

URGENT MATERNAL WARNING SIGNS

Improving Maternal
Morbidity and Mortality





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Overview of the Urgent Maternal Warning Signs Quality Improvement Project

One in three pregnancy-related deaths occur one week to one year after delivery. Hemorrhage, hypertensive disorders of pregnancy, and infection are the leading causes of death during the first six days postpartum (Davis, Smoots, & Goodman, 2019). In Ohio, 46% of pregnancy-related mortality occurs in the early postpartum period (the first 42 days) and 19% from days 43-365 (Davis, Smoots, & Goodman, 2019). Every woman who gives birth has the potential to experience a postpartum complication, and women who are educated on the specific urgent maternal warning signs and symptoms of the leading causes of maternal morbidity and mortality may act more quickly to seek care and receive more timely and appropriate interventions.

Health Disparities

There are groups of mothers who are more likely to experience adverse events, including those who are of advanced maternal age, who are enrolled in Medicaid or uninsured, or who are Hispanic or non-Hispanic

Black (Ohio Department of Health, 2017). From 2008-2016, Ohio women

died from pregnancy-related causes at a rate of 14.7 per 100,000 live births, with Black women disproportionately affected at a rate 2.5 times greater than White women (Ohio Department of Health, 2019). This difference has not changed for the past six decades (Maternal Health Task Force, n.d.).

Preeclampsia is a condition in pregnancy that is characterized by persistent high blood pressure and is a leading cause of maternal and infant illness and death in the U.S. (Preeclampsia Foundation, 2019). Hypertensive diseases of pregnancy, specifically preeclampsia, are leading causes of inpatient severe cardiovascular morbidity and mortality (Hitti, Sienas, Walker, Beneditti, & Easterling, 2018).

Black women are disproportionately affected by preeclampsia, display signs of preeclampsia earlier in pregnancy, and are at higher risk of developing preeclampsia-related morbidity than White women (Shahul, Tung, Minhaj, Nizamuddin, & Wenger, 2015).

In order to reduce preventable deaths due to hypertensive diseases of pregnancy, specifically preeclampsia in Ohio, targeted interventions at the provider, facilities/hospital level, and system level are needed. Through the collaboration of clinical leaders and state partners, the Urgent Maternal Warning Signs Quality Improvement Project project team will prioritize the health equity focus to meet the goal of reducing disparity in maternal care.

Black women are disproportionately affected by pregnancy-related deaths in Ohio.

About the Urgent Maternal Warning Signs Quality Improvement Project

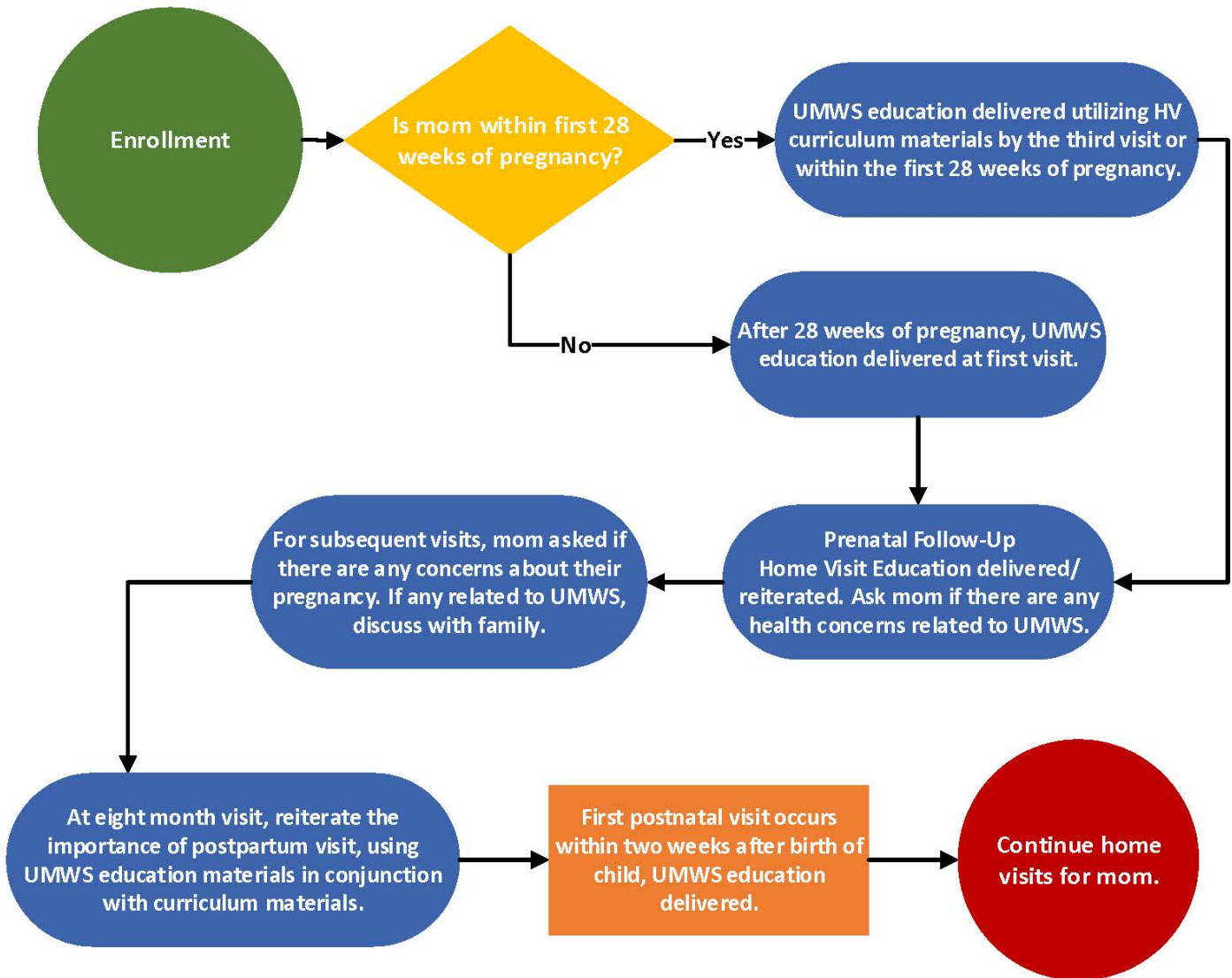
Sponsored by the Ohio Department of Health (ODH) and administered by the Ohio Colleges of Medicine Government Resource Center (GRC), in partnership with The Ohio State University's Wexner Medical Center and College of Social Work, the Urgent Maternal Warning Signs (UMWS) Quality Improvement Project (QIP) aims to increase knowledge of and improve health outcomes among women at risk for an adverse event related to hypertensive events in the prenatal and postpartum period. The SMART Aims for the UMWS QIP are:

1. Increase the number of women who receive urgent maternal warning signs education resources from Home Visiting (HV) providers during home visits in their immediate postpartum period by September 2023.
2. Increase the knowledge about the UMWS among participating HV providers that provide services and support to women during home visits by September 2023.

The UMWS QIP uses quality improvement science to accomplish the SMART aims and address maternal morbidity and mortality over the project implementation period.

The following resources can assist ODH-funded programs and other healthcare professionals to streamline processes and improve care related to maternal morbidity and mortality.

Home Visiting Best Practice Workflow



Early Child Home Visiting Curriculum Crosswalk

Curricula	Partners for a Healthy Baby Before Baby Arrives	Growing Great Kids Prenatal	Parents As Teachers	Nurse-Family Partnership (Additional approved 3 rd party curriculum includes Partners in Parenting Education (PIPE), DANCE, ASQ, and Periods of Purple Crying)
Model/Curricula Alignment	Moms and Babies First (MBF)	Healthy Families America (HFA)	Healthy Families America Parents As Teachers (PAT)	Nurse-Family Partnership (NFP)
Visit Frequency	MBF	HFA	PAT	NFP
	<p>Varies based on need but at a minimum:</p> <p><u>First month of participation:</u> Every two weeks.</p> <p><u>Remainder of pregnancy:</u> Monthly.</p> <p><u>First two months post-partum:</u> Every two weeks.</p> <p><u>Remainder of participation:</u> Monthly.</p>	<p><u>Prenatally to first six months after the child's birth:</u> One home visit per week.</p> <p><u>Remainder of participation:</u> Visits vary from every other week to monthly .</p>	<p>Bi-monthly for families with 2 or more stressors.</p> <p>Monthly for families with 1 or 0 stressors.</p>	<p><u>First four weeks:</u> once a week.</p> <p><u>Remainder of pregnancy:</u> Every other week .</p> <p><u>Postpartum:</u> Once a week for the first 6 weeks.</p> <p><u>Infancy and Toddler:</u> Every other week until your baby is 21 months old.</p> <p><u>Last four months:</u> Once a month until the child's 2nd birthday.</p> <p><i>*Flexibility in visit schedule is offered and adjusted to meet client desires.</i></p>

Identifying Warning Signs	MBF – Home Visitor Resource	HFA – Home Visitor Resource	PAT – Home Visitor Resource	NFP – Home Visitor Resource
	<p>“Teach mother-to-be about preterm labor and how to lower her risks for an early birth” p. 138.</p>	<p>Home visitor resource on danger signals for pregnancy p. 190.</p> <p>Note: HFA requires 6-month wrap-around trainings that include the subtopic of <i>warning signs: when to call the doctor</i>. Providers can take a training of their choice to meet this requirement including curriculum training.</p>	<p>Parent educator resource “Recognizing Warning Signs in Pregnancy” pp. 1723-1726.</p>	<p>“Maternal Morbidity and Mortality – Team Meeting Education Module.”</p> <p>“Maternal Morbidity and Mortality Clinical Pathway.”</p> <p>“Maternal Morbidity and Mortality Fact Sheet.”</p> <p>“Maternal Morbidity and Mortality Nurse Infographic.”</p> <p>“Maternal Morbidity and Mortality Resource Guide.”</p> <p>“NFP Live! Maternal Mortality.” – recorded session and handouts for download.</p> <p>“Prenatal Assessment.”</p> <p>Video Recording & discussion questions: “Can you Handle the Pressure? Hypertensive Disorders of Pregnancy.”</p>
	MBF – Parent Resource	HFA – Parent Resource	PAT – Parent Resource	NFP – Parent Resource
<p>Parent Handout 64 “What you can do to lower your risk of having a premature baby.”</p>	<p>Parent information “Danger Signs: When to Contact Your Health Care Provider” p. 191.</p>	<p>Parent Handouts – each handout has a section titled “Call your doctor if you have any of these warning signs.”</p> <p>“Prenatal Care: What to Expect – The First Trimester” p. 1719.</p>	<p>“Readiness for Childbirth.”</p> <p>“Danger Signs of Pregnancy.”</p> <p>“Talking with Your Health Care Provider.”</p> <p>“Taking Charge of My Health.”</p>	

MBF – Parent Resource

HFA – Parent Resource

PAT – Parent Resource

NFP – Parent Resource

<p>Identifying Warning Signs</p>			<p>“Prenatal Care: What to Expect – The Second Trimester” p. 1720.</p> <p>“Prenatal Care: What to Expect – The Third Trimester” p. 1721.</p> <p>“Prenatal Care: What to Expect – the Ninth Month” p. 1722.</p> <p>“Counting Your Baby’s Movements” p. 1730.</p>	<p>“When to Call the Doctor”</p> <p>“Infections During Pregnancy.”</p> <p>“High Blood Pressure During Pregnancy.”</p> <p>“High Blood Pressure and Preeclampsia.”</p> <p>“Things that Can Happen During Labor.”</p> <p>“Blood Pressure Index.”</p> <p>“Baby’s Movement Chart.”</p>
	<p>Preterm Labor</p>	<p>MBF – Home Visitor Resource</p>	<p>HFA – Home Visitor Resource</p>	<p>PAT – Home Visitor Resource</p>
<p>Detailed Information Page (DIP) 138: Teach mother-to-be about preterm labor and how to lower her risks for an early birth.</p> <p>DIP 140: Talk with mother-to-be about her oral health.</p> <p>DIP 184: Teach mother-to-be how to recognize signs of preterm labor and what to do.</p>		<p>N/A</p>	<p>N/A</p>	<p>See resources in Identifying Maternal Warning Signs section.</p>
<p>MBF – Parent Resource</p>		<p>HFA – Parent Resource</p>	<p>PAT – Parent Resource</p>	<p>NFP – Parent Resource</p>
<p>Parent Handout 64: What you can do to lower your risk for having a premature baby.</p>		<p>N/A</p>	<p>N/A</p>	<p>“Deciding if It’s True or False Labor.”</p> <p>“Preterm Labor.”</p>

MBF – Home Visitor Resource

	<p>Parent Handout 65: Preventing Tooth Decay & Gum Problems.</p> <p>Parent Handout 85: What are the signs of preterm labor?</p>			
<p>Related Topics</p>	<p>MBF – Home Visitor Resource</p> <p>DIP 20: Talk with mother-to-be about how smoke can harm her and her baby.</p> <p>DIP 22: Talk about dangers of using alcohol or drugs and encourage mother-to-be to talk honestly about her use of them.</p> <p>DIP 24: Help mother-to-be learn how to protect herself and her baby from sexually transmitted infections.</p> <p>DIP 26: Explain why HIV testing is important.</p> <p>DIP 38: Make sure expectant mom gets to her first trimester prenatal appointments and knows what to expect.</p> <p>DIP 40: Describe physical changes during the first trimester and discuss ways to cope.</p> <p>DIP 44: Explain potential dangers of medication use during pregnancy.</p>	<p>HFA – Home Visitor Resource</p> <p>“Gestational Diabetes: Complications” p. 183</p> <p>“Pregnancy...Things to Avoid” p. 184.</p> <p>“Smoking and Fetal Development” p. 187.</p> <p>“Alcohol and Drugs and Fetal Development” p. 188.</p>	<p>PAT – Home Visitor Resource</p> <p>Parent Educator Resource “Ensuring Healthy Fetal Development” p. 160.</p>	<p>NFP – Home Visitor Resource</p> <p><u>See resources in Identifying Maternal Warning Signs section</u></p> <p>“OUD: Supporting Clients with Opioid Use Disorder.”</p> <p>“Supporting Client who use Methamphetamine.”</p> <p>Nursing Practice Video: “STI Prevention.”</p> <p>Nursing Practice Video: “Smoking video.”</p>

MBF – Home Visitor Resource

<p>Related Topics</p>	<p>DIP 76: Encourage expectant mother not to drink alcohol or use drugs.</p> <p>DIP 88: Make sure expectant mom gets to her prenatal appointments and knows what to expect.</p> <p>DIP 90: Describe physical changes during second trimester and discuss ways to cope.</p> <p>DIP 126: Teach mother-to-be how quitting smoking can help her developing baby.</p> <p>DIP 176: Talk with mother-to-be about gestational diabetes.</p> <p>DIP 214: Talk with mother-to-be about creating a smoke-free home for her baby.</p> <p>DIP 220: Make sure expectant mother knows what to expect on prenatal visits.</p> <p>DIP 222: Teach mother-to-be about managing discomforts during the third trimester.</p> <p>DIP 228: Talk with mother-to-be about medical reasons for a C-section.</p> <p>DIP 230: Help expectant mom and her partner know what to do if baby is born early and stays in the NICU.</p>			
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MBF – Home Visitor Resource

Cont.

Related Topics	<p>DIP 234: When necessary, help family deal with pregnancy loss.</p> <p>DIP 270: Explain how to recognize labor and time contractions.</p> <p>DIP 304: Discuss what to expect after baby is born and why it's important to go to her postpartum checkup.</p>			
	MBF – Parent Resource	HFA – Parent Resource	PAT – Parent Resource	NFP – Parent Resource
	<p>Parent Handout 9: How smoking can hurt your unborn baby.</p> <p>Parent Handout 10: How using alcohol & drugs can hurt your unborn baby.</p> <p>Parent Handout 11: Sexually transmitted infections can hurt you and your baby.</p> <p>Parent Handout 12: Protect you and your baby from HIV/AIDS.</p> <p>Parent Handout 18: My first prenatal visit.</p> <p>Parent Handout 19: Changes during early pregnancy.</p> <p>Parent Handout 21: What medications are safe to take?</p>	<p>“Keeping your Baby Out of Harm’s Way” p. 185</p>	<p>N/A</p>	<p>“Methamphetamine and Pregnancy.”</p> <p>“Activity Restriction for Pregnancy Complications.”</p> <p>“Dental Care During Pregnancy.”</p> <p>“Emergency C-section.”</p> <p>“Pregnancy, Breastfeeding and COVID-19.”</p> <p>“Opioids – Medication Assisted Treatment.”</p> <p>“C-sections.”</p> <p>“Cholestasis of Pregnancy.”</p> <p>“Miscarriage.”</p> <p>“Stillbirth.”</p>

MBF – Parent Resource

PAT – Parent Resource

NFP – Parent Resource

<p>Related Topics</p>	<p>Parent Handout 35: Drinking during pregnancy can harm your baby for life.</p> <p>Parent Handout 41: My 2nd Trimester Prenatal Visits.</p> <p>Parent Handout 42: Changes during your second trimester of pregnancy.</p> <p>Parent Handout 58: Quit Now! What happens when you throw away your last cigarette?</p> <p>Parent Handout 81: Diabetes During Pregnancy.</p> <p>Parent Handout 98: Smoke-free is best!</p> <p>Parent Handout 101: My 3rd Trimester Prenatal Visits.</p> <p>Parent Handout 102: Changes during your third trimester of pregnancy.</p> <p>Parent Handout: 105: Cesarean Delivery.</p> <p>Parent Handout 106: If your preemie is in the NICU.</p> <p>Parent Handout 108: Pregnancy Loss.</p> <p>Parent Handout 124: When to go to the hospital.</p> <p>Parent Handout 139: Postpartum Concerns.</p>			<p>“Why Did This Happen.”</p> <p>“Loss of My Baby.”</p> <p>“How to Cope with Loss”.</p> <p>“My Grief, My Partner’s Grief.”</p> <p>“NICU: How Can I Take Care of My Baby.”</p> <p>“NICU – Neonatal Intensive Care Unit.”</p> <p>“NICU: How Can I Take Care of Myself.?”</p> <p>“NICU: What Is All This.”</p> <p>“NICU: Getting Ready to Go Home.”</p> <p>“Finding a Doctor for My Premature Baby.”</p> <p>“Opioids – What Will Happen in the Hospital After My Baby is Born.”</p> <p>“Health Problems of Premature Babies.”</p> <p>“Postpartum Danger Signs.”</p>
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The Urgent Maternal Warning Signs

Pregnant and postpartum mothers experience a lot of different symptoms associated with their changing bodies, and while many are normal, some can be life threatening. It is common for these mothers to experience fatigue and can have pain such as perineal pain and uterine contractions. Mothers often don't know what is normal versus a critical care warning sign to seek immediate medical attention.

See the information below on three critical symptoms for which pregnant and postpartum mothers should seek immediate emergency medical care. If a mother you are providing care to reports any of the below symptoms, **call 911 immediately**. Additional information and links can be found in Appendix A.

Chest Pain or a Fast-beating Heart		
<i>Symptom Description</i>	<i>Associated Symptoms</i>	<i>Why should we pay attention?</i>
<ul style="list-style-type: none"> • Feeling of tightness or pressure in center of chest. • Radiating pain in back, neck or arm. • Pounding chest. • Irregular heartbeat (skipped beats). • Dizzy, faint, or disoriented. 	<ul style="list-style-type: none"> • Sudden onset of symptoms with no previous warnings. • Swelling in arm or leg. • Trouble breathing or talking. • Headache. 	<p>It could mean mom is experiencing:</p> <ul style="list-style-type: none"> • Heart attack. • Blood clot in her lungs. • Tearing of large blood vessel traveling from her heart. • Other blockage of normal blood flow. <p>*All conditions could lead to an adverse health event or death.</p>
Trouble Breathing		
<i>Symptom Description</i>	<i>Associated Symptoms</i>	<i>Why should we pay attention?</i>
<ul style="list-style-type: none"> • Short of breath suddenly or over time (can't fill mom's lungs). • Throat and/or chest feel tight. • Need to prop head to breathe when lying down. 	<ul style="list-style-type: none"> • High blood pressure or swelling in body (sudden onset). • Occurs after 16-20 weeks of pregnancy or first few weeks postpartum. • Chest or back pain, headache, swelling, vision issues, dizziness, fast or skipped heartbeats. 	<p>It could mean mom is experiencing:</p> <ul style="list-style-type: none"> • Preeclampsia- high BP during pregnancy or postpartum. • Pulmonary embolism- blood clot or other substance to moms' lungs, making it hard to breathe. • Lung infection. • Heart issue.
Thoughts of Self-harm		
<i>Symptom Description</i>	<i>Associated Symptoms</i>	<i>Why should we pay attention?</i>
<ul style="list-style-type: none"> • Sad, hopeless, or feel like a failure. • Out-of-control. • Extreme anxiety. 	<ul style="list-style-type: none"> • Thoughts of inflicting harm to the infant or hallucinations that aren't going away. 	<p>It could mean mom is experiencing:</p> <ul style="list-style-type: none"> • Postpartum Depression. • Postpartum Psychosis.

Go to the local emergency room and/or refer to the National Suicide Prevention Lifeline at 1-800-273-TALK (8255) for free and confidential emotional support

The Urgent Maternal Warning Signs (cont.)

See information below on 11 urgent symptoms that need to be addressed by healthcare providers. If a mom you are providing care to reports any of the below symptoms, encourage her to get medical care immediately. If you cannot reach your healthcare provider, go to the emergency room. Additional information and links can be found in Appendix A.

Dizziness/Fainting

- Dizziness and lightheadedness that's ongoing, or comes and goes over many days.
- Experiencing a gap in time of which she cannot remember.
- Dizziness or fainting may be:
 - Preeclampsia – a type of high blood pressure that happens during pregnancy.
 - A stroke.
 - Heart or lung problems.
 - Problems with blood sugar levels.
 - Bleeding, which can occur even if blood is not seen.



Headache



- Feels like the worst headache she has ever had.
- Starts suddenly with severe pain.
- Throbs and is on one side of the head above the ear.
- A severe headache that does not go away may be:
 - Preeclampsia – a type of high blood pressure that happens during pregnancy.
 - A migraine.
 - Rarely, a stroke or other brain problems.

Baby Moving Less

- You feel that your baby has stopped moving or your baby is moving less than before.
 - *There is no specific number of movements that is considered normal, a change in your baby's movement is what is important.*
- Stoppage or slowing of the baby's movements may be:
 - An infection in the uterus.
 - Not enough amniotic fluid.
 - Fetal distress.

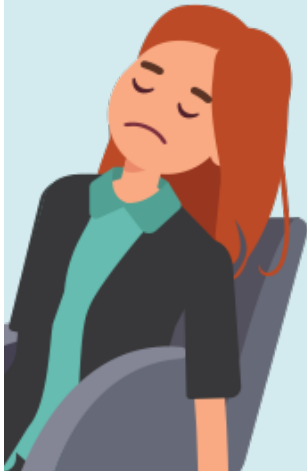


Swelling of the Hands or Face

- Swelling in hands that makes it hard to bend the fingers or wear rings.
- Swelling in the face that makes it hard to open the eyes all the way.
- Lips and mouth feel swollen or have a loss of feeling.
- If the swelling of the hands or face happens quickly and includes the wrists, it may be:
 - Preeclampsia – a type of high blood pressure that happens during or after pregnancy.



Extreme Tiredness



- Sudden weakness and tiredness, not like chronic fatigue.
- No matter how many hours of sleep she has, she does not feel refreshed.
- Feeling so tired that it is impossible to care for the baby.
- Extreme tiredness may be:
 - Heart disease.
 - Anemia—a low number of red blood cells.
 - Diabetes.
 - Depression.

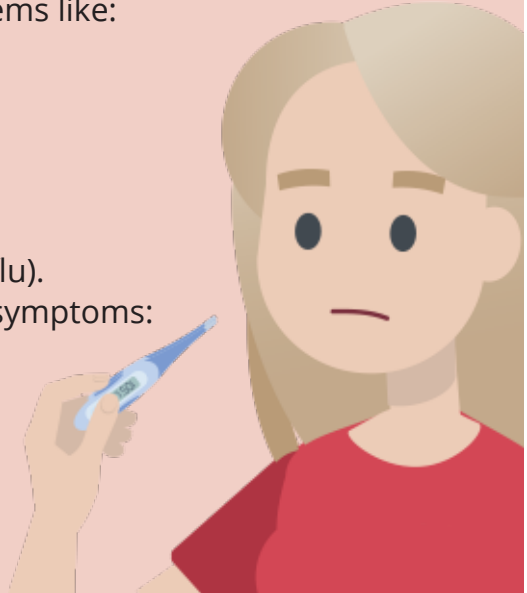
Eye Problems

- Seeing flashes of light or bright spots.
- Blind spots or brief loss or total sight.
- Blurry vision, unable to focus, or seeing double.
- Vision changes may be:
 - Preeclampsia – a type of high blood pressure that happens during or after pregnancy.
 - Stroke.



Fever of 100.4 Degrees F or Higher

- A fever may be a warning sign of other problems like:
 - An infection somewhere in the body.
 - Appendix, gall bladder, or bowel infection.
 - Kidney infection.
 - Uterine infection.
 - Infection in the lungs, (pneumonia or the flu).
- A fever is concerning if combined with other symptoms:
 - Diarrhea, nausea, or vomiting.
 - Severe belly pain.
 - Severe back pain.
 - Trouble urinating or changes in urination.
 - Vaginal discharge that smells bad.



Throwing Up (not like morning sickness)



- Feeling severely sick to the stomach, beyond the normal queasy feeling and throwing up that many mothers experience in early pregnancy.
- Unable to drink for more than 8 hours, and unable to eat for more than 24 hours.
- Dry mouth.
- Headaches.
- Confusion.
- Fever.
- Dizziness or lightheadedness.
 - Severely throwing up may be a warning sign of other problems like:
 - a) A viral infection.
 - b) Problems with the liver or pancreas.
 - c) Food poisoning.

Pain in the belly that does not go away

- Sharp, stabbing, or cramp-like belly pain that doesn't go away.
- Severe belly pain that starts suddenly, and gets worse over time.
- Severe chest, shoulder, or back pain.
- Pain in the belly that does not go away may be:
 - A placental abruption – when the placenta separates from the wall of the uterus before birth.
 - Preeclampsia.
 - HELLP Syndrome – a condition of pregnancy that affects the blood and liver.



Swelling, Redness, or Pain in the Leg



- Swelling, pain, or tenderness in the leg, usually the calf or in one leg:
 - It may or may not hurt when touched.
 - It may hurt when flexing the foot to stand or walk.
 - The painful area can also be red, swollen, and warm to touch.
- There also may be pain, tenderness, or swelling in the arm usually on one side of the body.
- Swelling, pain, or redness may be:
 - A clot in the vein, which may travel to other parts of the body and cause other problems.
 - In the lungs, a pulmonary embolism that makes it harder to breathe.
 - In the brain, a stroke – the stoppage of blood and oxygen to the brain.

Bleeding Through One Pad/Hour During or After Pregnancy

- Any bleeding from the vagina that is more than spotting – like a period.
- Leaking fluid out of the vagina.
- Vaginal discharge that smells bad.
- Heavy bleeding – soaking through one or more pads in an hour.
- Passing blood clots bigger than an egg or you pass tissue.
- Heavy vaginal leaking or bleeding during or after pregnancy may be:
 - A hemorrhage – too much bleeding.
 - A retained placenta – part of the placenta remained in the uterus after birth.
 - Infection.
 - An unhealed vaginal repair site.
 - Placental abruption.
 - Breaking of your water.
- Tips for discussion:
 - Postpartum bleeding is normal, and is a normal part of discussion with healthcare professionals after birth.
 - The first day after mom gives birth bleeding will be more or the same as the period.
 - Over the next six weeks, bleeding should be less every day.
 - Issues with too much bleeding after birth usually occur within one day of birth, but can happen up to 12 weeks after having a baby.
 - It is important to ask questions about bleeding as it may be a warning sign for the serious issue of hemorrhage.
 - If mom answers Yes to the question, “Have you ever had to use one or more sanitary pads in an hour?”, or asks questions about bleeding after birth, let her know a serious problem with bleeding is rare, but it could not hurt to check in with her doctor.
- For more information about this warning sign, please visit the [AIM Urgent Maternal Warning Signs website](#).

Referrals

If you make a referral directly to a prenatal care provider on behalf of a mom who is experiencing any of these warning signs or symptoms, make sure you have a current signed Authorization to Release Information form (HEA 8019).

Follow established protocols for documentation of referrals and referral follow-up in OCHIDS.

Note: Call 911 immediately if a mother you are visiting reports any of the three critical symptoms below:

- Chest pain or a fast-beating heart.
- Trouble breathing.
- Thoughts of self-harm.

Appendix A

References

- Council on Patient Safety in Women's Health Care. (2020). *Urgent Maternal Warning Signs*. Retrieved from <https://safehealthcareforeverywoman.org/council/patient-safety-tools/urgent-maternal-signs/>
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Additional Resources for ODH Program Providers and Participants

Urgent Maternal Warning Sign	Additional Resources For ODH Program Providers and Participants	Link
Headache that won't go away or gets worse over time	Preeclampsia Foundation – Signs and Symptoms	www.preeclampsia.org/health-information/sign-symptoms
Dizziness or fainting	ACOG FAQ – Bleeding During Pregnancy Preeclampsia Foundation – Signs and Symptoms	www.acog.org/Patients/FAQs/Bleeding-During-Pregnancy www.preeclampsia.org/health-information/sign-symptoms
Mother has thoughts about hurting herself or her baby	APA – Postpartum Depression Postpartum Support International Helpline National Suicide Prevention Lifeline	www.apa.org/pi/women/resources/reports/postpartum-depression www.postpartum.net suicidepreventionlifeline.org
Changes in vision	Preeclampsia Foundation – Signs and Symptoms	www.preeclampsia.org/health-information/sign-symptoms
Fever	Sepsis Alliance – Pregnancy and Childbirth	www.sepsis.org/sepsisand/pregnancy-childbirth/
Trouble breathing	ACOG FAQ - Preeclampsia and High Blood Pressure During Pregnancy AHA - Peripartum Cardiomyopathy	www.acog.org/Patients/FAQs/Preeclampsia-and-High-Blood-Pressure-During-Pregnancy www.heart.org/en/health-topics/cardiomyopathy/what-is-cardiomyopathy-in-adults/peripartum-cardiomyopathy-ppcm
Chest pain or fast-beating heart	AHA - Peripartum Cardiomyopathy	www.heart.org/en/health-topics/cardiomyopathy/what-is-cardiomyopathy-in-adults/peripartum-cardiomyopathy-ppcm
Severe belly pain that doesn't go away	Preeclampsia Foundation Signs and Symptoms What is HELLP Syndrome?	www.preeclampsia.org/health-information/sign-symptoms www.preeclampsia.org/health-information/hellp-syndrome

Severe nausea and throwing up (not like morning sickness)	What is HELLP Syndrome? ACOG FAQ - Nausea and Vomiting of Pregnancy	www.preeclampsia.org/health-information/hellp-syndrome www.acog.org/Patients/FAQs/Morning-Sickness-Nausea-and-Vomiting-of-Pregnancy?IsMobileSet=false
Baby's movements stopping or slowing during pregnancy	Count the Kicks Reduced Fetal Movement Informational Leaflet	www.countthekicks.org www.tommys.org/sites/default/files/RFM%20leaflet%20Mar%202019_3.pdf
Vaginal bleeding or fluid leaking during or after pregnancy	ACOG FAQ – Bleeding During Pregnancy March of Dimes Postpartum Hemorrhage	www.acog.org/Patients/FAQs/Bleeding-During-Pregnancy www.marchofdimes.org/pregnancy/postpartum-hemorrhage.aspx
Swelling, redness, or pain of the leg anytime during pregnancy or up to 6 weeks after birth	CDC - Venous Thromboembolism (Blood Clots)	www.cdc.gov/ncbddd/dvt/features/blood-clots-pregnant-women.html
Swelling of the hands or face	ACOG FAQ - Preeclampsia and High Blood Pressure During Pregnancy Preeclampsia Foundation Signs and Symptoms	www.acog.org/Patients/FAQs/Preeclampsia-and-High-Blood-Pressure-During-Pregnancy www.preeclampsia.org/health-information/sign-symptoms
Overwhelming tiredness	AHA - Peripartum Cardiomyopathy APA – Postpartum Depression National Suicide Prevention Lifeline Postpartum Support International Helpline	www.heart.org/en/health-topics/cardiomyopathy/what-is-cardiomyopathy-in-adults/peripartum-cardiomyopathy-ppcm www.apa.org/pi/women/resources/reports/postpartum-depression 1. National Suicide Prevention Lifeline : 1-800-273-8255 a) Nacional de Prevención del Suicidio : 1-888-628-9454 (En Español) b) For Deaf & Hard of Hearing : Lifeline Chat 2. Postpartum Support International Helpline : 1-800-944-4773 (#1 En Español or #2 In English)