Data form should be completed for ALL pregnant and postpartum (up to 6 weeks) women presenting with new onset severe range hypertension. New onset severe range hypertension is defined as the first episode of persistent severe range HTN (≥160/110(105), lasting >15 minutes) *in a hospitalization* (ER, L&D, Triage, Antepartum, Postpartum, or other inpatient setting) for a pregnant or postpartum patient (including women with chronic hypertension, gestational hypertension, preeclampsia and/or postpartum diagnosis).

| Field in REDCap Data Form | Data Dictionary Definition |
| --- | --- |
| Hospital ID | 3 digit Hospital ID assigned to hospital by ILPQC to keep data secure and confidential (001-130). |
| Date of Maternal Event | Date when new onset severe HTN is identified (BP reached ≥160 or diastolic ≥110(105), sustained >15 mins) in mm/dd/yyyy format. |
| Postpartum | Select yes if patient presents within 6 weeks of delivery. Record number of days postpartum. |
| GA at Event | Gestational age in weeks and days at the time of the new onset severe hypertensive event. |
| Maternal Race/Ethnicity | The response for the maternal ethnicity/race should be obtained by personal interview with the mother or review of the birth certificate or medical record in that order of preference.1. Black if the biological mother is a person having origins in any of original people in Africa.
2. White if the biological mother is a person having origins in any of the people of Europe, the Middle East, North Africa (Arabic origins), or Western Russia (including Afghanistan and South Russia).
3. Hispanic if the biological mother is a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.
4. Asian if the biological mother is a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
5. Other if none of the race categories above apply to the biological mother.
 |
| Patient Location | Physical location (unit/department of hospital) of the patient when the new onset severe range HTN was identified (BP reached ≥160 or diastolic ≥110(105), sustained >15 mins).* 1. Triage
	2. L&D
	3. Postpartum
	4. Antepartum
	5. ED
 |
| Maternal Age | Age of woman in years at the time of the new onset severe hypertensive event. |
| Height | Height of woman in inches. |
| Current Maternal Weight | Current weight of woman in pounds (NOT last pre-pregnancy weight). |
| Diagnosis | Patient diagnosis – to be found in the medical record at discharge.* 1. Chronic HTN
	2. Gestational HTN
	3. Preeclampsia
	4. Superimposed Preeclampsia
	5. Postpartum Preeclampsia
	6. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| Magnesium Sulfate | Select yes if Magnesium Sulfate was administered. |
| Process Measure P1: Medical Management | Time after the BP reached ≥160 or diastolic ≥110(105) (sustained >15 mins) that first BP medication (Labetalol, Hydralazine, or Nifedipine – do NOT count Magnesium Sulfate as it is not an antihypertensive drug) was administered.1. <30 minutes
2. 30-59 minutes
3. 60-89 minutes
4. >90 minutes
5. BP came down without medication
6. No action taken
 |
| Balancing Measure B1 | Select yes if diastolic pressure falls to <80 within one hour after meds given. Select no if diastolic did not fall to <80 within one hour after meds given, if BP came down without medication, or if no action was taken. |
| Balancing Measure B2 | If diastolic pressure fell to <80 within one hour after meds were given, select yes if there was a corresponding deterioration in fetal heart rate (Category 3). |
| Adverse Maternal Outcome | Maternal complications at any point during the patient’s stay to be found in the medical record (Select all that apply):1. OB Hemorrhage with transfusion of ≥4 units
2. Intracranial Hemorrhage or Ischemic event
3. Pulmonary Edema
4. ICU Admission
5. HELLP Syndrome
6. Oliguria
7. Eclampsia
8. DIC
9. Renal failure
10. Liver failure
11. Ventilation
12. Placental Abruption
13. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
14. None
 |
| Date of Adverse Maternal Outcome | Date of maternal complications above. Please enter the date of the first adverse maternal complication if there are multiple complications. |
| Adverse Neonatal Outcome | Neonatal complications at any point during the infants stay to be found in the medical record (Select all that apply):1. NICU admission
2. IUFD
3. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. None
 |
| Date of Adverse Neonatal Outcome | Date of neonatal complications above. Please enter the date of the first adverse neonatal complication if there are multiple complications. |
| Discharge Education | Select yes if educational materials on preeclampsia were given at discharge/ |
| Discharge Management | Select yes if follow-up appointment was scheduled for within 10 days after discharge for all women with any severe range hypertension/preeclampsia |
| Discharged on Meds | Select yes if patient was discharged on medication to manage severe range HTN/preeclampsia. |
| Discharge Management on Meds | If patient was discharged on medication to manage severe range HTN/preeclampsia, select yes if follow-up appointment was scheduled for within 72 hours after discharge. |