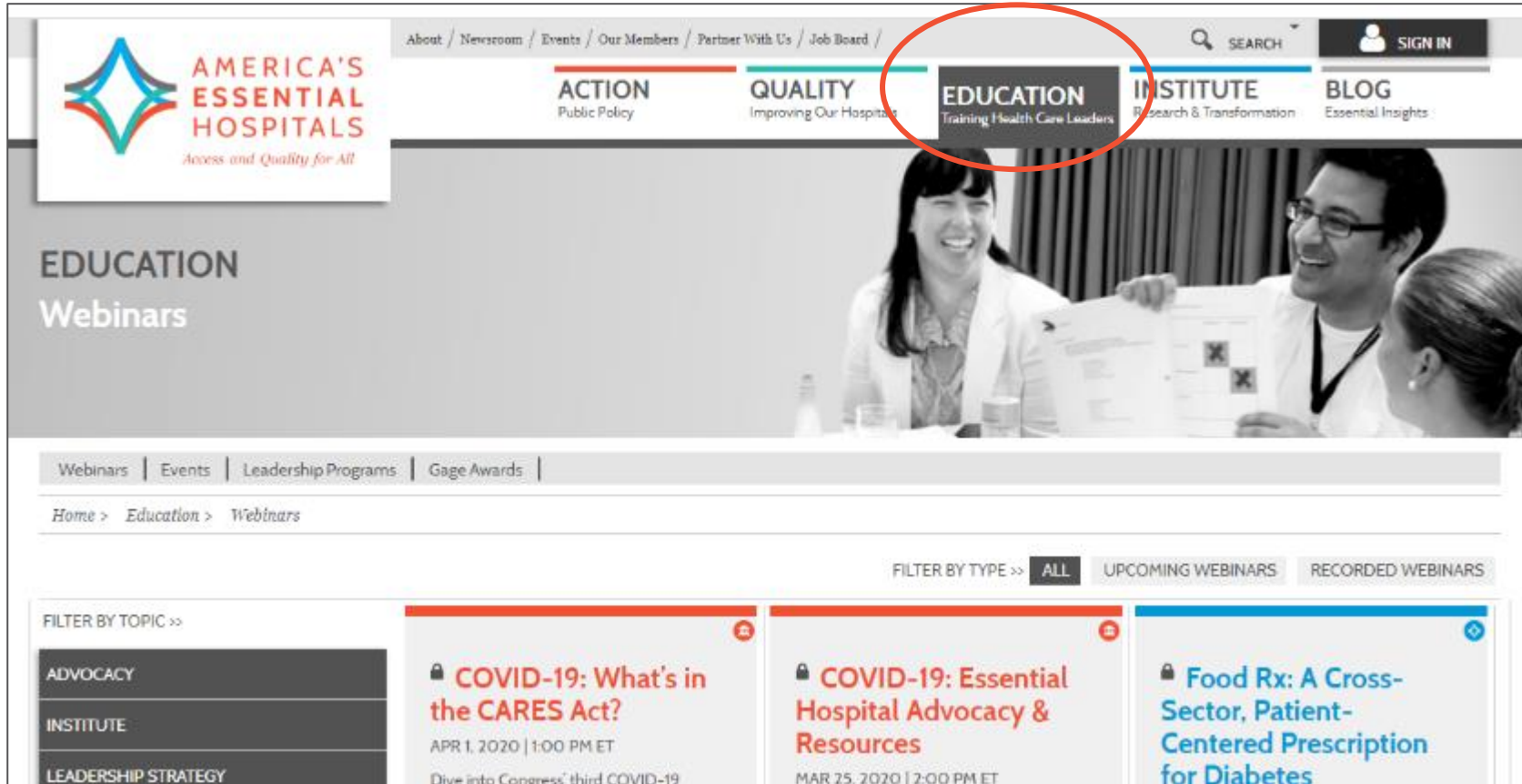

Million Hearts Hypertension in Pregnancy Change Package

Thank you for joining us! We will begin shortly.



VISIT OUR WEBINAR PAGE



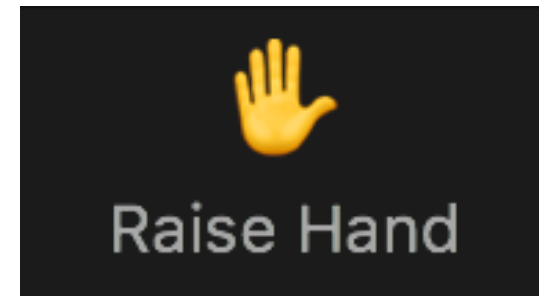
The screenshot displays the website's navigation and content for the Education Webinars page. At the top left is the logo for America's Essential Hospitals, featuring a stylized star and the tagline "Access and Quality for All". The main navigation bar includes links for "ACTION Public Policy", "QUALITY Improving Our Hospitals", "EDUCATION Training Health Care Leaders" (circled in red), "INSTITUTE Research & Transformation", and "BLOG Essential Insights". A search bar and "SIGN IN" button are also present. Below the navigation is a large image of three healthcare professionals in white coats reviewing documents. The page title "EDUCATION Webinars" is prominently displayed. A secondary navigation bar includes "Webinars", "Events", "Leadership Programs", and "Gage Awards". A breadcrumb trail reads "Home > Education > Webinars". Filter options are provided for "FILTER BY TYPE" (ALL, UPCOMING WEBINARS, RECORDED WEBINARS) and "FILTER BY TOPIC" (ADVOCACY, INSTITUTE, LEADERSHIP STRATEGY). Three webinar cards are featured: "COVID-19: What's in the CARES Act" (APR 1, 2020 | 1:00 PM ET), "COVID-19: Essential Hospital Advocacy & Resources" (MAR 25, 2020 | 2:00 PM ET), and "Food Rx: A Cross-Sector, Patient-Centered Prescription for Diabetes".

HOW TO ASK A QUESTION

All lines have been muted, but we still want to hear from you! We will take questions after speaker presentations.

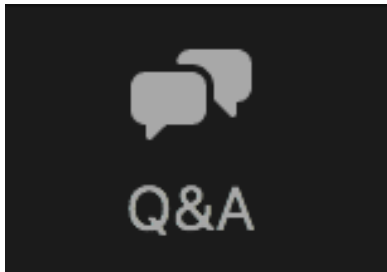
How to ask a question:

If you wish to speak, use the **raise your hand** feature at the bottom of your participant panel and we will unmute your line and introduce you.



HOW TO ASK A QUESTION

Q&A Function



Q&A Window



Welcome to Q&A

Questions you ask will show up here. Only host and panelists will be able to see all questions.

Type your question here...

TODAY'S SPEAKER

Hilary K. Wall, MPH

Senior Scientist, Million Hearts Science Lead
Division for Heart Disease and Stroke Prevention
Centers for Disease Control Prevention

Addressing Maternal Hypertension in America's Essential Hospitals: The Million Hearts[®] Hypertension in Pregnancy Change Package

Hilary K. Wall, MPH

Senior Scientist/Million Hearts Science Lead
Division for Heart Disease and Stroke Prevention
Centers for Disease Control and Prevention

America's Essential Hospitals webinar

May 29, 2024



Disclosures

- No disclosures.
- The opinions expressed by authors contributing to this project do not necessarily reflect the opinions of the US Department of Health and Human Services, the Public Health Service, the Centers for Disease Control and Prevention, or the authors' affiliated institutions. Use of trade names is for identification only and does not imply endorsement by any of the groups named below.



Million Hearts® 2027 Priorities

Building Healthy Communities

Decrease **Tobacco Use**

Decrease **Physical Inactivity**

Decrease **Particle Pollution Exposure**

Optimizing Care

Improve Appropriate **A**spirin or **A**nticoagulant Use

Improve **B**lood Pressure Control

Improve **C**holesterol Management

Improve **S**moking Cessation

Increase Use of **Cardiac Rehabilitation**

Focusing On Health Equity

Pregnant and Postpartum Women with Hypertension

People from Racial/Ethnic Minority Groups

People with Behavioral Health Issues Who Use Tobacco

People with Lower Incomes

People Who Live in Rural Areas or Other 'Access Deserts'

Definitions



- **“Hypertensive disorders of pregnancy”** – often used for pregnancy associated hypertension
- **“Hypertension in pregnancy”** – chronic hypertension + pregnancy associated hypertension
- **Chronic hypertension** – preexisting hypertension, hypertension diagnosed in first 20 weeks gestation, or persists beyond 12 weeks postpartum
- **Gestational hypertension** – hypertension diagnosed after 20 weeks gestation
- **Preeclampsia** – serious complication involving high blood pressure and organ damage
- **Eclampsia** – serious complication of preeclampsia that involves seizures
- **Chronic hypertension super-imposed with preeclampsia/eclampsia**

2022 Chronic Hypertension and Pregnancy (CHAP) Trial

Treatment for Mild Chronic Hypertension during Pregnancy

Tita AT et al. DOI: 10.1056/NEJMoa2201295

CLINICAL PROBLEM

Chronic hypertension during pregnancy increases risk of poor pregnancy and birth outcomes. Although pharmacologic antihypertensive therapy is standard treatment for severe hypertension during pregnancy, its benefits and safety are unclear for mild chronic hypertension in pregnant women.

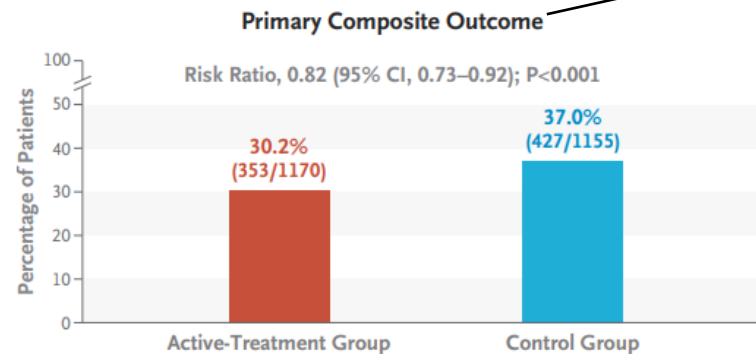
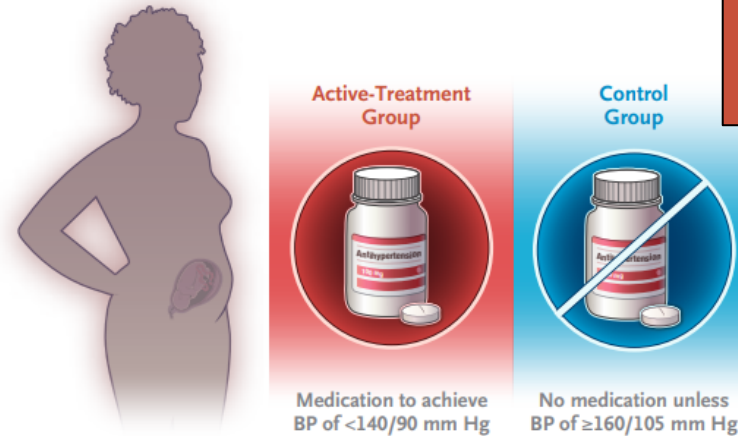
CLINICAL TRIAL

Design: A U.S. multicenter, open-label, randomized, controlled trial assessed whether treatment of mild chronic hypertension in pregnant women, as compared with no treatment, would reduce adverse pregnancy outcomes without harming fetal growth.

Intervention: 2408 women with a known or new diagnosis of mild chronic hypertension and a singleton fetus at <23 weeks' gestation were randomly assigned to receive either active treatment with antihypertensive medications approved for pregnancy or standard treatment — i.e., no treatment, unless systolic blood pressure was ≥ 160 mm Hg or diastolic blood pressure was ≥ 105 mm Hg. The primary outcome was a composite of preeclampsia with severe features, medically indicated preterm birth at <35 weeks, placental abruption, fetal death, or neonatal death.

RESULTS

Efficacy: Active treatment of mild chronic hypertension reduced the frequency of primary outcome events.



CONCLUSIONS

Treating mild chronic hypertension in pregnancy reduced adverse pregnancy outcomes without impairing fetal growth.

- Preeclampsia with severe features
- Medically indicated preterm birth at <35 weeks' gestation
- Placental abruption
- Fetal or neonatal death

[NEJM Research Summary](#)

Tita AT, et al. N Engl J Med. 2022;386(19):1781-1792.

Prevalence of Hypertension Among Women of Reproductive Age

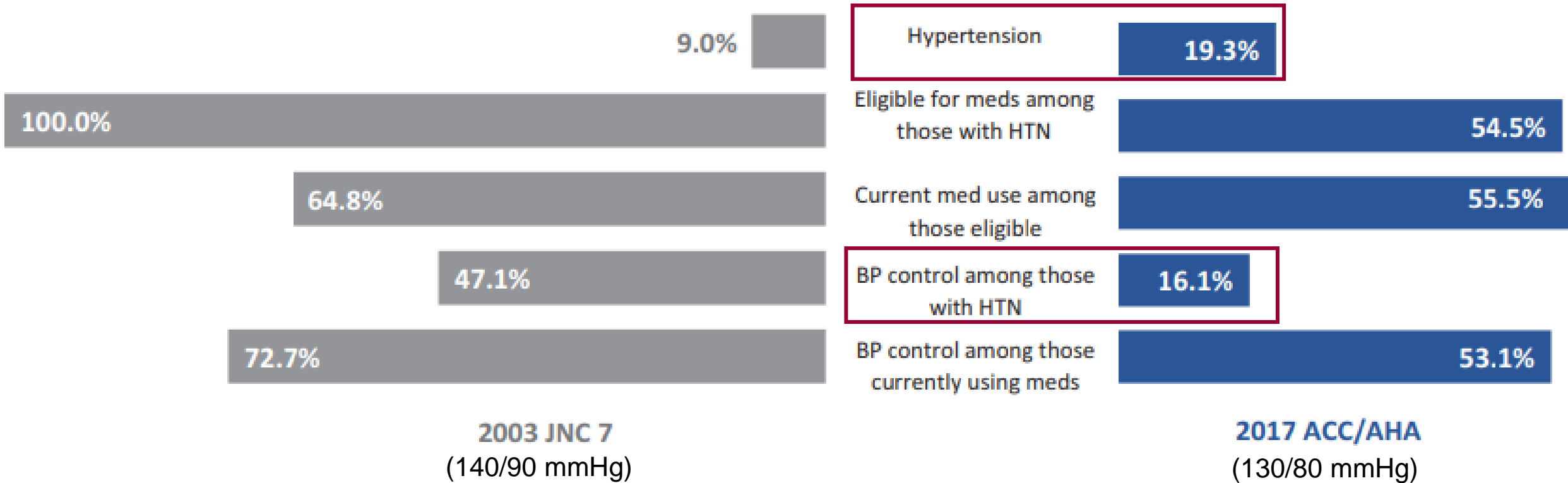
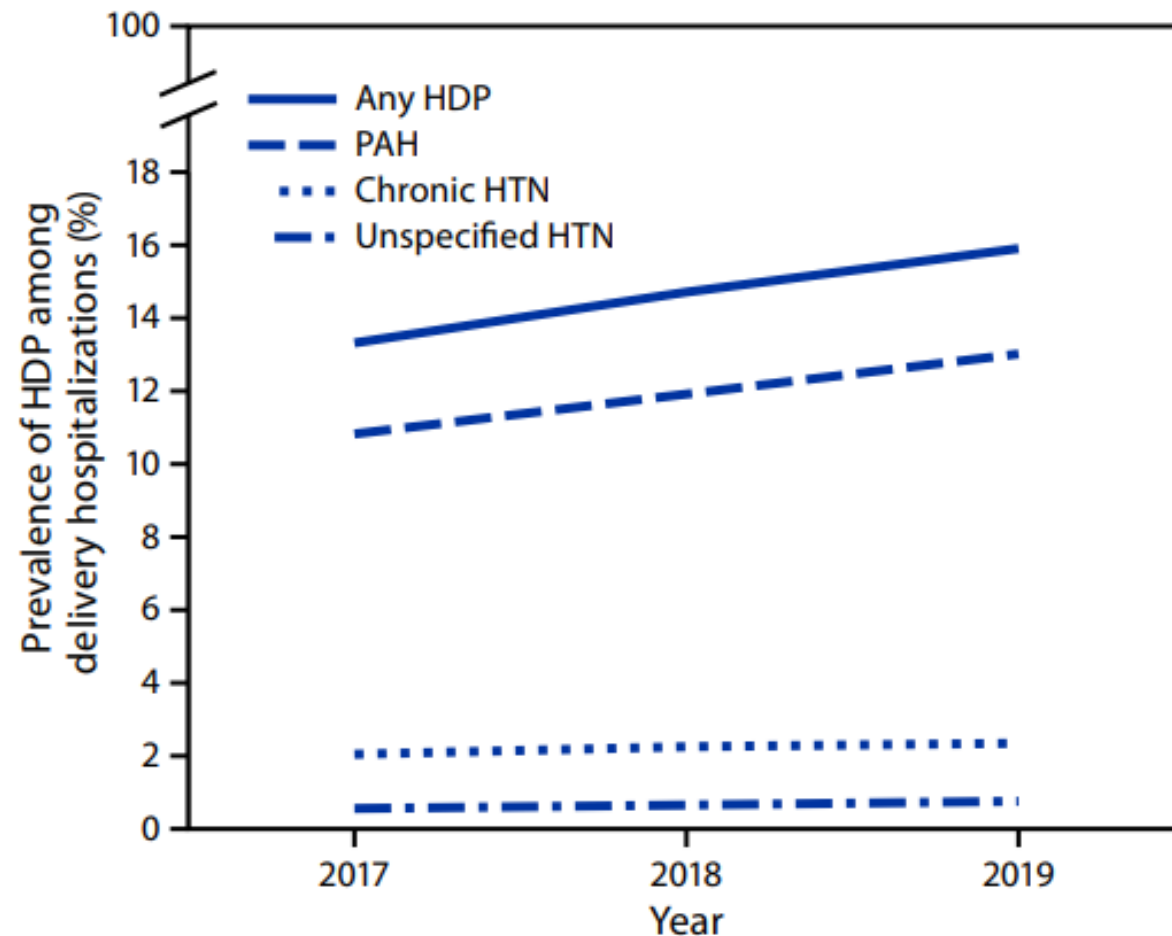


Figure 1. Hypertension prevalence, pharmacologic treatment, and blood pressure control using 2003 JNC 7 and 2017 AHA/ACC criteria among women of reproductive age, 20–44 years, National Health and Nutrition Examination Survey, 2011–March 2020. Abbreviations: ACC/AHA, American College of Cardiologists/American Heart Association; BP, blood pressure; HTN, hypertension; JNC 7, Seventh Report of the 2003 Joint Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure.

Burden of Hypertension in Pregnancy

FIGURE 1. Prevalence of hypertensive disorders in pregnancy* among delivery hospitalizations, by year — National Inpatient Sample, United States, 2017–2019



HDP = hypertensive disorder in pregnancy; PAH = pregnancy-associated hypertension; HTN = hypertension

* HDPs are defined as chronic hypertension, pregnancy-associated hypertension (i.e., gestational hypertension, preeclampsia, eclampsia, and chronic hypertension with superimposed preeclampsia), and unspecified maternal hypertension.

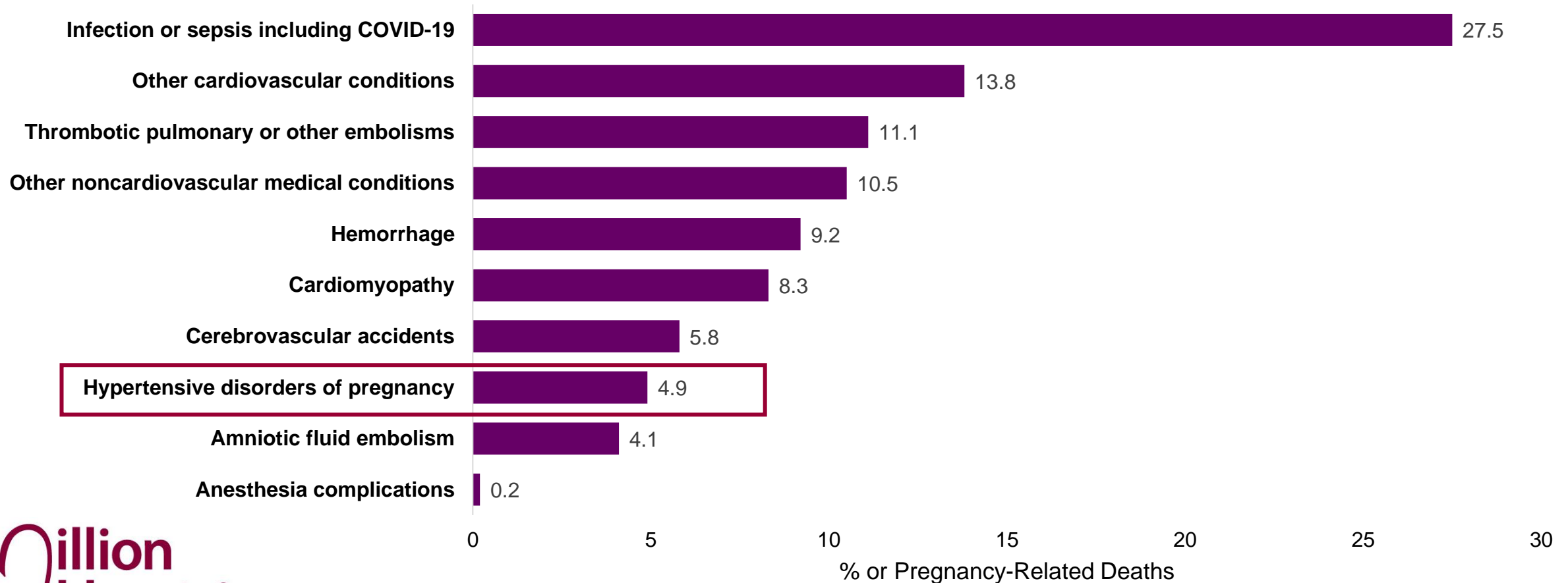
Hypertension During Postpartum Period

- **40–50%** of persons with pregnancy-associated hypertension have persistently **elevated blood pressures at 6 weeks postpartum**
- About **40%** of persons with severe preeclampsia have **hypertension 1 year postpartum**



Causes of Pregnancy-Related Deaths in the United States: 2020

Pregnancy Mortality Surveillance System (PMSS)



Maternal and Fetal Complications of Hypertensive Disorders of Pregnancy

Figure 1. Maternal complications of hypertensive disorders of pregnancy



Short term		Long term
<ul style="list-style-type: none"> • Mortality • Myocardial infarction • Stroke • Peripartum cardiomyopathy • Spontaneous coronary artery dissection • Postpartum hemorrhage and placental abruption 		<ul style="list-style-type: none"> • Hypertension and diabetes mellitus • Hyperlipidemia • Stroke and vascular dementia • Atrial fibrillation and venous thromboembolism • Chronic kidney disease and kidney failure • Cardiovascular diseases

Figure 2. Fetal complications of hypertensive disorders of pregnancy

Short term		Long term
<ul style="list-style-type: none"> • Small for gestational age • Stillbirth • Preterm delivery 		<ul style="list-style-type: none"> • Cardiovascular disease • Stroke • Hypertension • Higher body mass index



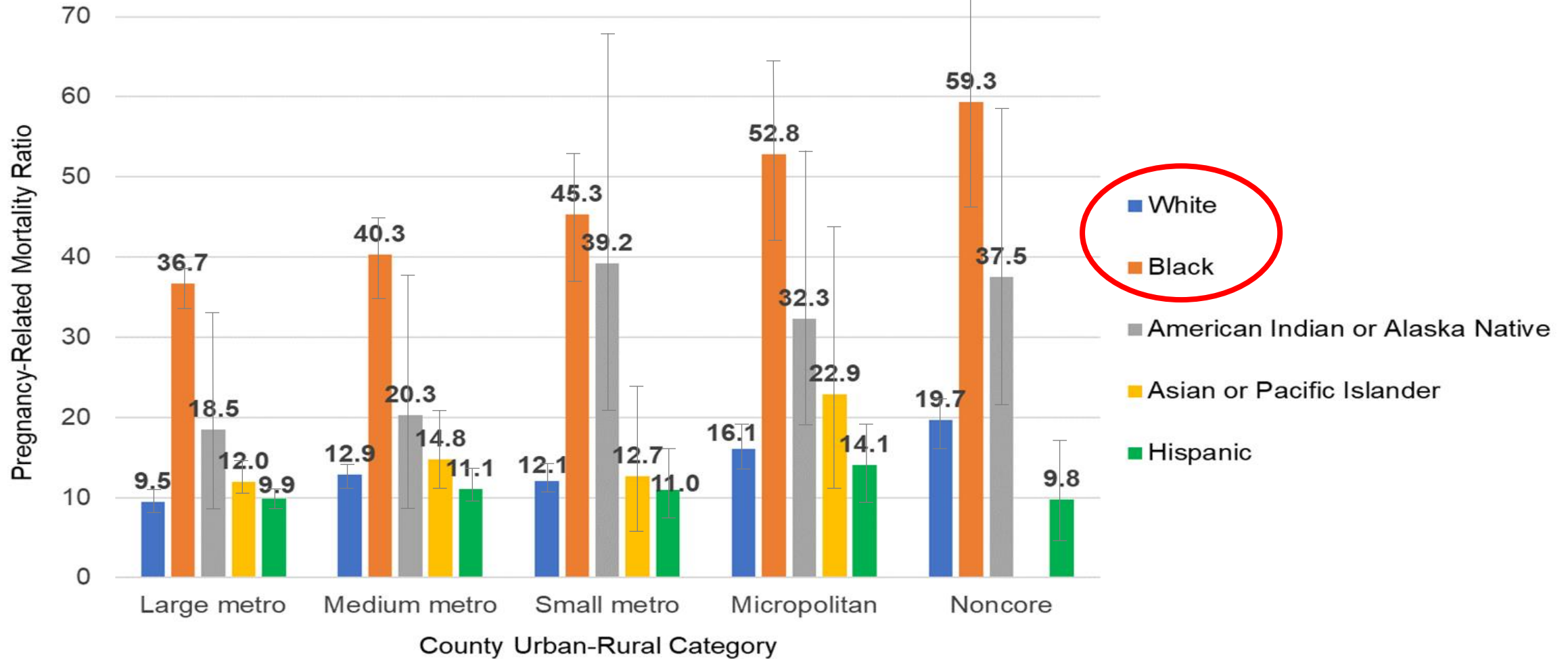
Hypertension in Pregnancy Disparities

- Non-Hispanic Black and American Indian/Alaska Native persons have
 - Highest prevalence of hypertension in pregnancy
 - Higher proportion of hypertension in pregnancy related deaths
- Prevalence of hypertension in pregnancy is higher for persons
 - At least 35 years of age
 - With lowest median household income
 - Living in rural counties
 - Living in South and Midwest



Urban-Rural Differences in Pregnancy-Related Mortality in White and Black Women

Pregnancy-Related Mortality Ratio by County Urban-Rural Category, by Race/Ethnicity, 2011-2016



The Model for Improvement

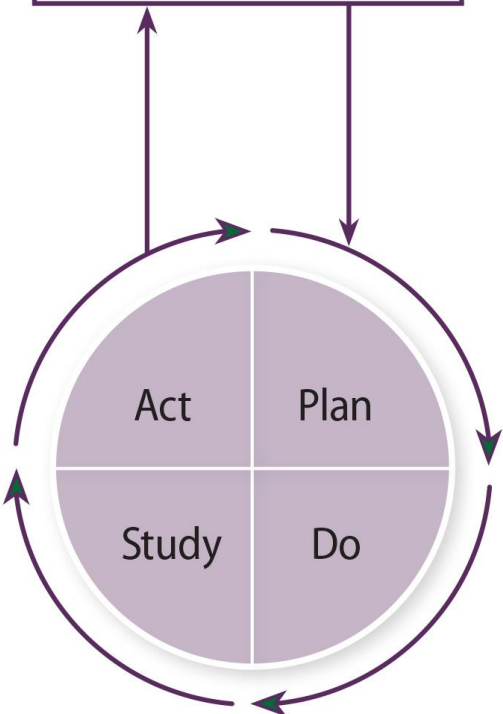
Ask three questions:

1. What are we trying to accomplish?
→ Goal(s)
2. How will we know that a change is an improvement?
→ Objective(s)
3. What changes can we make that will result in improvement?
→ **Million Hearts Hypertension in Pregnancy Change Package**


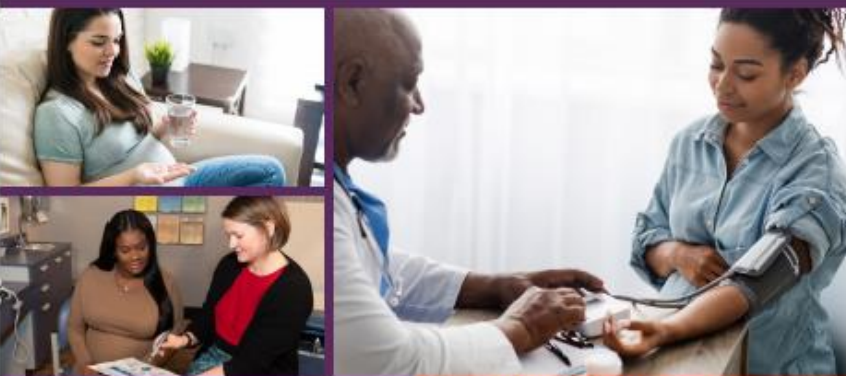
What are we trying to accomplish?

How will we know that a change is an improvement?

What changes can we make that will result in improvement?



Hypertension in Pregnancy Change Package (HPCP)

A MILLION HEARTS® ACTION GUIDE

Hypertension in Pregnancy CHANGE PACKAGE






Table 4. Population Health Management (continued)

Change Concepts	Change Ideas	Tools and Resources								
Use a Registry to Track and Manage Patients with HTN	Implement a HTN registry for pertinent patient populations	<ul style="list-style-type: none"> AMGF—Measure Up Pressure Down Provider Toolkit to Improve Hypertension Control: Plank 6: Registry Used to Track Hypertension Patients 								
	Use a defined pro outreach (e.g., ph mail, email, text m to women with H pregnancy									
Use Clinician-Managed Protocols for Medication Adjustments and Lifestyle Recommendations	Use protocols to c proactive outrea driven by registry and respond to p submitted home f readings	<p>Table 2. Key Foundations (continued)</p> <table border="1"> <thead> <tr> <th>Change Concepts</th> <th>Change Ideas</th> <th>Tools and Resources</th> </tr> </thead> <tbody> <tr> <td rowspan="2">Prioritize Respectful, Culturally Sensitive Care</td> <td>Assess organizational capacity to deliver equitable, respectful patient care</td> <td> <ul style="list-style-type: none"> IHI—Improving Health Equity: Assessment Tool for Health Care Organizations Project Implicit—Implicit Association Tests CDC—Hear Her® Campaign: Clinical Resources and Tools <ul style="list-style-type: none"> » Especially Implicit Bias and Stigma and Health Equity and Cultural Awareness The Joint Commission—Quick Safety 23: Implicit bias in health care <ul style="list-style-type: none"> » Especially Safety Actions to Consider </td> </tr> <tr> <td>Implement policies or processes to train all patient-facing staff in respectful and culturally safe communication, being mindful of communication needs and various family structures and cultural practices</td> <td> <ul style="list-style-type: none"> CMQCC—Improving Health Care Response to Hypertensive Disorders of Pregnancy Toolkit: Patient Education <ul style="list-style-type: none"> » Especially Offering COMFORT CMQCC—Improving Health Care Response to Hypertensive Disorders of Pregnancy: Talking with Women and their Families About HDP (slide 58) Table 5. Definition of Respectful Maternity Care. Page 12, Cantor AG, et al., 2024.⁹⁰ Northern Health—Indigenous Health Cultural Safety: Respect and Dignity in Relationships ACOG Committee Opinion No. 587: Effective Patient-Physician Communication. 2014.⁹¹ AIM—Revised Severe Hypertension in Pregnancy Implementation Webinar: Infusing Equity & Respectful Care (20:55) </td> </tr> </tbody> </table>	Change Concepts	Change Ideas	Tools and Resources	Prioritize Respectful, Culturally Sensitive Care	Assess organizational capacity to deliver equitable, respectful patient care	<ul style="list-style-type: none"> IHI—Improving Health Equity: Assessment Tool for Health Care Organizations Project Implicit—Implicit Association Tests CDC—Hear Her® Campaign: Clinical Resources and Tools <ul style="list-style-type: none"> » Especially Implicit Bias and Stigma and Health Equity and Cultural Awareness The Joint Commission—Quick Safety 23: Implicit bias in health care <ul style="list-style-type: none"> » Especially Safety Actions to Consider 	Implement policies or processes to train all patient-facing staff in respectful and culturally safe communication, being mindful of communication needs and various family structures and cultural practices	<ul style="list-style-type: none"> CMQCC—Improving Health Care Response to Hypertensive Disorders of Pregnancy Toolkit: Patient Education <ul style="list-style-type: none"> » Especially Offering COMFORT CMQCC—Improving Health Care Response to Hypertensive Disorders of Pregnancy: Talking with Women and their Families About HDP (slide 58) Table 5. Definition of Respectful Maternity Care. Page 12, Cantor AG, et al., 2024.⁹⁰ Northern Health—Indigenous Health Cultural Safety: Respect and Dignity in Relationships ACOG Committee Opinion No. 587: Effective Patient-Physician Communication. 2014.⁹¹ AIM—Revised Severe Hypertension in Pregnancy Implementation Webinar: Infusing Equity & Respectful Care (20:55)
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Access the Change Package at:
<https://millionhearts.hhs.gov/hpcp>

Hypertension in Pregnancy Change Package (HPCP)

- Co-developed by CDC's Division for Heart Disease and Stroke Prevention and the Division of Reproductive Health
 - Co-authored with multiple clinical societies
 - AAFP, ACNM, ACOG, ACOOG, AMA, NPWH, SMFM
- Primary audience – outpatient clinicians who care for pregnant and postpartum women



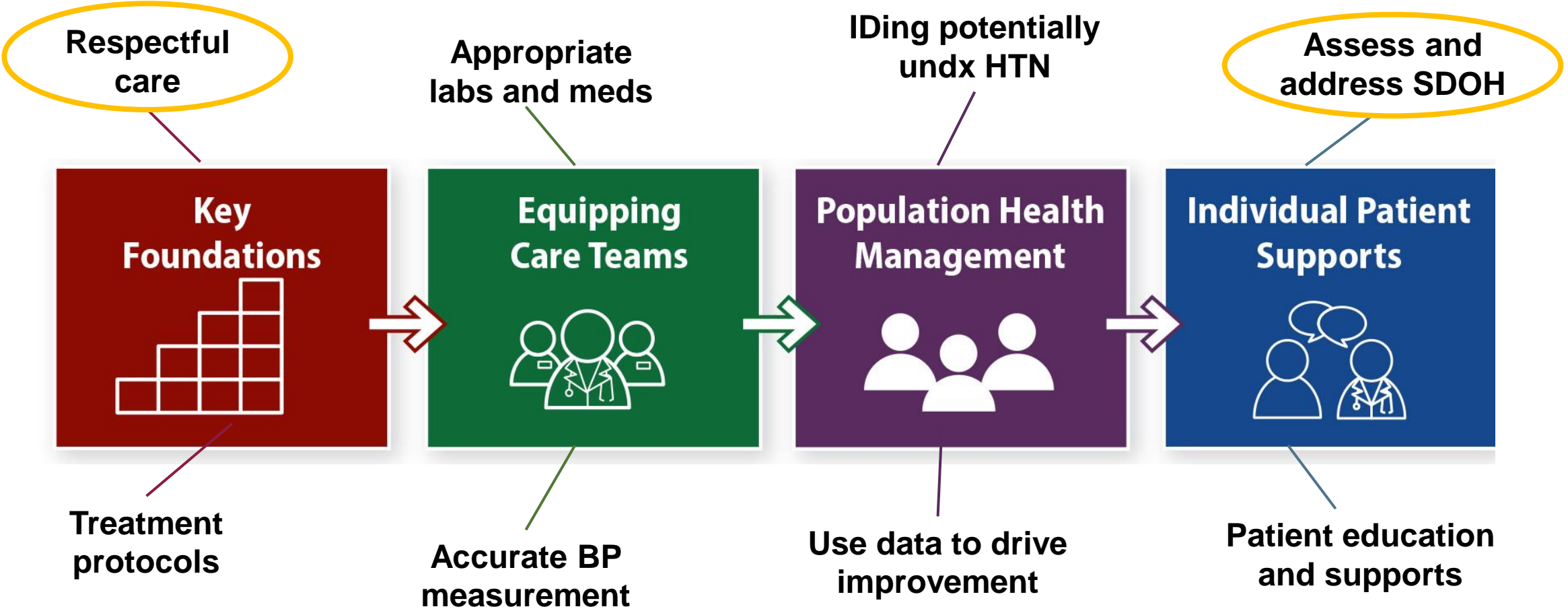
Supports systematic use of these evidence-based interventions...

- **Early identification of chronic hypertension**
- Appropriate use of **antihypertensive medications and SMBP**
- **Aspirin prophylaxis** for preeclampsia prevention
- Effective **transitions of care**
- **Postpartum counseling** on warning symptoms, long-term cardiovascular risk

...Using these types of implementation strategies

- Identification of a clinical champion
- Standardized treatment protocols
- Patient registries
- Clinician audit and feedback reports
- EHR reminders
- Clinician education and training
- Patient education
- Small tests of change (PDSA cycles)

Focus Areas



**Change
Concept**

Train Direct Care Staff on Interpretation of BP Measurements and Diagnosis of HTN in Pregnancy



**Change
Concept**

**Train Direct Care Staff on Interpretation of BP Measurements and
Diagnosis of HTN in Pregnancy**



**Change
Ideas**

**Provide guidance on diagnosis
and classification of HTN
in pregnancy**

**Use algorithms/flowcharts
for management of HTN
in pregnancy, including
recognition of severe HTN**

Change Concept

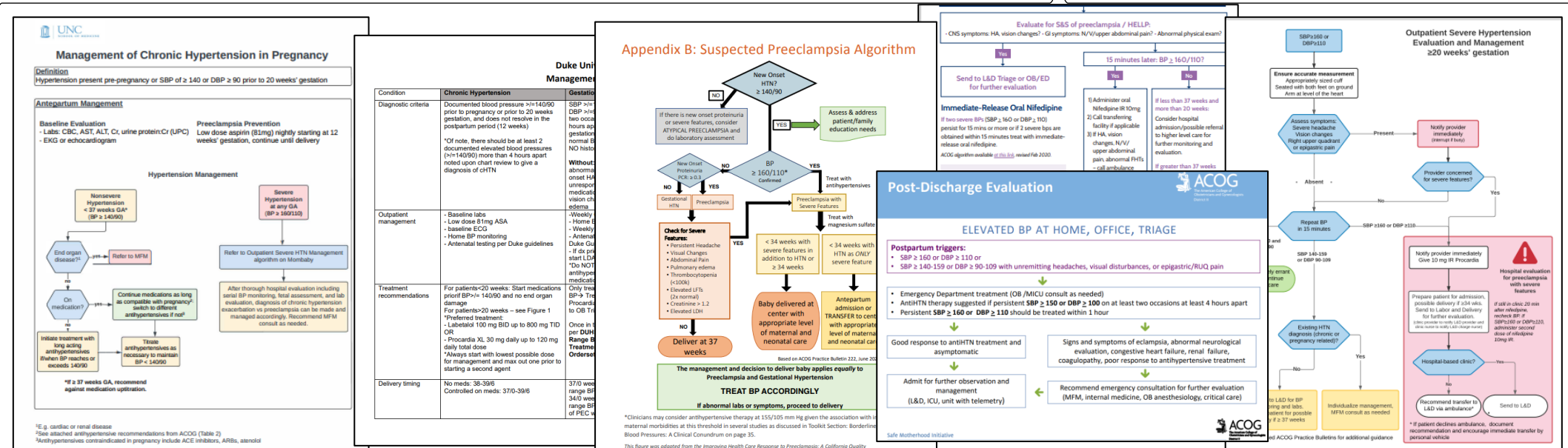
Train Direct Care Staff on Interpretation of BP Measurements and Diagnosis of HTN in Pregnancy

Change Ideas

Provide guidance on diagnosis and classification of HTN in pregnancy

Use algorithms/flowcharts for management of HTN in pregnancy, including recognition of severe HTN

Tools & Resources



Preferred Antihypertensive Medications – Pregnancy

Preferred Medications in Pregnancy	Starting Dose	Maximum Dose	Precautions and Considerations
First-Line Agents			
Labetalol	100 to 200 mg twice daily	2400 mg per 24 hours	<ul style="list-style-type: none"> • Asthma, acute decompensated cardiac function, bradycardia • May require three times daily dosing due to increased metabolism during pregnancy
Nifedipine (extended release)	30 mg daily	120 mg per 24 hours	
Methyldopa [†]	250 mg two to three times daily	3000 mg per 24 hours	
Second-Line Agents			
Hydralazine	10 mg four times daily	300 mg per 24 hours	Reflex tachycardia
Chlorthalidone or hydrochlorothiazide	12.5 mg daily	50 mg per 24 hours	
Clonidine	0.1 mg transdermal daily or 0.1 to 0.3 mg by mouth twice daily	0.3 mg transdermal or 0.6 mg by mouth per 24 hours	Rebound hypertension with abrupt cessation

Preferred Antihypertensive Medications – Pregnancy

Preferred Medications in Pregnancy	Starting Dose	Maximum Dose	Precautions and Considerations
First-Line Agents			
Labetalol	100 to 200 mg twice daily	2400 mg per 24 hours	<ul style="list-style-type: none"> Asthma and cardiac failure Requires daily dosing due to metabolism during pregnancy
Nifedipine (extended release)	30 mg daily		
Methyldopa [†]	250 mg 3 times daily	750 mg per 24 hours	
Second-Line Agents			
Hydralazine	50 mg 3 times daily	300 mg per 24 hours	Reflex tachycardia
Chlorthalidone	12.5 mg daily	50 mg per 24 hours	
Clonidine	0.1 mg transdermal daily or 0.1 to 0.3 mg by mouth twice daily	0.3 mg transdermal or 0.6 mg by mouth per 24 hours	Rebound hypertension with abrupt cessation

No ACE inhibitors or ARBs!

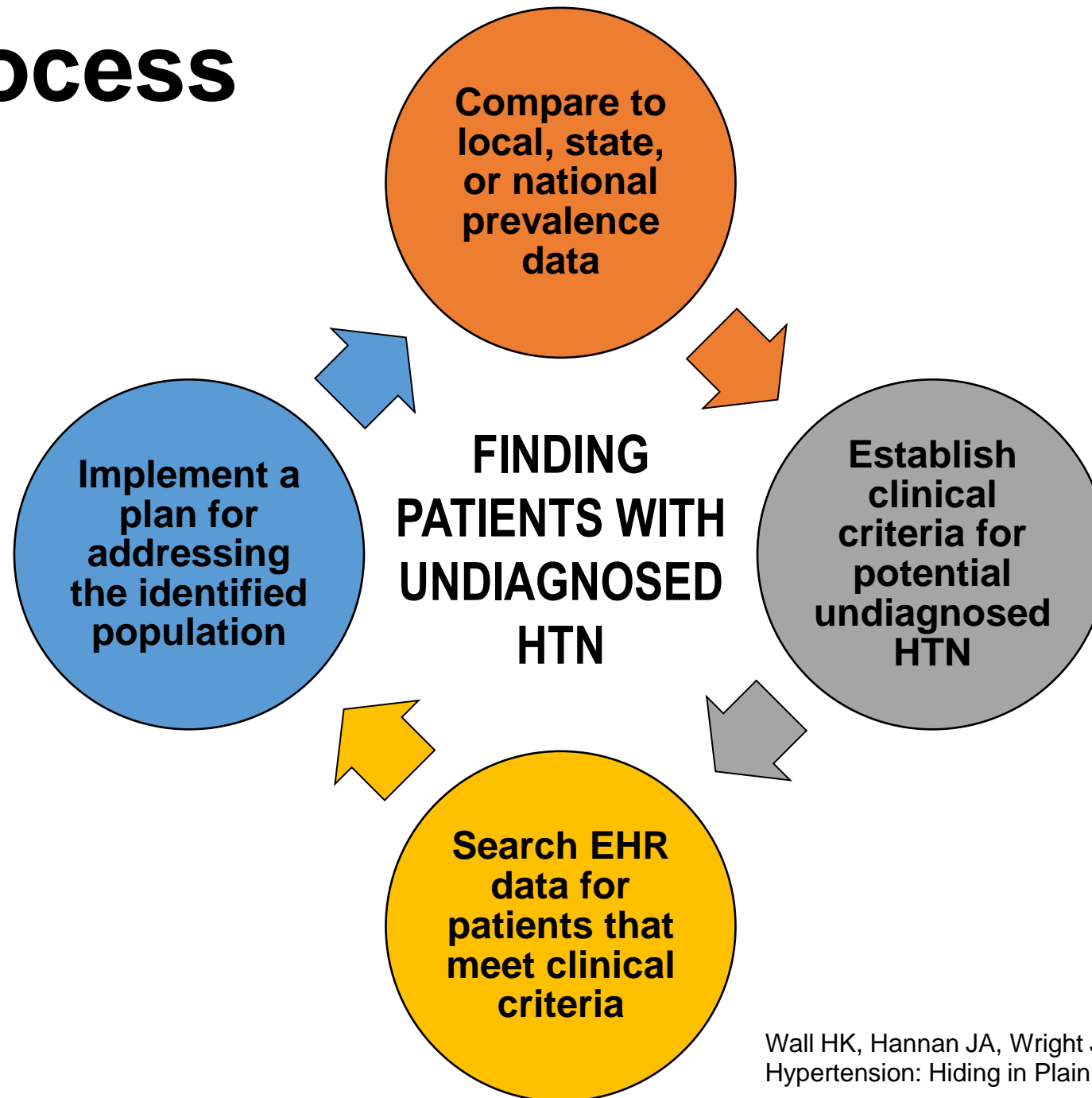
Preferred Antihypertensive Medications – Lactation

Preferred Medications in Lactation	Starting Dose	Maximum Dose	Precautions and Considerations
Nifedipine (extended release)	30 mg daily	120 mg per 24 hours	
Enalapril, captopril, benazepril	Varies by agent	Varies by agent	Close follow-up of infant's weight; counsel on contraceptive plan
Labetalol	100 to 200 mg twice daily	2400 mg per 24 hours	Asthma, acute decompensated cardiac function, bradycardia
Hydrochlorothiazide	12.5 mg daily	50 mg per 24 hours	May decrease milk production
Hydralazine	10 mg four times daily	300 mg per 24 hours	Reflex tachycardia

*Many medications used to treat hypertension do not have robust data surrounding their use in pregnancy and breastfeeding. Long-term use of certain medications should be avoided but they may be appropriate to use in a life-threatening emergency. Please consult pharmaceutical references or other guidance for additional considerations.

†There have been recent shortages of methyldopa. As of February 8, 2024, there is only one manufacturer of methyldopa oral tablets in the United States, which could contribute to future shortages. Prescribing clinicians may want to consider an alternative medication or check for active shortages or supply issues.

4-Step Process



Pregnant Women with Hypertension “Hiding in Plain Sight”

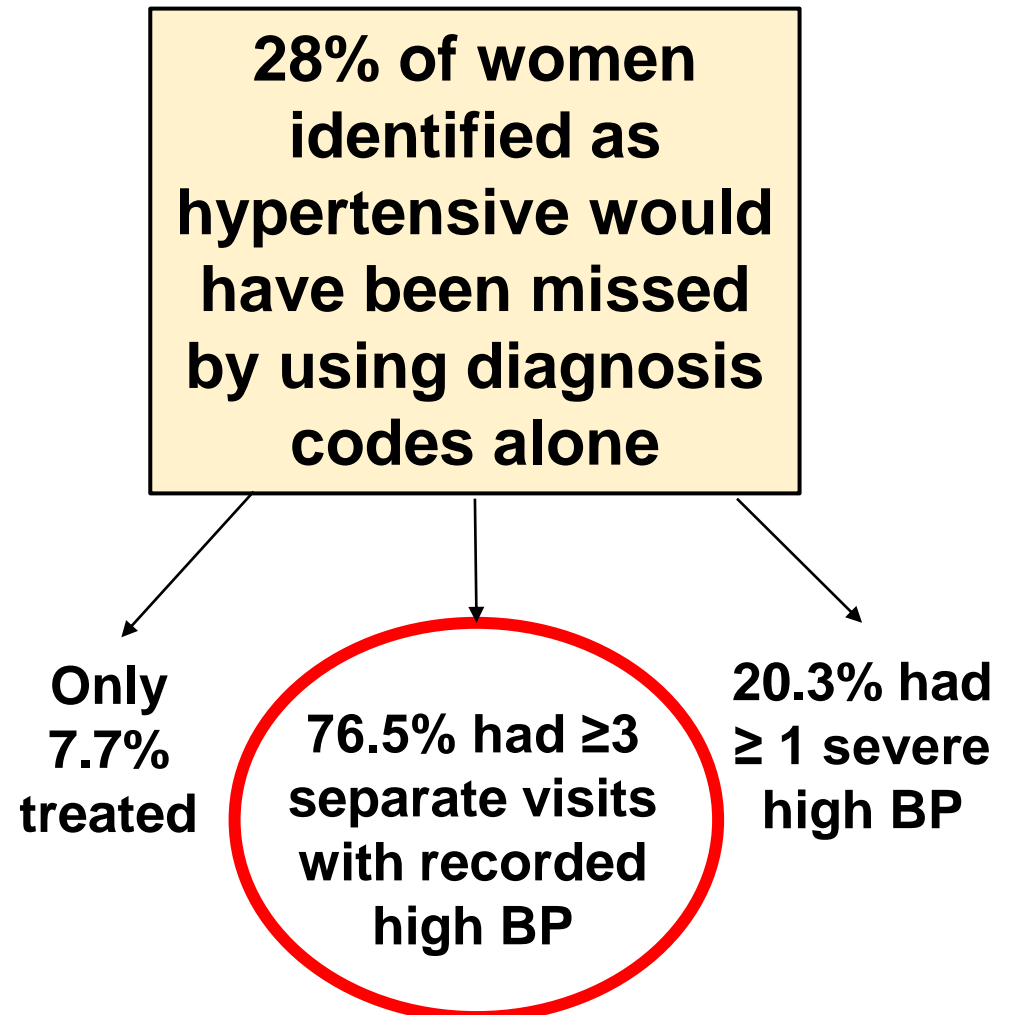
- Kaiser Permanente – ~570K pregnancies (2005-2014)
- Identified pregnant women with HTN:

- ≥ 2 high BPs ($\geq 140/90$ mmHg)

Case Definition

- Hypertension diagnosis code with and without antihypertensive prescription

- 27,049 (4.8%) met the case definition



Self-Measured Blood Pressure Monitoring (SMBP) Considerations

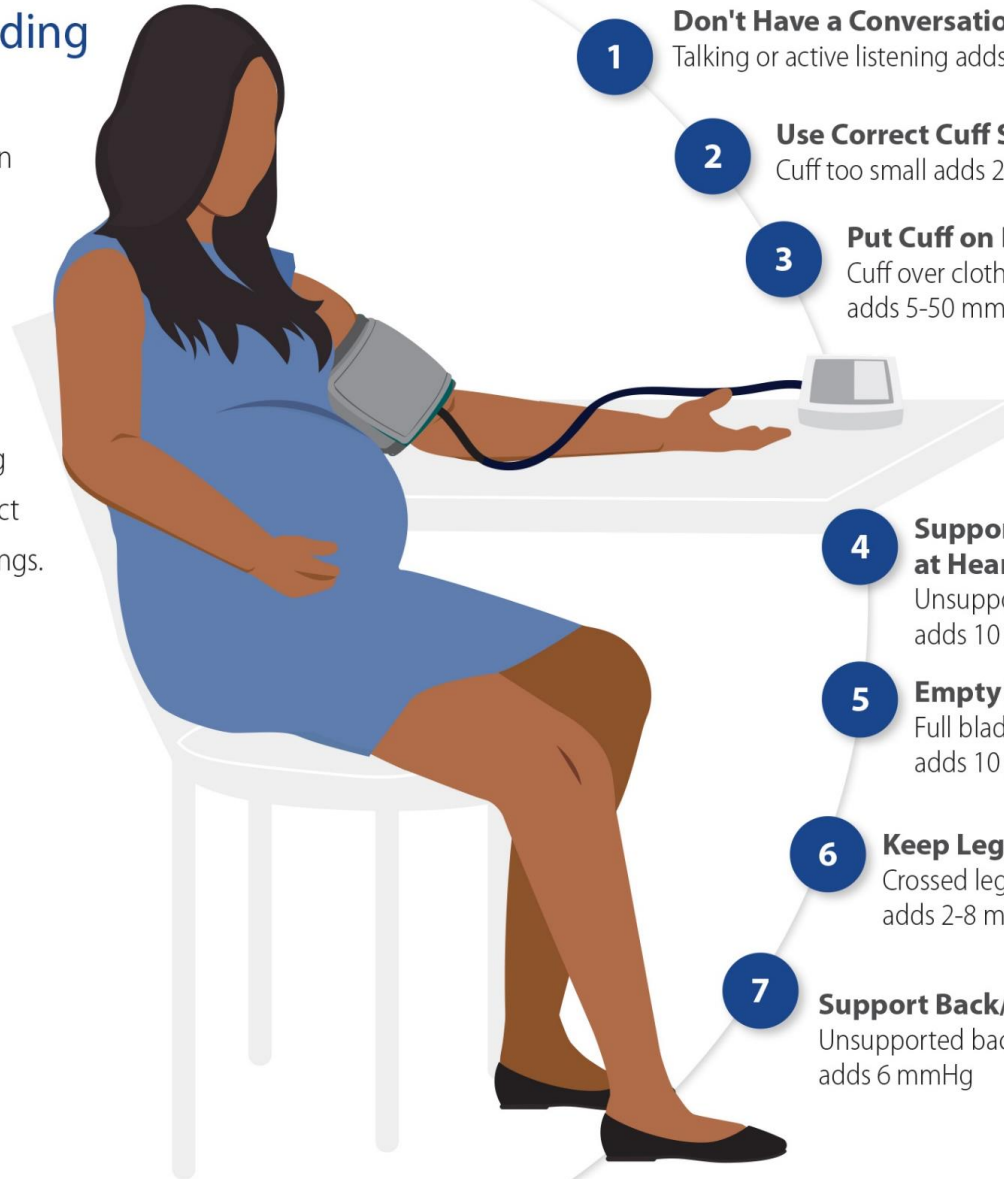
- Medicaid coverage for device and services
 - [AMA SMBP Coverage Insights: Medicaid](#)
- Use devices validated in pregnant populations
 - [U.S. Blood Pressure Validated Device Listing](#); filter by pregnant under populations served
 - [Stride BP in Pregnancy/Postpartum](#) (Europe)
- Measure and **remeasure** arm circumference with weight changes
- Proper BP measurement preparation and positioning



7 Simple Tips

To Get an Accurate Blood Pressure Reading

These common positioning errors can result in inaccurate blood pressure measurement. Figure shown is an estimate of how improper positioning can potentially impact blood pressure readings.



- 1 Don't Have a Conversation**
Talking or active listening adds 10 mmHg
- 2 Use Correct Cuff Size**
Cuff too small adds 2-10 mmHg
- 3 Put Cuff on Bare Arm**
Cuff over clothing adds 5-50 mmHg
- 4 Support Arm at Heart Level**
Unsupported arm adds 10 mmHg
- 5 Empty Bladder First**
Full bladder adds 10 mmHg
- 6 Keep Legs Uncrossed**
Crossed legs adds 2-8 mmHg
- 7 Support Back/Feet**
Unsupported back and feet adds 6 mmHg


**Pertinent for
in-office blood
pressure
measurement as
well as for SMBP!**

This “**7 Simple Tips to Get an Accurate Blood Pressure Reading**” was adapted with permission of the American Medical Association and The Johns Hopkins University. The original copyrighted content can be found at www.ama-assn.org/ama-johns-hopkins-blood-pressure-resources.

Preeclampsia – Patient Education

- Pay attention to warning signs
- Can occur during pregnancy or in the postpartum period
- Self-measured blood pressure monitoring may be useful

YOUR FUTURE HEALTH
If you are diagnosed with preeclampsia during pregnancy, you may be more likely to have health problems in the future when you are not pregnant. These problems may include...



heart attack stroke kidney disease high blood pressure

[Preeclampsia and Pregnancy \(acog.org\)](http://acog.org)

WHAT ARE THE WARNING SIGNS?
When there are symptoms, they may include...



a headache that will not go away

seeing spots, blurry vision, or other changes in eyesight

swelling of face or hands

sudden weight gain

nausea and vomiting in the 2nd half of pregnancy

pain in the upper abdomen or shoulder

shortness of breath

Indications for Aspirin Prophylaxis for Preeclampsia Prevention



One or more of the following:

- History of preeclampsia
- Chronic hypertension
- Pregestational diabetes, type 1 or 2
- Kidney disease
- Autoimmune disease
- Multifetal gestation



Two or more of the following:

- Age ≥ 35 years
- Black race*
- Lower income
- Obesity (BMI >30)
- Family history of preeclampsia in 1st degree relative
- Nulliparity
- >10 -year pregnancy interval
- In vitro fertilization
- Previous adverse pregnancy outcome

*Black race is a proxy for racism, and is not a risk factor based on biologic basis.

Missed Opportunities in Aspirin Prescribing for Preeclampsia Prevention

Overall proper aspirin prescription – 39%

- Any high risk factor – 58%
- 2 or more moderate risk factors – 27%

		ASA* at any time during pregnancy unadjusted for other RF N = 523					ASA at any time during pregnancy adjusted for other RF N = 523			
	Risk Factor	n	% No ASA Rx	% ASA Rx	unadj OR	95% CI	p value	adj OR	95% CI	p value
High Risk	History Preeclampsia	36	25	75	14.56	6.6, 32.11	<0.001	20.81	8.51, 50.87	<0.001
	Chronic Hypertension	33	21.21	78.79	17.908	7.52, 42.61	<0.001	13.57	5.05, 36.49	<0.001
	Pregestational Diabetes	20	55	45	3.24	1.31, 8.05	0.011	1.69	0.51, 5.54	0.385
	Chronic Kidney Disease	2	100	0	omit			omit		
	Autoimmune Disease	14	78.57	21.43	1.02	0.28, 3.72	0.974	0.97	0.186, 5.04	0.972
	Multifetal gestation	7	71.43	28.57	1.52	0.291, 7.95	0.619	3.18	0.534, 18.99	0.204
Mod. Risk	Advanced Maternal Age	107	68.22	31.78	2.05	1.27, 3.301	0.003	2.79	1.51, 5.17	0.001
	Black race	167	67.07	32.93	2.63	1.71, 4.04	<0.001	2.52	1.48, 4.28	0.001
	Obesity	257	76.26	23.74	1.344	0.882, 2.04	0.168	1.1	0.663, 1.84	0.701
	Family history Preeclampsia	6	33.33	66.67	7.66	1.38, 42.399	0.02	5.49	0.797, 37.81	0.084
	> 10 year pregnancy interval	22	68.18	31.82	1.78	0.707, 4.48	0.22	2.73	0.983, 7.60	0.054
	Nulliparity	68	64.71	35.29	2.307	1.33, 3.99	0.003	2.9	1.46, 5.76	0.002

Abbreviations: ASA, Aspirin; RF, Risk Factors

Where Can You Start?

1. Identify a clinical champion for hypertension in pregnancy
2. Put a chair in examination rooms and take BP from there
3. Use data – are people with chronic HTN identified/treated?
4. Use data – are people at risk for preeclampsia recommended low-dose aspirin?
5. Standardized treatment protocols, EHR alerts

Million Hearts[®] Hypertension in Pregnancy Action Forum

- **Coming Summer 2024**
- Committed to timely detection and management of hypertension in and following pregnancy
- Open to clinical, public health, and community-based partners
 - Exchange best and promising practices
 - Identify solutions to common obstacles
 - Share resources

- If interested, email millionhearts@cdc.gov, and include “Join MH Action Forum” in the subject line.

Asks

(Please and thank you!)

- **Disseminate the HPCP far and wide**
 - Share with networks
 - Newsletters
 - Social media
 - Presentation opportunities
 - Annual meetings
 - Highlight in publications
- **Join the Action Forum**
- **Implement the change package**
 - Quality improvement collaborations
 - Communities of practice
 - Member commitments
- **Fill gaps**
 - Tools and resources
 - Research
 - Surveillance

Million Hearts® Hypertension in Pregnancy Resources

- **Million Hearts Learning Lab**
 - [Using Self-Measured Blood Pressure Monitoring to Improve Maternal Health Equity and Reduce Maternal Mortality](#) – [pre-work](#) and [recording](#) (January 2024)
- **Million Hearts SMBP Forum**
 - Community Approaches to SMBP in the Maternal Health Space (September 2023) – [slides](#) and [recording](#)
 - Maternal Health and SMBP – [slides](#) and [recording](#) (December 2022)
 - SMBP for Pregnant and Postpartum Women – slides and [recording](#) (June 2020)
- **Supportive Partner Campaigns**
 - [HEAR HER®](#)
 - [Release the Pressure](#)

Quality Improvement Change Packages

Tobacco Cessation Change Package
(Aug 2019)



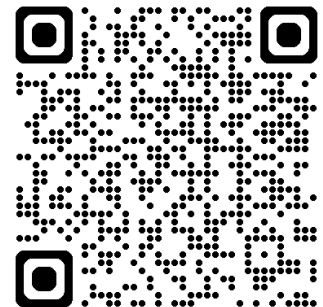
Cardiac Rehabilitation Change Package, 2nd Ed.
(Aug 2023)



Hypertension in Pregnancy Change Package
(May 2024)

Hypertension Control Change Package, 2nd Ed.
(May 2020)

Cholesterol Management Change Package
(March 2024)



QUESTIONS?



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UPCOMING WEBINARS

Stay Tuned For Future Webinars!

