal Roadmap, the MNPQC Blue Band Project, and MHA comparison data reports were examined in the planning of this QI initiative.

- Data and Process Evaluation:**
  - Review of timely treatment data both on a state and organizational level
  - Informal survey with local organizations to learn success stories
  - Presentation to OB Service Line group for physician buy-in
- Development of Evidence-based Nursing Standing Order, which included:**
  - Nifedipine 10mg po x1 PRN
  - Provider notification
  - Ongoing blood pressure monitoring orders
  - Fetal monitoring
- Education and communication**



## Implementation

### Implementation Strategies:

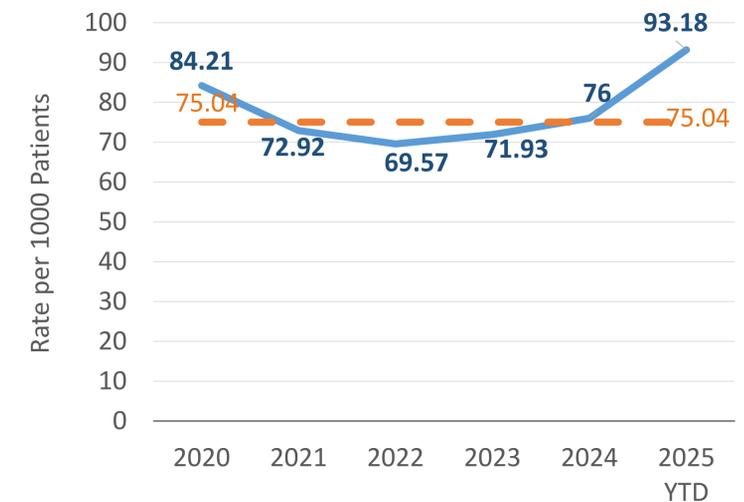
- Shift huddles were used to share information regarding order changes and importance of timely identification, provider notification, and prompt treatment.
- Real-time feedback, chart audits, and debriefs were used to further refine the process.

## Conclusion

**Nurse Driven Standing Orders:** Encouraging RNs to practice at the full scope of their licensure through standing orders that have been vetted through a physician leadership team allows for timely recognition, prompt initial treatment, rapid intervention, and improved patient outcomes as evidenced by Ridgeview's results in this QI project.

## Data & Results

- A considerable challenge when assessing data and drawing conclusions is the relatively small number of inclusions to the reported results. For example, for most quarters, n~15, thus resulting in a larger pool of data. Q4 of 2024 only contained an n=5, thus resulting in a 3/5 compliance of only 60%, which significantly skews success rates.
- In 2024, Ridgeview noted timely treatment in 38/50 patients who had a qualifying severe BP- resulting in a 76% timely treatment rate.
- As of 7/31/2025, Ridgeview has treated 41/44 patients who had qualifying severe BP- resulting in a 93% timely treatment rate.



— Rate per 1,000 with appropriate treatment  
 - - - State Comparison

### Reference:

Combs, C. A., Allbert, J. R., Hameed, A. B., et al. (2022). Society for Maternal-Fetal Medicine Special Statement: A quality metric for evaluating timely treatment of severe hypertension. *American Journal of Obstetrics and Gynecology*, 226(2), B2-B9. <https://doi.org/10.1016/j.ajog.2021.10.007>

Gestational hypertension and preeclampsia; ACOG practice bulletin No. 222. (2020). *Obstetrics & Gynecology*, 135 (6), e237-e260. <https://doi.org.0000000000003891>

