

Emergency Department Identification of and Communication About Hypertensive Disorders in Pregnant Patients: A Retrospective Chart Review

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Background: Hypertensive disorders in pregnancy (e.g., chronic hypertension, preeclampsia, HELLP syndrome) are leading causes of maternal and fetal morbidity and mortality. Emergency departments (EDs) serve as a critical access point for pregnant patients, yet gaps remain in early recognition and management of these conditions. This study aims to evaluate how hypertensive disorders in pregnancy are identified and communicated about in the ED setting.

Methods: A retrospective chart review was conducted of pregnant patients (aged ≥ 18 years, including postpartum and pregnancy loss patients) presenting to IU Health emergency departments (January 2021–December 2023) with at least one elevated blood pressure reading (SBP >140 or DBP >90). Data collected from electronic medical records included demographics, visit details, medical history, vital signs, symptoms, comorbidities, medications, diagnostics, procedures, discharge instructions, pregnancy-related follow-up and outcomes. Descriptive statistics were used for analysis.

Results: Compared with state averages for pregnancy complications (6-8%), our cohort of hypertensive pregnant patients showed a higher overall complication rate (11.5%, $n=80/690$). Documentation gaps were most evident in first-trimester patients, with elevated blood pressure recorded for just 8.1% (30/370) of patients despite its clinical significance. This pattern improved in later trimesters, although inconsistencies remained throughout. Among hypertensive pregnant patients that were discharged from the ED (74%, 511/690), elevated blood pressure was addressed in only 2.4% of discharge instructions.

Conclusions: The ED presents a key opportunity to improve early identification and management of hypertensive disorders in pregnancy. These findings support evaluating targeted interventions - including standardized documentation and enhanced follow-up protocols - to address gaps in care for this high-risk population.