

# Addressing Hypertension During Pregnancy Improves Maternal and Infant Health

Hypertensive disorders of pregnancy (HDP), including gestational hypertension and preeclampsia, are major contributors to maternal and infant morbidity and mortality. HDP affects [approximately one in seven hospital births](#) nationwide, with an increase in prevalence from about 13% in 2017 to 16% in 2019. Nationwide, the [pregnancy-related death rate](#) is 32.9 deaths per 100,000 live births, one of the steepest among high-income countries, with over 80% of these deaths considered preventable. Addressing HDP is crucial to reducing maternal mortality and improving health outcomes for families.

HDP [disproportionately impact](#) Black and Indigenous populations, who face nearly twice the risk of preeclampsia compared to white mothers due to [systemic inequities](#) in healthcare access, socioeconomic disparities, and the cumulative effects of racism on health. Moreover, experiencing [racism in pregnancy](#) is associated with high blood pressure in the postpartum period, which, in the context of [perinatal care](#), emphasizes cultural humility, respectful communication, and trauma-informed care.

Pregnant people who experience HDP are four times as likely to develop [chronic hypertension](#) and are more susceptible to cardiovascular diseases, including ischemic heart disease, heart failure, and stroke, between 5 and 15 years postpartum. Additionally, mothers with a history of preeclampsia are at an [increased risk](#) of developing kidney disease and metabolic disorders, such as type 2 diabetes. Similarly, infants born to mothers with HDP are more likely to be born prematurely or experience intrauterine growth restriction. In the long term, infants face [heightened risks](#) for cardiovascular and metabolic conditions, perpetuating an intergenerational cycle of chronic disease.

Targeted actions on HDP promote the health and well-being of pregnant people and their children throughout the life course, especially for families representing underserved communities. Fortunately, many state-based programs offer initiatives tailored to improving HDP outcomes.

## Illinois

The Illinois Perinatal Quality Collaborative (ILPQC) launched the [Severe Maternal Hypertension Initiative](#) in 2016, which works with more than 100 hospitals to ensure timely treatment of severe hypertension. The collaborative provides care within one hour of onset of severe hypertension, educates patients, schedules postpartum follow-ups, and debriefs clinicians to reduce maternal morbidity. Additionally, the state offers continuing education programs on maternal hypertension and obstetric hemorrhage to enhance provider skills and adherence to best practices.

The state also supports hospitals and healthcare systems through [I PROMOTE-IL](#), ILPQC's Collaborative's Regional Outreach Model Promoting Optimal Treatment Engagement for Illinois. These initiatives provide funding, targeted training, data collection and monitoring, and technical assistance to hospitals and regional perinatal centers to implement evidence-based practices and improve quality of care. Additionally, this funding helps promote equity and ensures that resource-limited facilities can benefit from the expertise of larger centers.

## Ohio

[Ohio's UC Health](#) employs an interdisciplinary care plan including early recognition of hypertension, standardized treatment protocols, providing at-home blood pressure monitors, and ensuring risk-based

postpartum follow-up within three to 10 days. The program emphasizes patient education, proactive monitoring, and respectful communication to reduce complications. Blood pressure cuffs are given to over 95% of high-risk patients to improve the management of HDP and reduce the likelihood of [maternal and fetal complications](#).

The state also prioritizes continuity of care by emphasizing follow-up through the "[Baby Steps](#)" program. Mothers and newborns receive coordinated care and support post-discharge according to their risk level. This integrated approach reduces complications related to perinatal hypertension and strengthens the continuity of care for both mothers and their newborns.

## Montana

The [Montana Obstetrics & Maternal Support \(MOMS\)](#) program connects rural providers to specialists in obstetrics, gynecology, and behavioral health. The MOMS program enhances the management of perinatal hypertension by fostering multidisciplinary collaboration and providing training, resources, and support to rural providers, ensuring consistent and competent care for pregnant individuals at risk of hypertensive disorders.

The [Montana Perinatal Quality Collaborative \(MT PQC\)](#), is a multi-stakeholder initiative focused on reducing maternal morbidity and mortality statewide through the application of the Severe Hypertension in Pregnancy AIM Safety Bundle.

## Recommendations for Health Officials and other Public Health Practitioners

- **Support universal screening** for hypertension and pre-eclampsia as part of routine prenatal visits, beginning in the first trimester and continuing throughout pregnancy, as well as state-funded initiatives to train healthcare providers on the latest hypertension screening guidelines and evidence-based practices.
- **Expand access to prenatal and postnatal care** by expanding Medicaid funding to cover comprehensive hypertension care in pregnancy, enhancing access in underserved areas through telemedicine and mobile clinics, and ensuring culturally tailored and targeted solutions for the populations that are most impacted.
- **Establish standardized postpartum care** for women with hypertensive disorders, including early follow-up and cardiovascular screenings, supported by local health system partnerships for personalized care and lifestyle counseling.

## Conclusion

Hypertensive disorders in pregnancy are more than a maternal health issue. They represent a pressing public health challenge with profound implications for chronic disease prevention, health equity, and infant well-being. By prioritizing proactive solutions to perinatal hypertension, state and territorial health officials can not only reduce maternal complications but also improve long-term health outcomes for women and their families.