Bear Hug Conversations Season 2, Episode 2

Virginia Neonatal Perinatal Collaborative

Episode Name: Preeclampsia and Gestational Hypertension with Dr. Chris Chisholm

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FULL TRANSCRIPT (with timecode)

00:00:11:24 - 00:00:28:22
All right. Welcome back, everyone to another episode of Bear Hug Conversations by VNPC . I'm your host, Terrance Dixon, and today we're joined with a special guest, Dr. Chris Chisholm from UVA. Dr. Chisholm , welcome to the conversation. How are you doing?

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Great. Thanks for having me, Terrance.

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Oh, super excited to have you, man. You are a wealth of knowledge and I've been looking forward to interviewing you about this upcoming episode. So for this episode we're focusing on hypertension and preeclampsia. So before we get started we want to do an icebreaker question. And with that normally is we're going to let you, you know, just tell the people a little bit about yourself. And then one fun fact.

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Um, I'm a maternal fetal medicine specialist at UVA health. Uh, I've been here at UVA for almost 25 years, uh, including working in Charlottesville. We do outreach clinics for high risk pregnancies throughout central Virginia. And I suppose you could say a fun fact is that I picked up that interest in perinatal outreach from one of my own mentors during residency.

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Really? Okay. Hey, that's pretty cool.

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All right. And I suppose if you really want another fun fact, I've been involved with the VNPC from the very beginning.

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We love that you've started with us from the beginning, and now we're here. So this is like just a full circle moment. So you're ready to get started. Absolutely awesome. So let's start with the basics. For those who don't know. What are the differences between chronic hypertension and pregnancy associated hypertension and how does preeclampsia fit in.

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That is a great place to start. The terminology can be confusing and it isn't always used consistently by different providers. I think of any form of hypertension or high blood pressure during pregnancy is like an umbrella term that encompasses people who already knew they had hypertension before pregnancy and those who develop hypertension during pregnancy. So we refer to those with a pre-existing diagnosis of hypertension as having chronic hypertension.

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And then those people who did not have a pre-existing diagnosis of hypertension and develop it in the second half of pregnancy have some form of pregnancy associated hypertension. We classify that as either gestational hypertension or pre-eclampsia. There are more advanced or accelerated forms of preeclampsia, including preeclampsia, with severe features that usually entails higher blood pressure readings, laboratory abnormalities, and symptoms that can be concerning.

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And then there's some overlap between the two. Because women who have chronic hypertension may also develop superimposed pre-eclampsia later on in the pregnancy. There's also lastly just a little gray area. And that is that we know that some of the patients that we serve don't necessarily have the ability to access primary care on a regular basis, and they may be 12 or 14 weeks pregnant when we see them for the first time and have elevated blood pressure that's never been formally diagnosed outside of pregnancy.

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And we tentatively consider those women to have chronic hypertension as well, at least until after they've delivered. And we see if their blood pressure normalizes.

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Okay. So why are hypertensive disorders of pregnancy such a major concern for maternal health today?

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Really two reasons. One is short term and the other is long term. When we think about the short term considerations, preeclampsia and gestational hypertension and any form of hypertension and pregnancy have the ability to negatively affect the health of the fetus and the newborn, and also the health of the mother. Mhm. Um, when we think about pre-eclampsia, it is the leading cause of medically indicated preterm birth. In other words, a pregnancy where we need to deliver prior to 37 weeks because the health of the mother or the baby or both is being compromised by the hypertension.

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Um, separately, we are learning more and more about how pregnancy serves as a window to future health and recognize that women who have had pre-eclampsia are more likely to have future diagnoses of high blood pressure outside of pregnancy and cardiovascular disease. And so having pre-eclampsia during a pregnancy at age 30 May be having an impact on the health of that person when they're 50 or 60.

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Wow. Okay. So what are some early warning signs or symptoms people should pay attention to during pregnancy or after birth?

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Well, I'd like to say there's the textbook answer to that question. And then there's the. The, the the addendum to that. Okay. Textbook answer, if you will. And I think the addendum is maybe the more important of the two, which is that every pregnant patient should trust themselves and know themselves and know when something doesn't feel right. Right. And report that to their provider or come in for evaluation and just get checked out. Because sometimes the signs of a of a health condition developing during pregnancy can be insidious and sneak up on you slowly and not necessarily follow the textbook answers.

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Now, the textbook answers are people who are developing pre-eclampsia may report a severe headache that usually doesn't resolve with simple things like rest and Tylenol, changes in their vision that can include spots before the eyes, double vision, or blurry vision. Pain in the upper abdomen, like in the area of their liver. Swelling that is progressing faster than what they would expect. Shortness of breath. Those are the textbook answers. And you certainly want to evaluate any pregnant patient who is reporting those things.

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Okay, so would you say many people think these conditions only happen during pregnancy? Can gestational hypertension or preeclampsia also happen after delivery?

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I'm so glad you brought that up. It is possible, although it's less common okay for gestational hypertension or preeclampsia to show their first signs after the delivery has already occurred, sometimes even after the mother and baby have already been discharged from the hospital. And so it's really important to make certain that a recently pregnant patient is aware of those warning signs, those symptoms that we mentioned. And know that if they begin to develop in the first week or two weeks after delivery, they should be taken just as seriously as they would have in the last week or two before the birth.

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Okay, so who maybe who might be at a higher risk for developing preeclampsia? Uh, I'm not sure to ask a question again. So who may be at a higher risk for developing preeclampsia or pregnancy related hypertension?

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There are a number of risk factors that we can identify either before the pregnancy or very early in the pregnancy, that would flag a particular pregnant patient as being more likely to develop pre-eclampsia. So even then, it can occur in any pregnancy. We know that if the patient has pre-existing health conditions

like diabetes, chronic hypertension, lupus, kidney disease, they are more likely to develop preeclampsia when they become pregnant if they are over age 35.

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Their risk is increased if it's their first baby, the risk is increased. If they have significant obesity and if they're carrying twins or triplets, any of those factors increase the risk. One that I think is under emphasized but really important. And I ask patients about it every time I see them. The first time in pregnancy was whether their mother or any of their sisters had pre-eclampsia. Because there is a tendency within families to have a higher likelihood of pre-eclampsia.

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And knowing that early can help us take appropriate preventive and monitoring measures.

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Yeah. That is that's great. That's a great point there. So what should someone do if they feel something isn't right or they're experiencing symptoms, but they aren't being taken seriously because you know that that does happen. So what should someone do?

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Well, that's so important because it is regularly reported that pregnant women don't always feel heard when they are raising concerns or that symptoms they might be reporting can just get attributed to being part of pregnancy and not necessarily a sign of a problem. So it's important to be an advocate for yourself and to be persistent. Most OB-GYN offices and practices have some sort of a nurse call line or a patient contact number that you can reach, and if you are having concerns with the response you're getting from the first stage.

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Ask to speak to the provider. Whether you're seeing a midwife or a nurse practitioner or a doctor for prenatal care. And if you're still not totally satisfied that everything's being assessed to your satisfaction, come to the office, come to labor and delivery and have an in-person evaluation, and make sure that those warning signs that you feel like you're seeing in yourself are addressed and and not an early warning sign of a problem with the pregnancy.

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That's great advice. So from a provider perspective, What steps should hospitals take and care teams take to better identify and treat hypertensive emergencies in pregnancy?

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How much time do you have? So I think there's a couple of different answers to that. For OB-GYN and midwifery practices and for hospitals where childbirth occurs, having very specific protocols for identifying and managing severe hypertension is one of the most important steps that we can take to prevent short term complications for the mother and or the baby.

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And every hospital with an obstetrics unit should have a protocol for identifying and rapidly treating severe hypertension, which is usually defined as a blood pressure over 160 systolic or over 110 diastolic, an area of real Risk for pregnant and recently pregnant women who need to receive urgent care is being seen at a facility where there are not OB GYNs or OB nurses on staff.

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A freestanding emergency department and urgent care center, one of the many hospitals within Virginia that don't have a labor and delivery unit, and they may not be as accustomed to seeing pregnant patients. The most important step they can do when they identify any patient of reproductive age coming in the door for any symptom, is to ask, are you pregnant? Or have you recently had a baby? Because that can change the thinking about warning signs like headaches and high blood pressure than they might in someone who they don't have that important piece of information.

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Okay, this is a major focus of the Safe Birth Virginia project, which is intending to ensure that pregnant and and postpartum women who receive care at facilities where OBGYN aren't on staff get evaluated and triaged accurately, and complications.

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So how can family members help recognize warning signs for hypertension and and or preeclampsia and advocate for care? Because, you know, sometimes our family wants to help, but they just don't know how to recognize the signs. So how can they help?

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That's a great question. And I think that unfortunately, many of the signs that a family member might observe are often going to be late signs in someone who's maybe been developing preeclampsia for a while and either didn't pick up on the symptoms themselves, or maybe for some reason they're in denial about the symptoms. Mhm. Um, and so a family member might notice that their loved one appears very severely swollen, or has confusion, or their level of consciousness seems altered, or maybe observed them to have a seizure, which was one of the most serious complications that can occur with preeclampsia.

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So to avoid avoiding getting to that stage, having the open mindedness to hear when your family member tells you, you know, I'm just not feeling right today. Right, right. And ask questions and say, have you called your doctor? Do you think you need to go in and get checked out? And if they're not telling you that they're not feeling great, just ask every so often. How's everything going? How's the baby moving? Have you been having any symptoms that have been bothering you or seemed different lately? And sometimes those early clues can make the difference in early identification of a problem when it's much more manageable.

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Okay, now you mentioned one good point before I move it to next question. You saying just, you know, keep asking them, you know, just checking on them periodically. What if they still just are kind of saying like, I'm fine pushing back, but you can still see some is off. What do you do then?

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I think that you let that person know how much you care about them and how concerned you are about them and, and and ask them to go be evaluated and offer to take them. And even if it takes offering to say and if it all turns out to be nothing, I'm happy to admit that I was wrong. But I'm concerned about you, and I want to make sure you and this baby are okay.

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That's good advice right there. Okay, so what resources or tools are available for people who want to learn more about the warning signs and protecting their health during pregnancy?

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There are some great online resources. I would direct anyone to the Preeclampsia Foundation, which maintains a website with lots of useful information about early warning signs and and advocates for changes in medical practice and changes in the laws surrounding health care to improve the outcomes of patients with pre-eclampsia. The American College of Obstetricians. Obstetricians and gynecologists, or ACOG, has a large patient education section on their website, and there is a program called Million Hearts that has been a partnership between the CDC and the American Heart Association and ACOG.

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And it is really aimed at heart disease prevention globally, but with a specific focus on prevention of high blood pressure and heart disease after pregnancy with high blood pressure. And they have published a guidebook that's useful for practices called the Hypertension and Pregnancy Change Package. But they have a lot of patient oriented materials on their website as well. It's called Million Hearts.

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Okay, okay. Yeah, definitely some great advice there. We would definitely link that in the description box so people can check out more Resources and tools. So for our final question, if someone is listening today, remember it's just one symptom or one message from this conversation. What should it be?

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I think that it's so easy for symptoms that could be a sign of concern to be attributed to just being a typical symptom of pregnancy, and maybe not get attention as early as it could. And so pregnant patients should advocate for themselves. Their family members should advocate for them to make sure that they're seeing on a regular basis. And then when they have concerns that come up that they can have easy access to unscheduled visits in order to get their symptoms evaluated.

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Awesome. That's great advice. That's the perfect spot in right there. Dr. Chisholm, we want to say thank you for joining the conversation and breaking down such an important topic. As you know, hypertension

and preeclampsia can feel overwhelming, but conversations like this makes the information more clear and honestly more empowering. So, Dr. Chisholm, thank you, thank you, thank you. Um, if anybody would like to reach out to you, is there any way they can reach out to you for any additional information?

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Parents. Thank you. Thank you so much for having me on and for the opportunity to talk about preeclampsia and hypertension and pregnancy. It's a really important topic that we want to raise awareness about. If anyone had additional questions. They're welcome to contact me at my email address. And I really appreciate the opportunity. Thank you.

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Awesome. Well, thank you again for coming on to the show. And that is it guys. Be sure to follow us on all of our social media platforms @goVNPC, and be sure to take the survey that's listed in the description box to let us know how we did, and if there's any additional topics that you would like for us to cover. All right, Dr. Chisholm, that is it. Thank you again for joining the conversation.