


## Speakers

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&  
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Florida Perinatal Quality  
Collaborative at the  
University of South  
Florida, College of Public  
Health.



A photograph of a woman with dark hair tied up, smiling and kissing a young child on the cheek. The child is looking towards the camera.

# Improving Timely Treatment of Severe Hypertension in Pregnancy: A Statewide Systems Approach

*April 9, 2026*



# FPQC's Vision & Values

*“All of Florida’s mothers, infants & families will have the best health outcomes possible through receiving respectful, high quality, evidence-based perinatal care.”*



- Data-Driven
- Population-Based
- Evidence-Based
- Respect-Centered
- Value-Added

# FPQC Partners & Funders



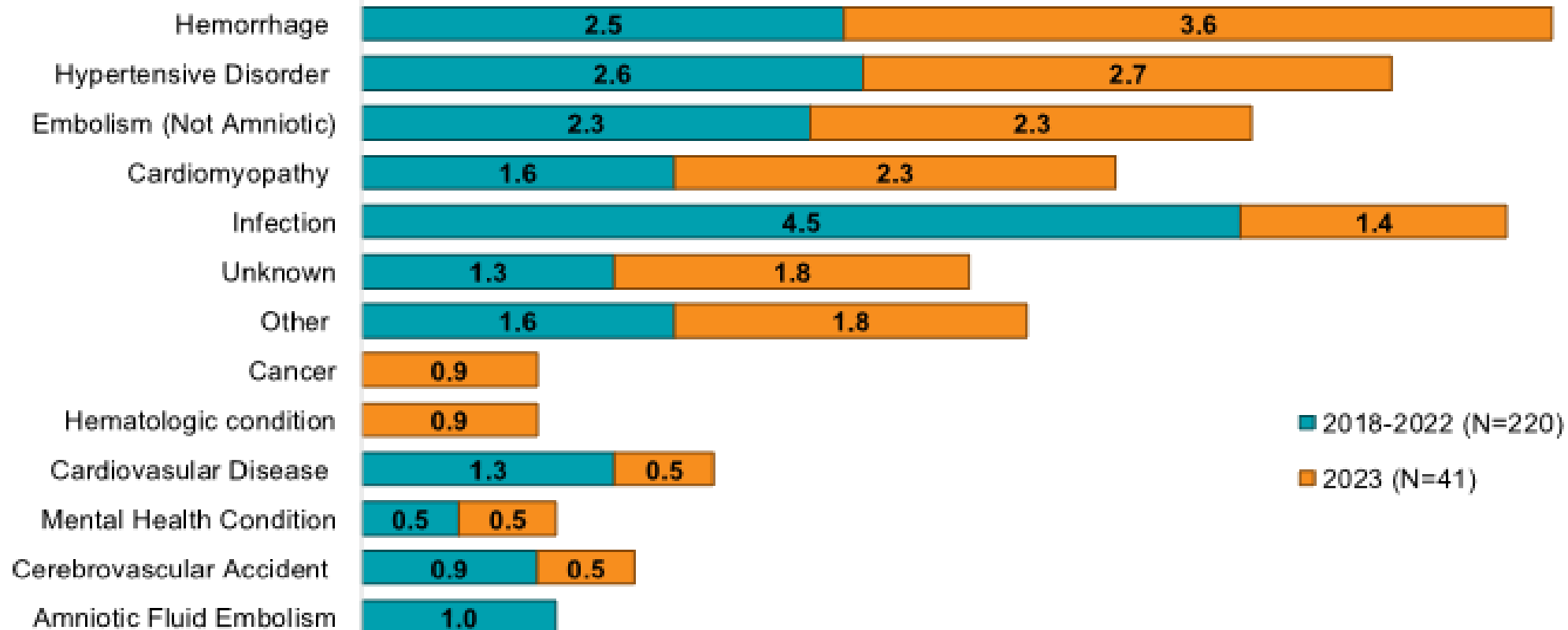
Centers for Disease Control & Prevention



Florida Society of Neonatologists  
Advancing the Care of Neonates in the Sunshine State



# Pregnancy-Related Mortality Ratio by Underlying Cause Of Death, Florida, 2018-2022 and 2023



Deaths per 100,000 Live Births

Note: Cancer and hematologic conditions included in other prior to 2023.

# FPQC Initiatives

## Maternal Health

PROMPT

*NTSV C-sections*

OHI 2.0

*Cardiac Conditions*

## Infant Health

Perinatal Readiness

Homeward Bound

SOOTHE

*New Infant Initiative*

## Ongoing Programs

Perinatal QI Indicators

Birth Certificate Training

Levels of Maternal Care (LOMC)\*

2025

2026

2027

2028

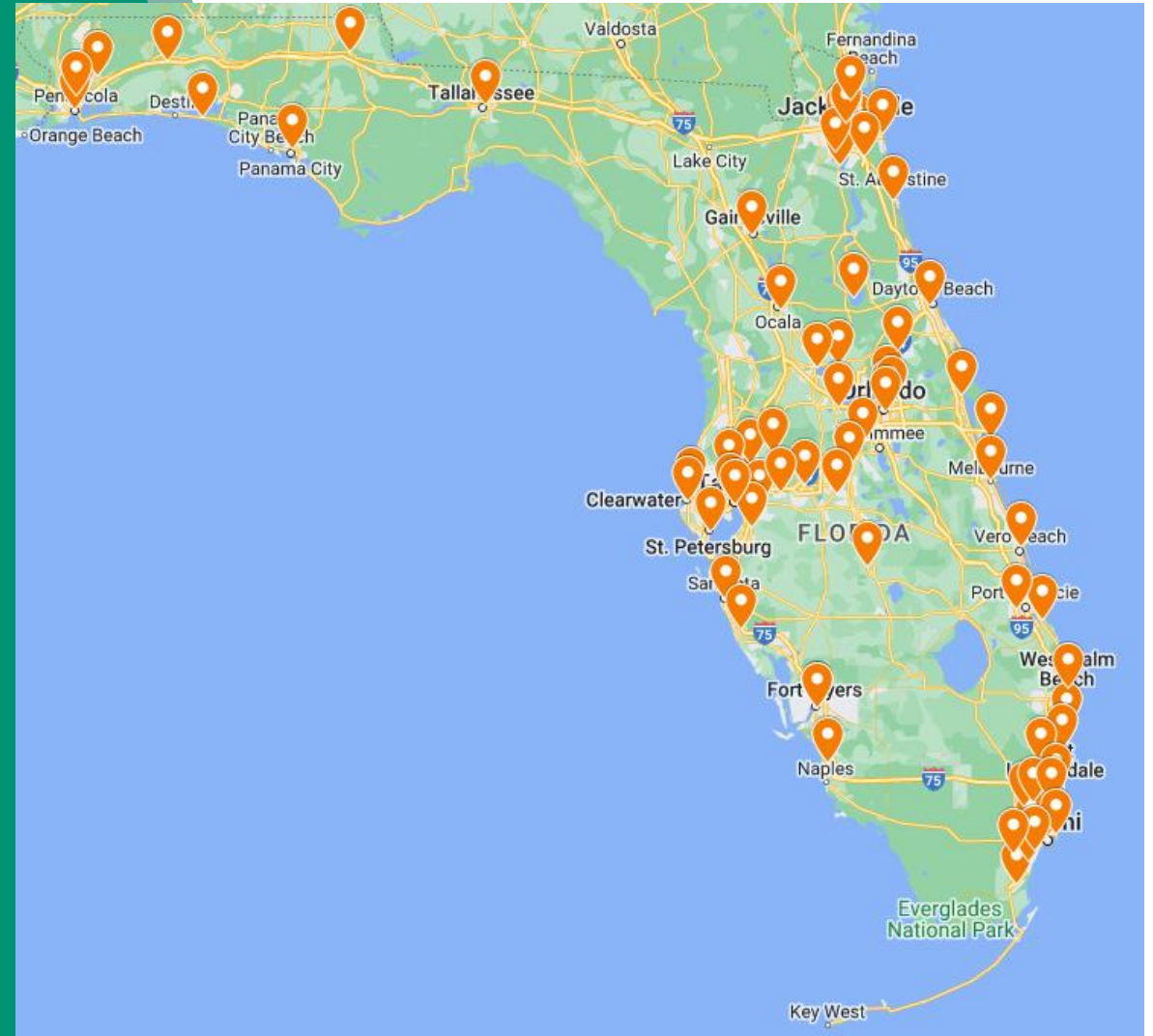
# Voice of Patients: Karina & Brian





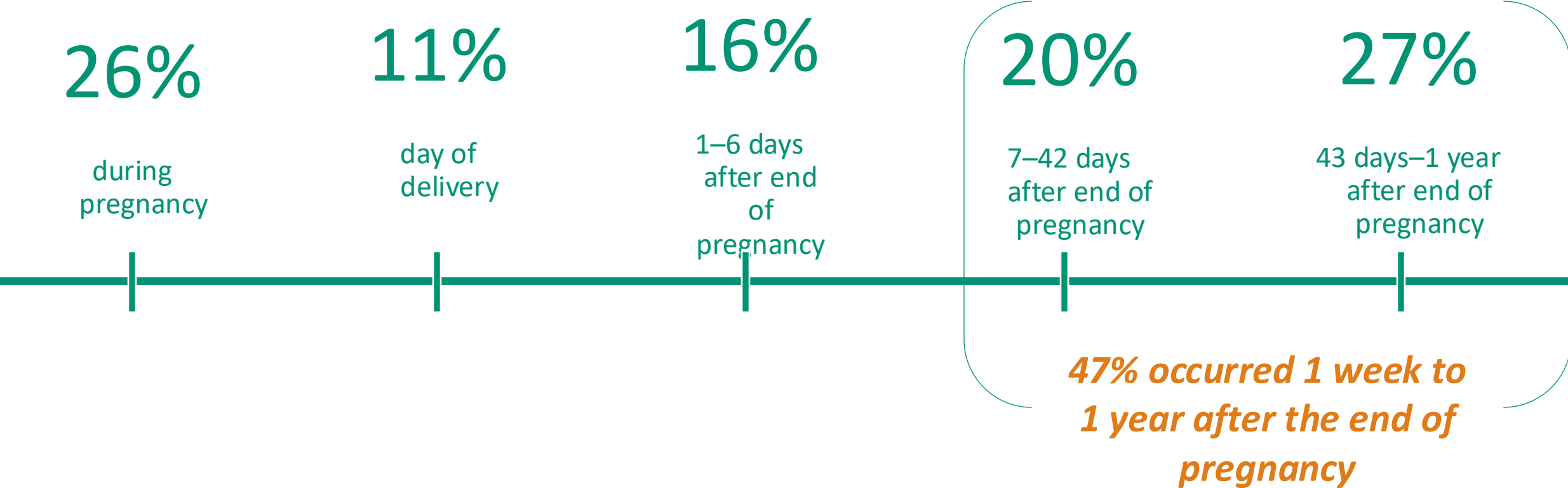
## 75 Florida Hospitals:

- 72% of maternity hospitals
- 82% of births



Centers for Disease  
Control & Prevention

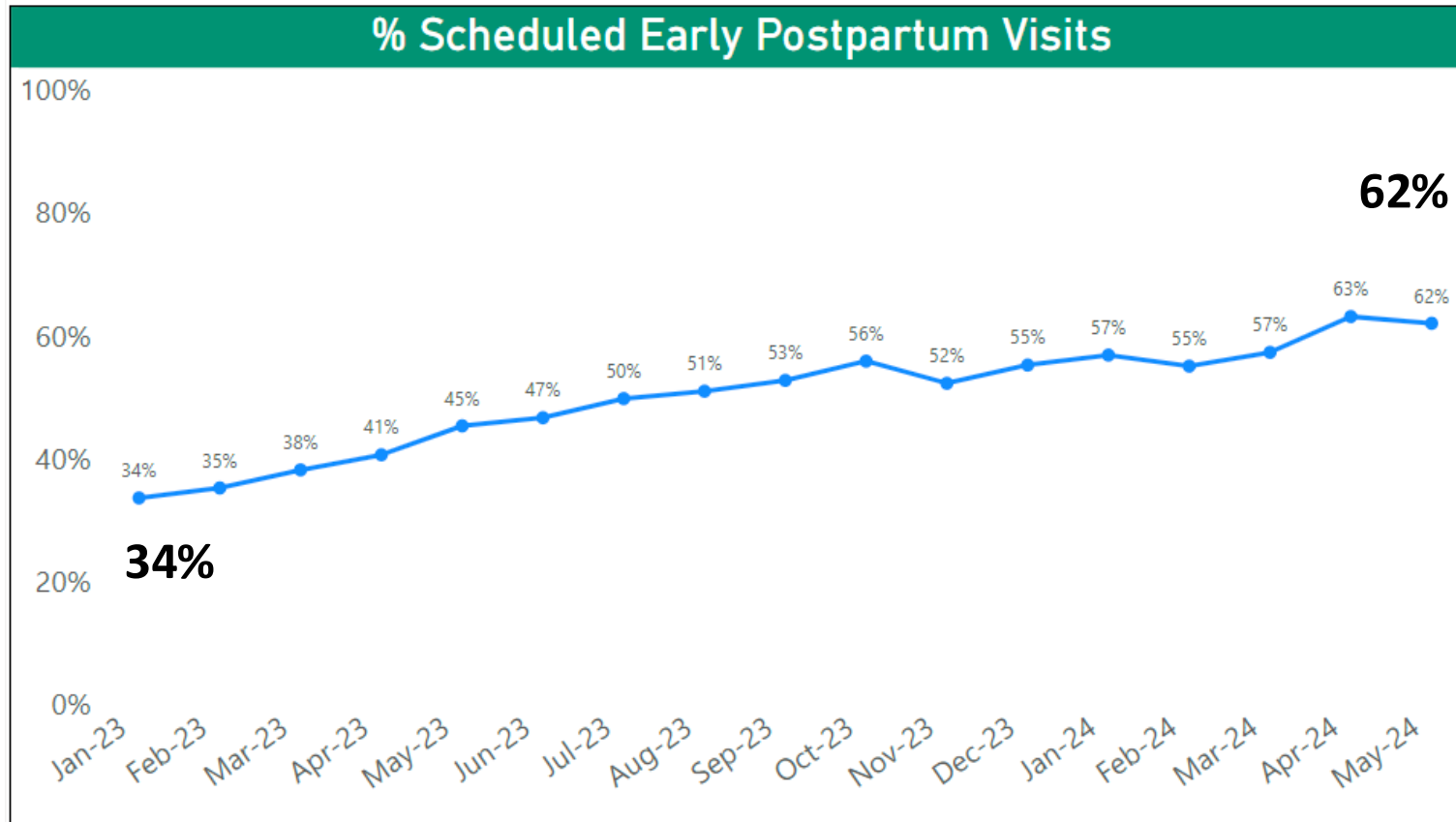
# Maternal Mortality Review Committees in 38 U.S. States, 2020: **Timing of pregnancy-related deaths**



# PACC Aim

By June 2024, PACC hospitals will increase by 20%:

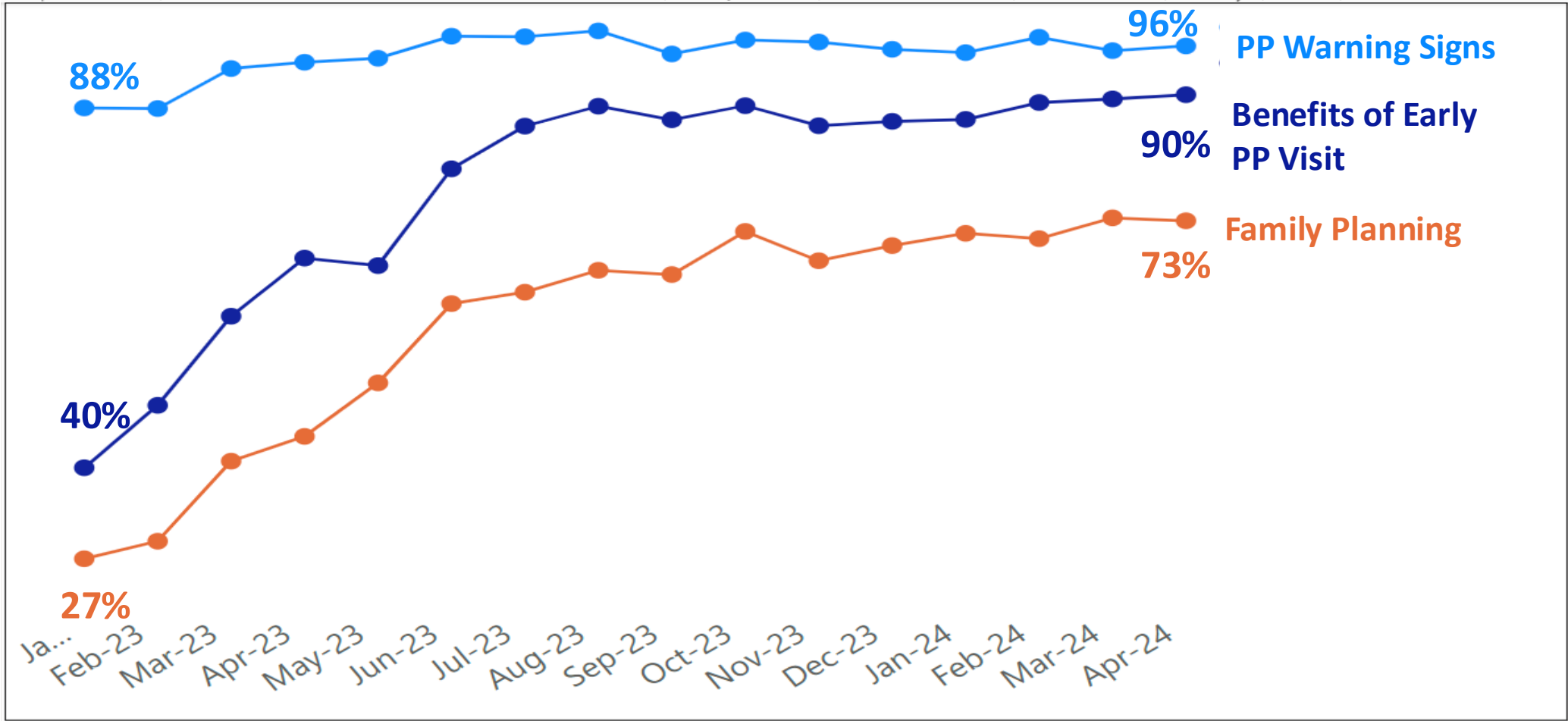
1. The % of patients with a 2-week PP visit scheduled prior to discharge



28%  
increase

# PACC Aim

By June 2024, PACC hospitals will increase by 20%:  
2. The % of patients who receive verbal postpartum education and materials



# SAVE YOUR LIFE:

## Get Care for These POST-BIRTH Warning Signs

Most women and postpartum people who give birth recover without problems. But anyone can have a complication for up to one year after birth. Learning to recognize these POST-BIRTH warning signs and knowing what to do can save your life.



<p><b>Call 911</b> if you have:</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>P</b>ain in chest</li> <li><input type="checkbox"/> <b>O</b>bstructed breathing or shortness of breath</li> <li><input type="checkbox"/> <b>S</b>eizures</li> <li><input type="checkbox"/> <b>T</b>houghts of hurting yourself or someone else</li> </ul>
<p><b>Call your healthcare provider</b> if you have: (you only need one sign) <small>(If you can't reach your healthcare provider, call 911 or go to an emergency room)</small></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>B</b>leeding, soaking through one pad/hour, or blood clots, the size of an egg or bigger</li> <li><input type="checkbox"/> <b>I</b>ncision that is not healing</li> <li><input type="checkbox"/> <b>R</b>ed or swollen leg, that is painful or warm to touch</li> <li><input type="checkbox"/> <b>T</b>emperature of 100.4°F or higher or 96.8°F or lower</li> <li><input type="checkbox"/> <b>H</b>eadache that does not get better, even after taking medicine, or bad headache with vision changes</li> </ul>

Tell 911 or your healthcare provider:

"I gave birth on \_\_\_\_\_ and  
I am having \_\_\_\_\_"  
(Date) (Specify the warning signs)



Scan here to download this handout in multiple languages.

These post-birth warning signs can become life-threatening if you don't receive medical care right away because:

- Pain in chest, obstructed breathing or shortness of breath (trouble catching your breath) may mean you have a blood clot in your lung or a heart problem
- Seizures may mean you have a condition called eclampsia
- Thoughts or feelings of wanting to hurt yourself or someone else
- Incision that is not healing, increased redness or any pus from episiotomy, vaginal tear, or C-section site may mean an infection
- Redness, swelling, warmth, or pain in the calf area of your leg may mean you have a blood clot
- Temperature of 100.4°F or higher or 96.8°F or lower, bad smelling

## Post-Birth Health Check

It is important to continue seeing your obstetric (OB) provider after giving birth

You should plan on at least two appointments after giving birth: The **2-week Post-Birth Health Check** and your **6-week follow-up visit**



### WHY TWO WEEKS AFTER GIVING BIRTH?

- Many early warning signs or symptoms are easy to miss, that is why scheduling your 2-week Post-Birth Health Check is important.
- The 2-week Post-Birth Health Check lets your OB provider see how you are doing and address any issues before they become serious.



### WHAT HAPPENS AT MY 2-WEEK POST-BIRTH HEALTH CHECK?

Your OB provider or clinical team member will:

- Check your blood pressure
- Check your bottom/stitches
- Make sure your post-birth bleeding is normal
- Discuss your mood and provide support
- Check your breasts for any concerns
- Discuss future pregnancies
- Link you to any extra health services or follow-up



### WHEN SHOULD I SCHEDULE MY FIRST VISIT?

- Your first Post-Birth Health Check should be within two weeks after giving birth. Schedule this visit even if you had a birth without problems.
- Tell your nurse if your check is already scheduled.
- Be sure to have an appointment before you leave the hospital. If you go home on a weekend, call your provider's office on Monday to schedule a visit.
- Tip: Set a reminder on your phone of your upcoming appointment.

Write the following on your Post-Birth Wallet Card:

I gave birth on: \_\_\_\_\_

My OB provider's name: \_\_\_\_\_

My OB provider's phone: \_\_\_\_\_



PREGNANCY-RELATED

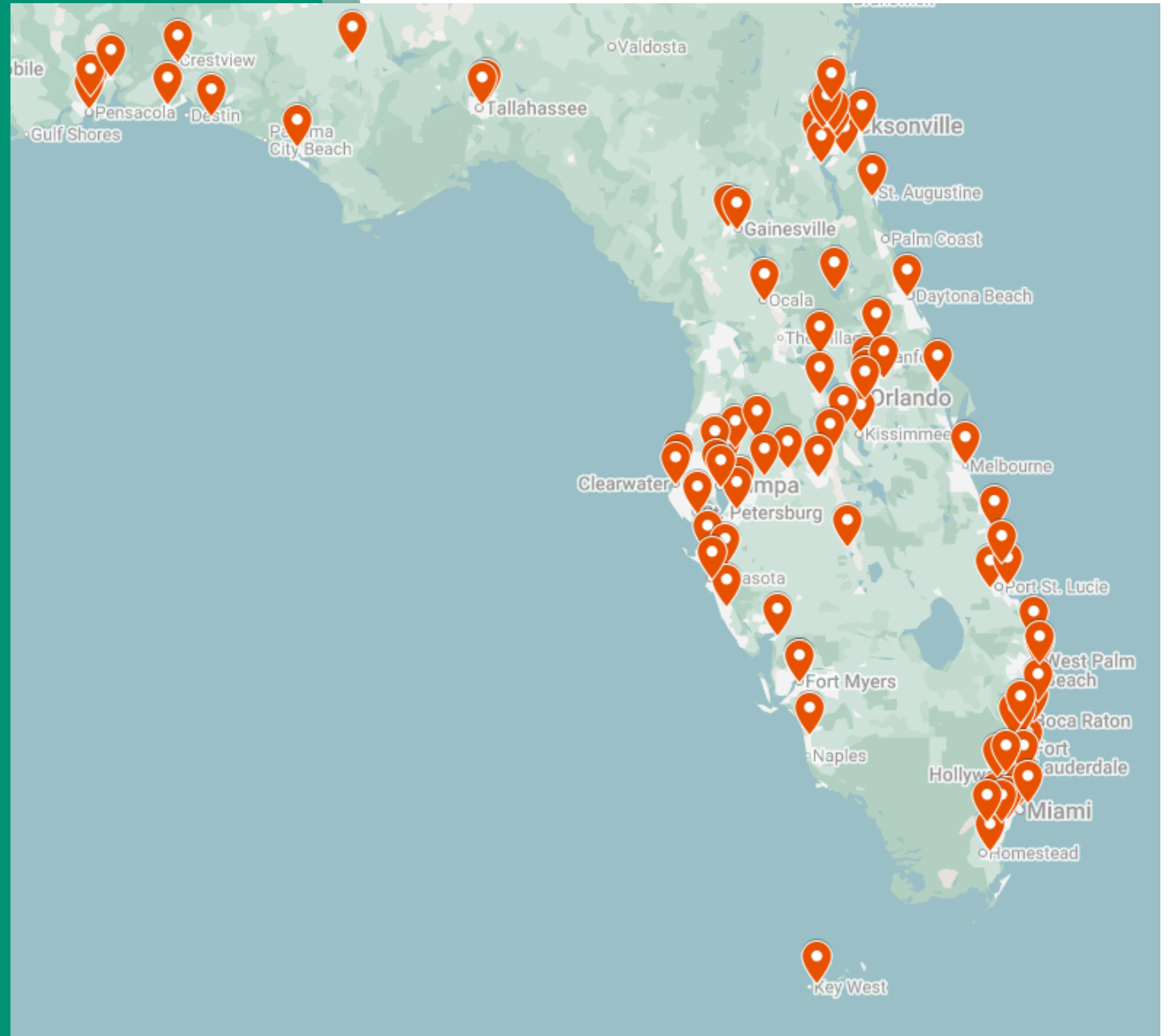
**PROMPT**

OPTIMAL MANAGEMENT OF  
HYPERTENSION

**88 PROMPT Hospitals**

**85%** of FL maternity hospitals

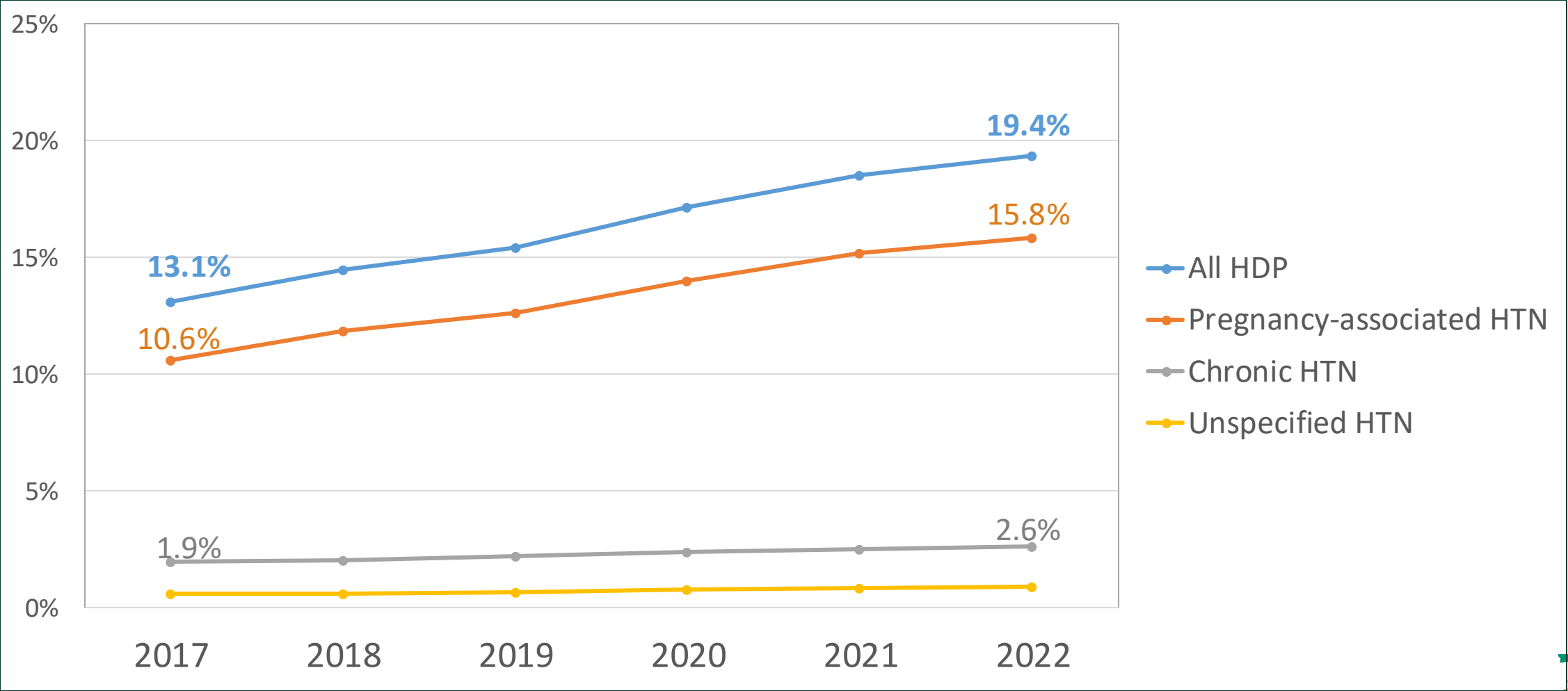
**91%** of births in FL, 2023



Centers for  
Disease Control  
& Prevention

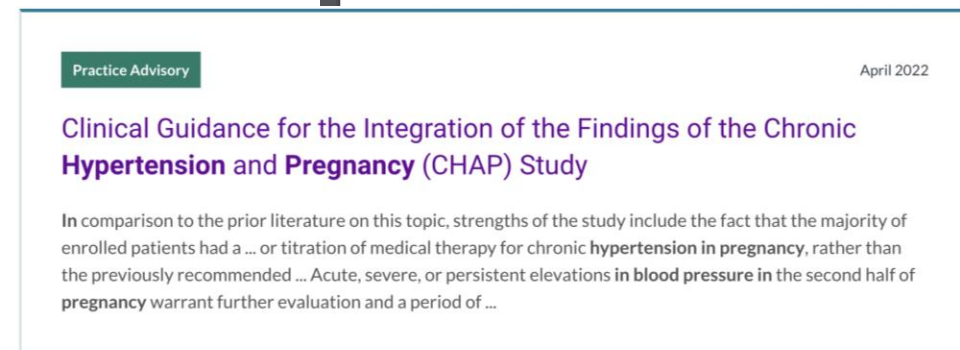
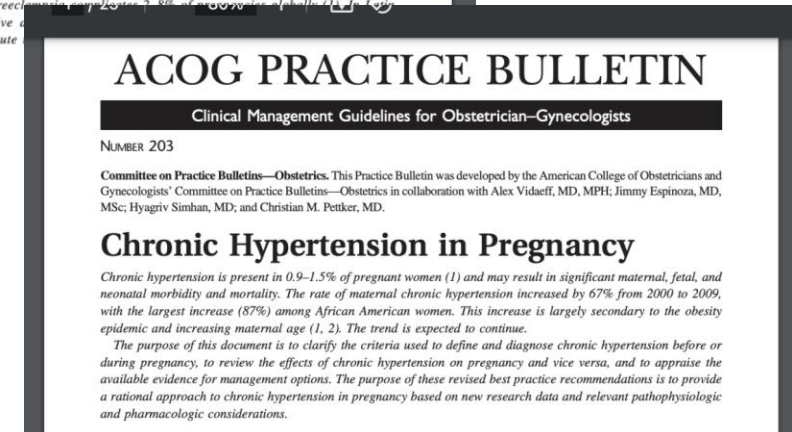
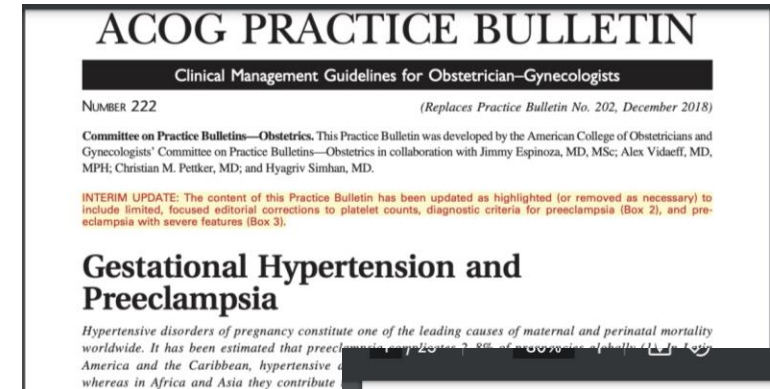
# Prevalence of Hypertensive Disorders of Pregnancy (HDP)

Among birth admissions

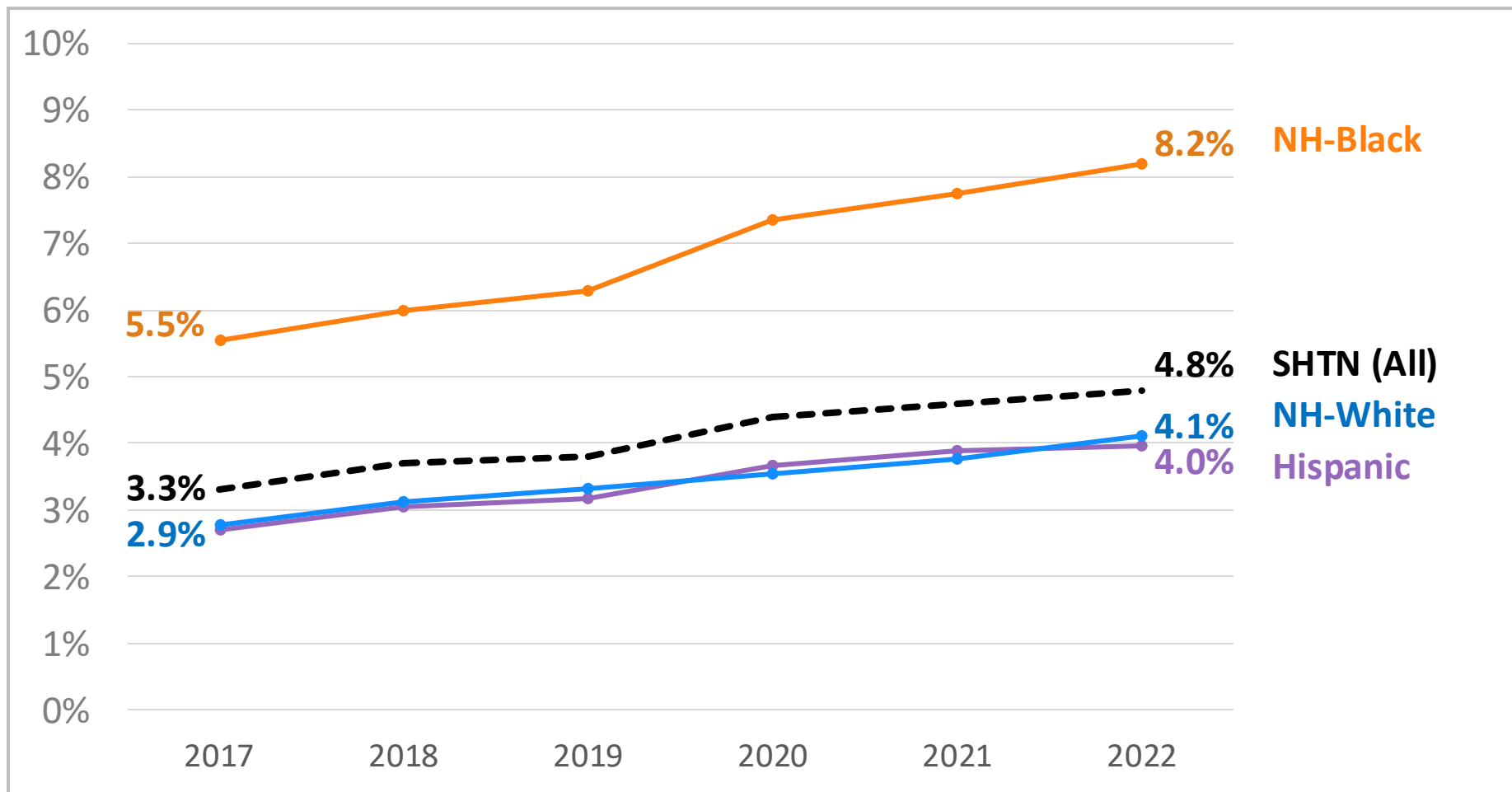


# Updated Guidelines for HDP

- Clear guidance on treatment of persistent severe hypertension
- ASA for preeclampsia risk reduction
- CHAP trial guidelines recommending treatment of Chronic Hypertension with goal of BP <140/90
- New guidelines regarding postpartum follow up



# Severe Hypertension in Pregnancy (Pre-eclampsia) by Race-Ethnicity, FL Delivery Admissions

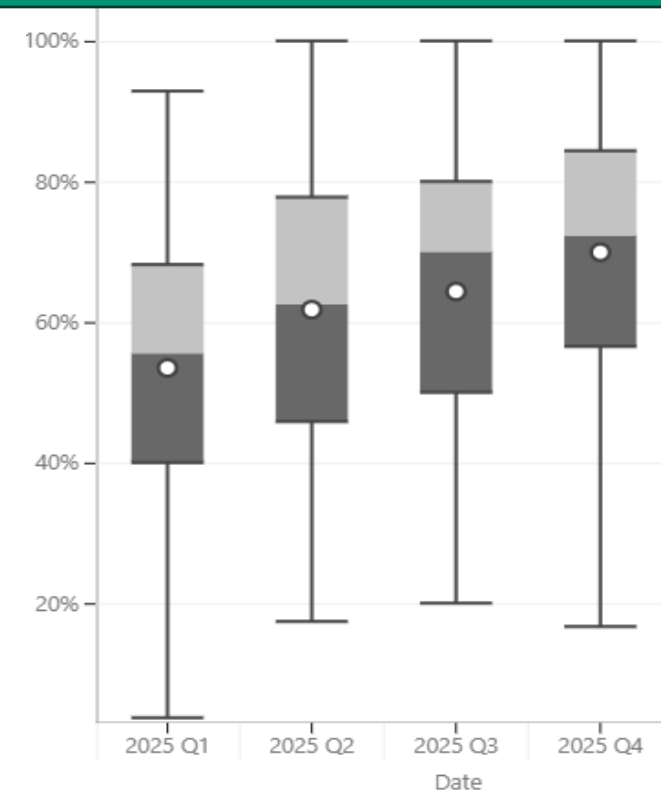
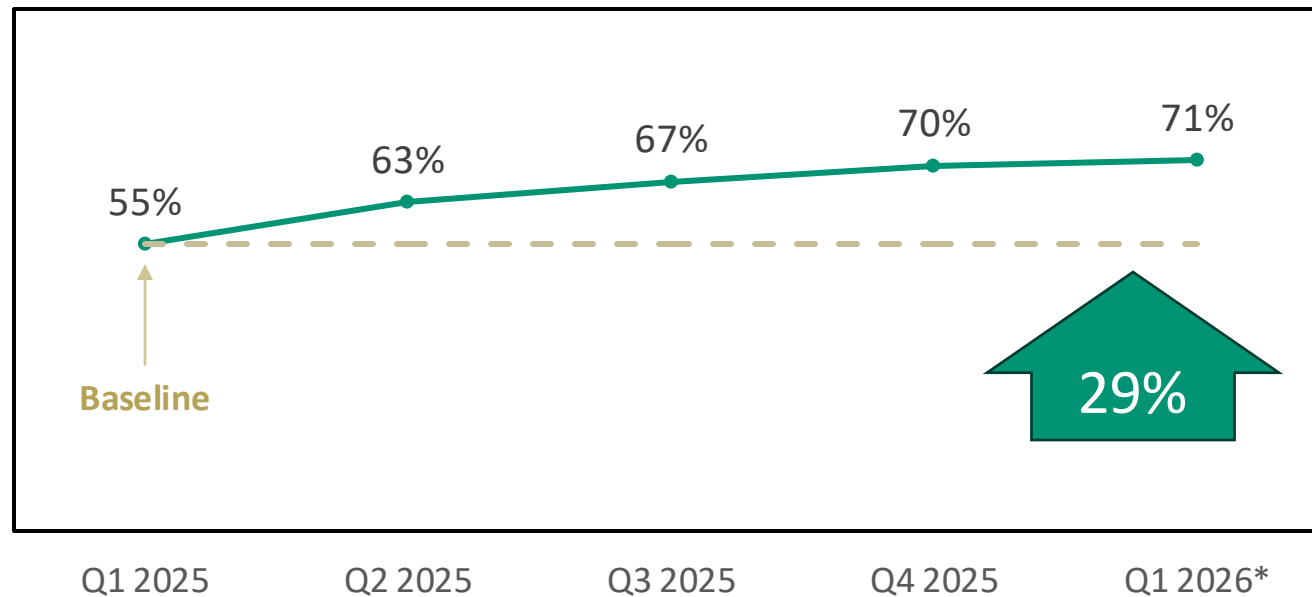


Source: Inpatient Hospital Discharge 2017-2022, AHCA

# Aim: Timely Treatment for SHTN

By 6/2026, PROMPT hospitals aim for a **20% increase** in patients receiving **timely treatment** for persistent acute-onset severe hypertension **within 1 hour** from the first severe range BP reading.

*% of patients with timely treatment*

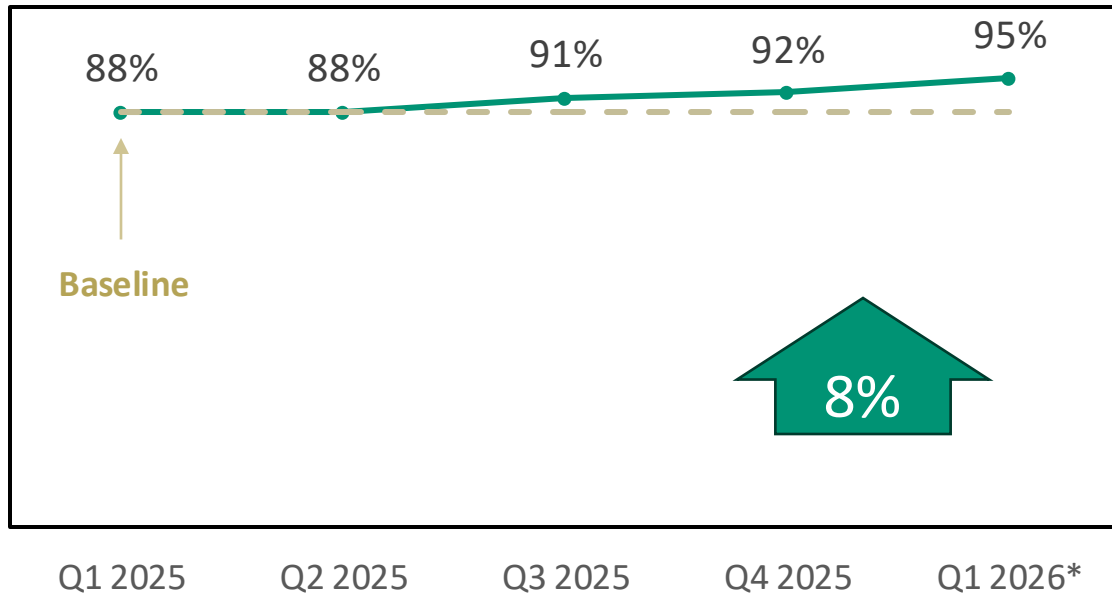


\*Q1 2026 is through January

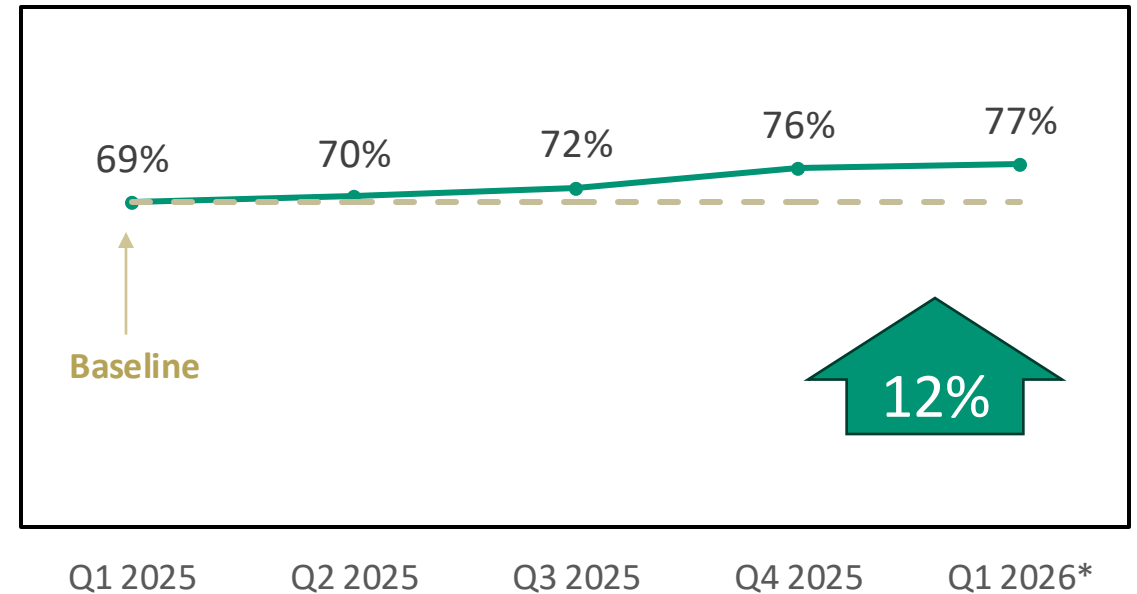
# Aim: Discharge Education

By 6/2026, PROMPT hospitals aim for a **20% increase** in patients receiving **appropriate discharge education & scheduled follow-up within 7 days post discharge.**

*% of patients given maternal warning signs*



*% of patients who received a verbal brief*

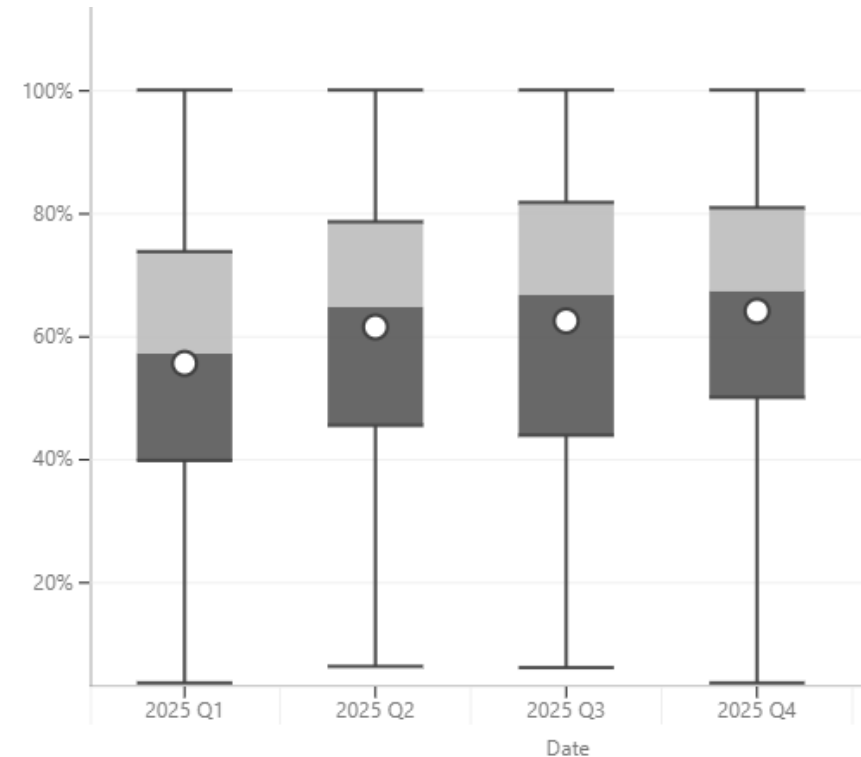
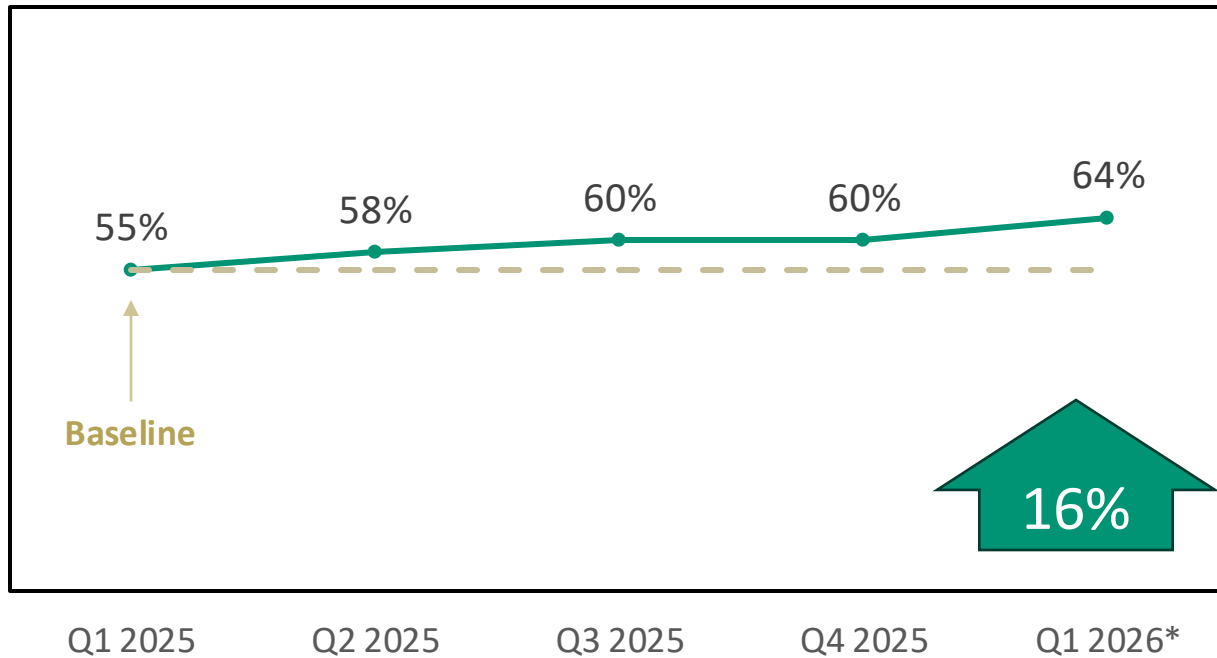


\*Q1 2026 is through January

# Aim: Scheduled Follow-ups

By 6/2026, PROMPT hospitals aim for a **20% increase** in patients receiving **appropriate discharge education & scheduled follow-up within 7 days post discharge**.

*% of patients with scheduled follow-ups within 7 days post discharge*

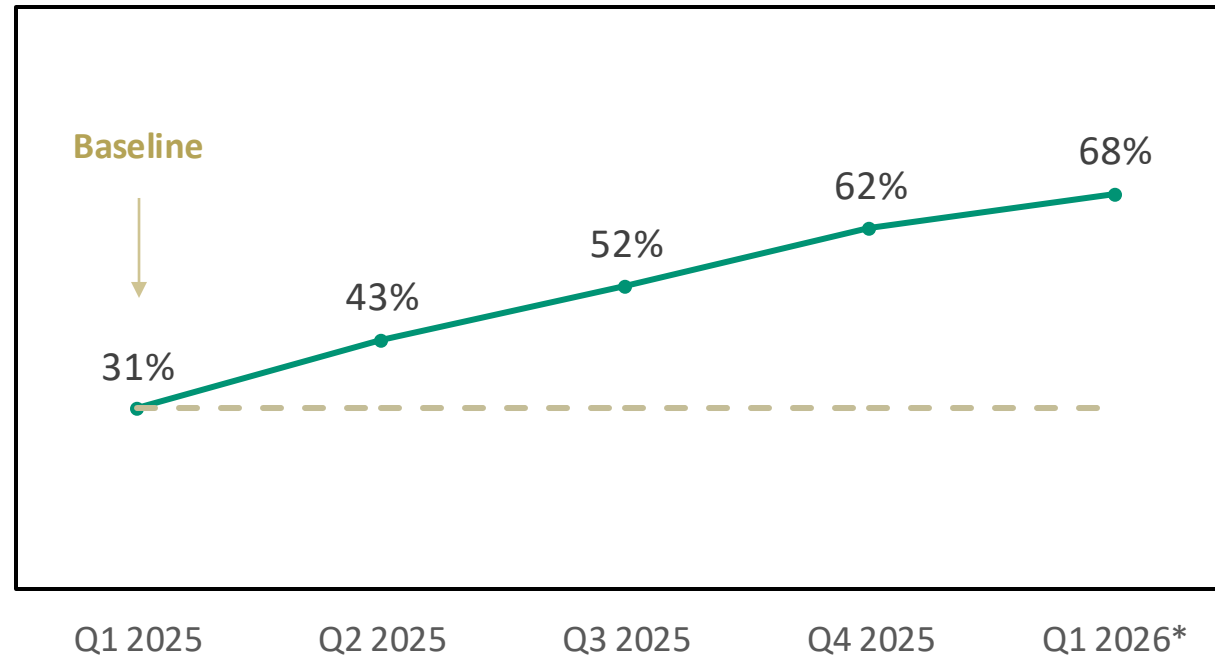


\*Q1 2026 is through January

# Blood Pressure Cuffs

Our goal is to help hospitals develop the practice of sending women with hypertensive disorders home with a **cuff in hand**. Since kickoff, FPQC has **distributed 8,415 blood pressure cuffs** to PROMPT hospitals.

*% of patients who received a blood pressure cuff at discharge*



\*Q1 2026 is through February

# Structural Measures

## EMERGENCY DEPARTMENT ENGAGEMENT

<i>% of hospitals that have implemented or fully implemented:</i>	Baseline	Q4 2025
ED screening for pregnant/postpartum patients	52%	96%
Periodic SHTN/preeclampsia education for ED staff	40%	79%

## PATIENT INVOLVEMENT

<i>% of hospitals that have implemented or fully implemented:</i>	Baseline	Q4 2025
A standardized process to conduct briefs with pts. after a severe event	20%	75%
Engagement of a patient advisor on the QI team	9%	46%

# Florida's OB System of Care

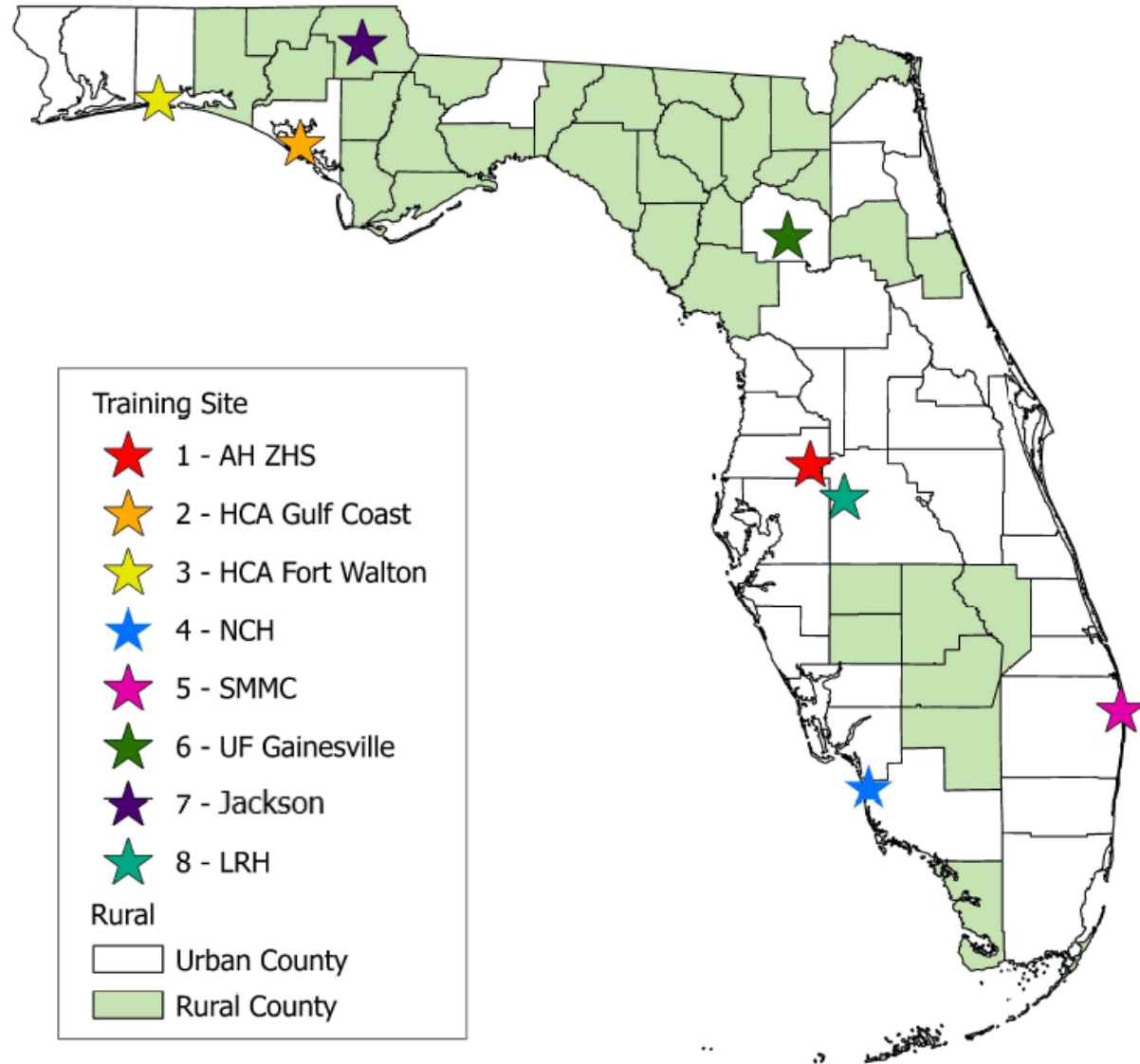
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# AWHONN OPS Training

## Objective: With support from Florida Blue, demonstrate effective OB emergency management for perinatal patients through Interdisciplinary Team Training

- 8 sites across Florida, at **maternity** hospitals serving rural/underserved communities
- Projected 158 participants: OB, ED, ICU RNs plus EMS, MDs, ARNPs
- Same course offered on 2 sequential days at each site
- With a projected total of 22 instructors to be trained, Florida will be the **leading state in the nation for number of AWHONN trained OPS instructors (Texas is second)**

# AWHONN OPS Training Sites





# Next Maternal Initiatives

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# Safe Reduction of Primary Cesareans

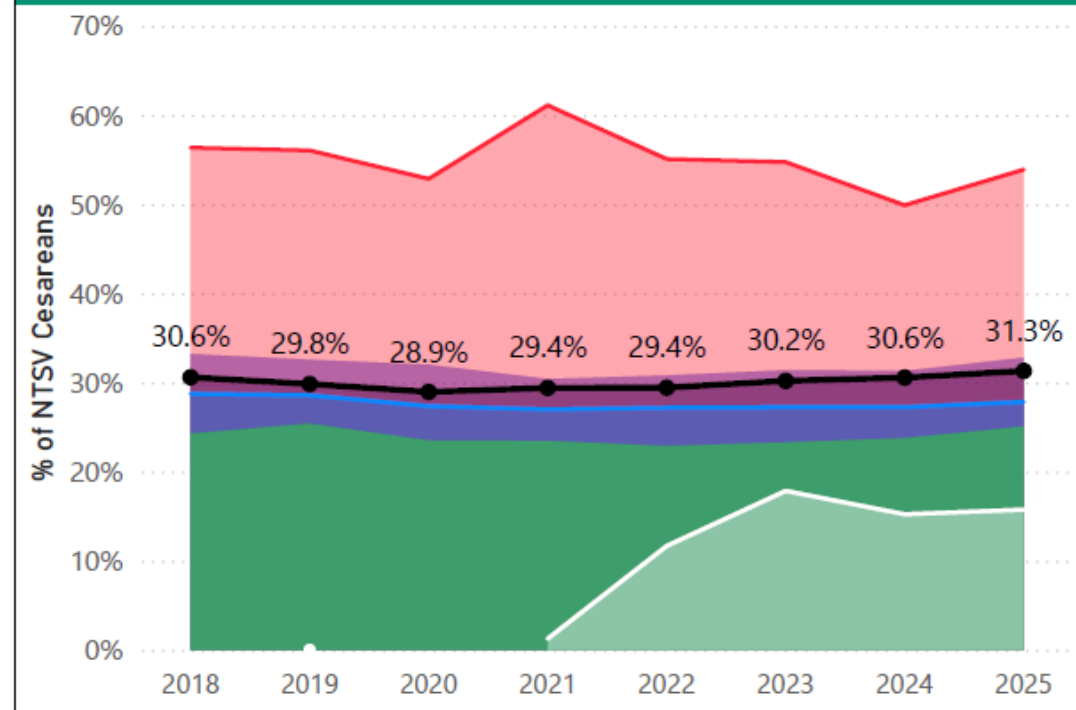
## Practice and Outcome Variations

- FL NTSV cesarean hospital rates range from 15 to 55% in 2025
- 50% of delivery attendants in FL have NTSV cesarean rates over 40%
- Rates are higher for Hispanics and patients with private insurance

### In PROVIDE hospitals:

- 44% of NTSV cesareans with induction met ACOG/SMFM criteria
- 35% of NTSV cesareans with dystocia that met ACOG/SMFM criteria
- 70% of NTSV cesareans with FHR concerns met FPQC criteria

Percentage of Cesarean Deliveries Among All NTSV Births For All Delivery Hospitals in Florida



Note: Data included on this page is through Nov 2025

# Cardiac Conditions in Obstetric Care

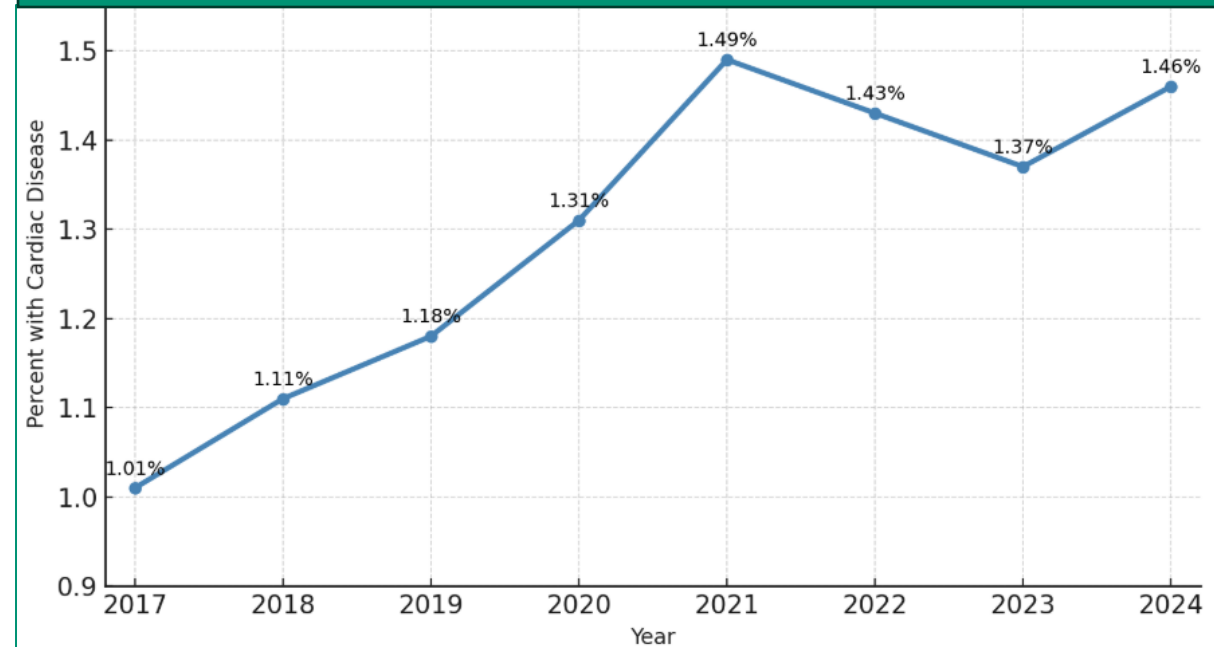
## Practice and Outcome Variations

**Nationally, 76% of maternity units reported lacking access to a cardio-obstetrics team**

**According to MMRC data:** Cardiomyopathy and cardiovascular disorders, when considered together, account for more pregnancy-related deaths in Florida than any other cause.

- >75% of CV deaths were preventable.
- Non-Hispanic Black individuals accounted for 51% of CM deaths.
- Two-thirds (66%) of all CV deaths occurred <35 years of age;
- MMRC recommendations: early recognition of warning signs, adherence to ACOG guidelines, care coordination.

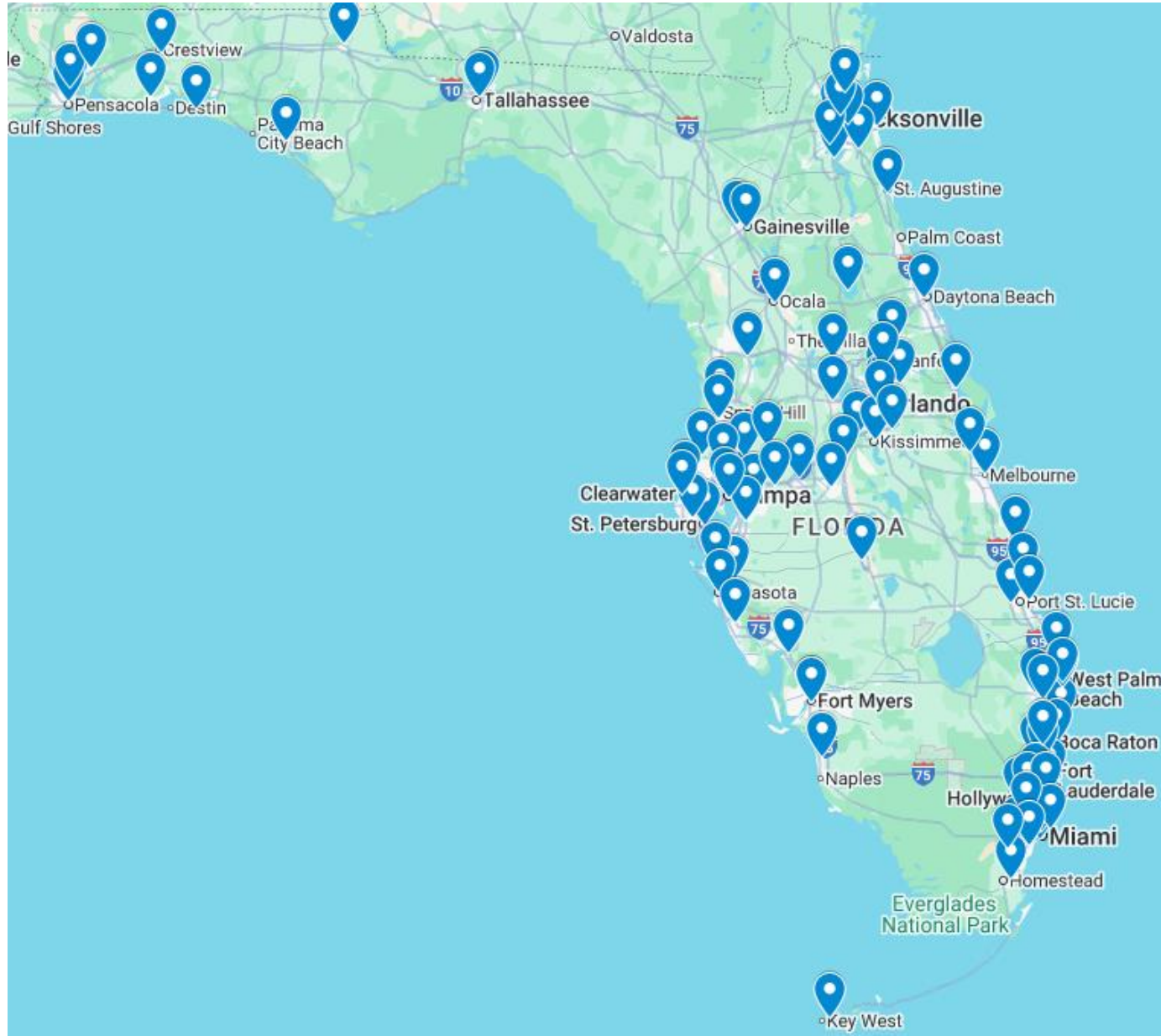
## % of Birth Admissions with Cardiac Disease



# Florida OB Emergencies: Perinatal Readiness

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# Florida Maternity Hospitals March 2026



102 Maternity Units remain in Florida, with large sections of the state lacking any obstetric services

# Voice of Patients: Karina & Brian



# Addressing Readiness for OB Emergencies in Florida

FPQC partnering with experts in OB and Emergency Care



# EMS Perinatal Readiness Recognition Program

- EMS Workgroup identified need to prepare EMS units to address OB emergencies, especially in units serving rural or underserved communities
- Planning coincides with new national guidance from ACOG in partnership with the National Association of EMS Physicians, the National Association of EMTs, and The Paramedic Foundation
- Developed protocol for Florida EMS agencies addressing hypertensive emergencies post-partum

# EMS Perinatal Readiness Recognition Planning

- Draft document near completion that provides support for EMS Recognition model
- Two levels of recognition will be available:
  - Perinatal Ready
  - Advanced Perinatal Ready
- Program will pilot in 3 EMS units in 2026
- Pending funding for full rollout

# Closing the Gap in Rural Obstetric Care

- Low-volume settings limit opportunities to maintain readiness for high-risk obstetric events
- Simulation-based training is the most effective method to prepare teams for high-risk, low-frequency emergencies
- Existing programs have primarily focused on urban healthcare systems
- A pilot program was launched in Apalachicola, Florida in 2024 through philanthropic support





# Scaling Impact Across Florida

## Sustainable Training Model:

- Train-the-trainer approach to build local expertise
- Establish qualified trainers within each rural site
- Provide birthing simulators to support ongoing team-based drills

## Integrated Care Continuum:

- Embed referral pathways to Florida Telehealth Maternity Care Program
- Equip EMS and ED teams with referral protocols
- Provide patient-facing education on accessing telehealth services

## Statewide Vision:

- Expand program across rural and underserved communities
- Support continuous readiness through recurring simulation
- Strengthen coordination across prehospital and hospital care

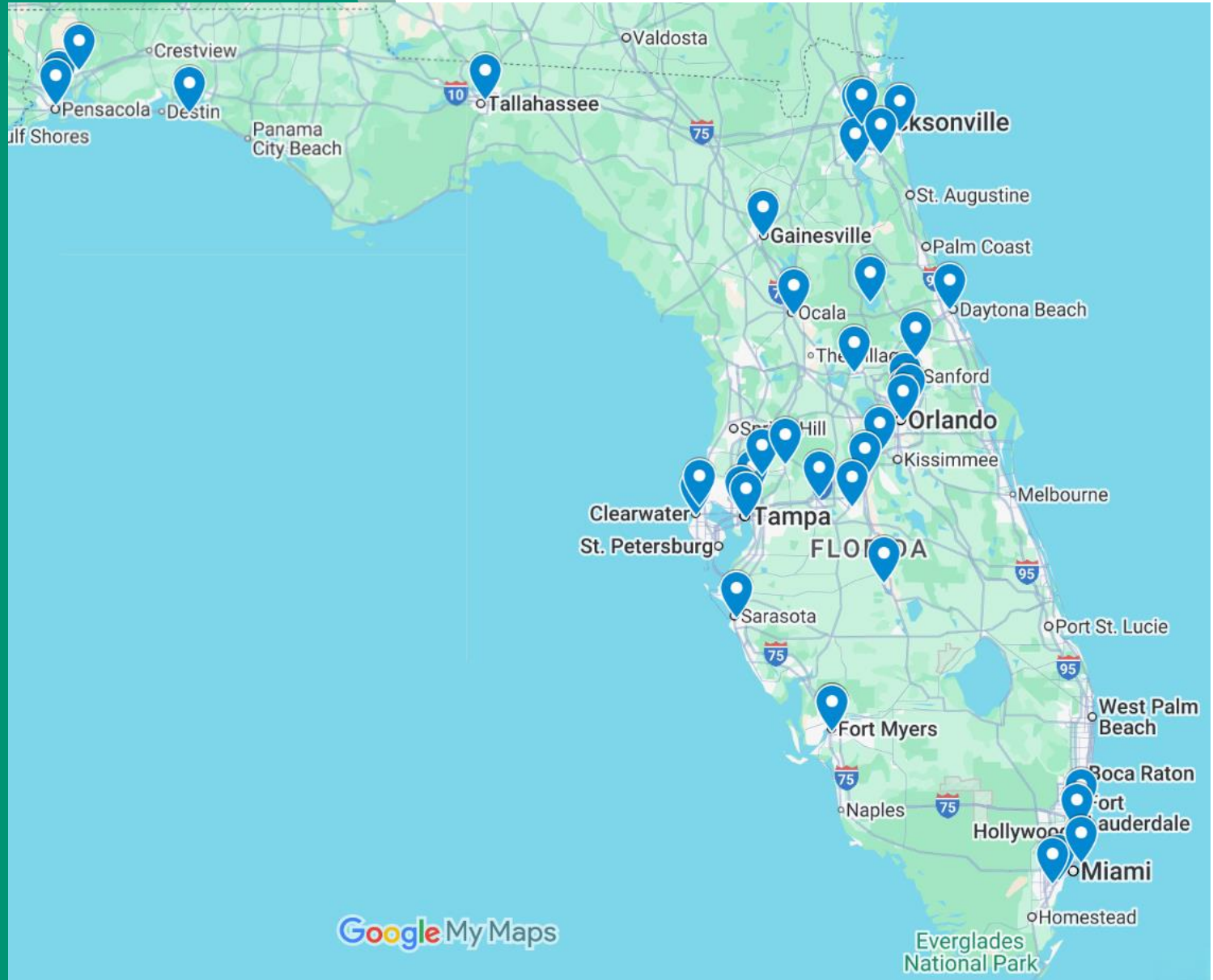
# Creating an Effective Statewide Referral System

- ACOG and SMFM issued a consensus statement in 2015 recommending standardization of maternal levels of care to create a system of perinatal regionalization and risk-appropriate care.
- Systems already exist for trauma, stroke, neonatal intensive care, and other health care needs
- **Florida EMS partners have asked for a system map showing hospitals with levels of maternal care**



# 41 Florida LOMC Verified Hospitals

55% of births in FL  
40% of maternity hospitals



Google My Maps



# Why Levels of Maternal Care Verification?

- Creates a statewide system of standardized care
- Promotes nationally recognized excellence in maternity care
- Provides critical information for transport to risk-appropriate facilities
- Recommended by the Florida Hospital Association Quality Committee
- Levels of care are already required for trauma, neonatal intensive care, stroke, among others



**The Right Resources**



**The Right Staff**



**The Right Equipment**



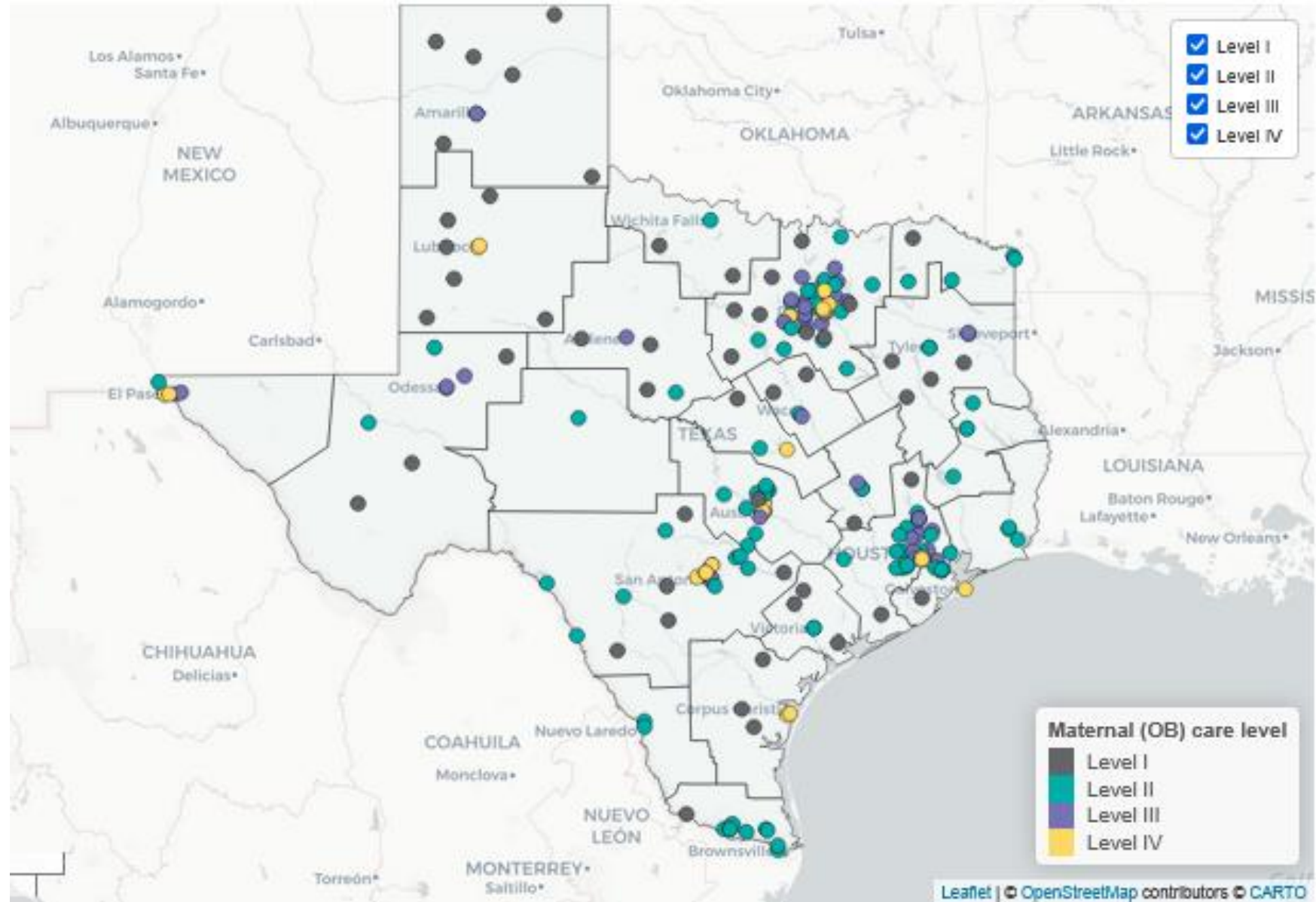
**The Right Processes**

# Texas Levels of Maternal Care

- House Bill 15 was passed in 2013. Bill developed initial rules for level of care designations for hospitals that provide maternal services.
- The [hospital level of care designations for maternal care rules](#) went into effect on March 1, 2018.
- The Texas Department of State Health Services (DSHS) has the authority to designate facilities. The EMS/Trauma Systems Section of DSHS works with hospitals, Perinatal Care Regions (PCRs) and the Perinatal Advisory Council (PAC) to:
  - Improve maternal patient care and outcomes,
  - Develop hospital requirements for facility designation, and
  - Establish regional coordination of maternal care.

# Texas Maternal Centers Map

- Interactive
- Enables quick identification of appropriate specialty care
- <https://www.tchmb.org/pped#map>



# What questions do you have?

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# Thank you!

Visit [fpqc.org](http://fpqc.org) for more information

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