[INSERT AGENCY NAME AND LOGO]

**FAMILY PLANNING PROGRAM POLICY AND PROTOCOL**

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| **Prevention, Detection, and Control of High Blood Pressure**High blood pressure includes both elevated blood pressure and hypertension. Elevated blood pressure is defined as a systolic blood pressure (SBP) of 120–129 or a diastolic blood pressure (DBP) less than 80. Hypertension is defined as a SBP greater than or equal to 130 or a DBP greater than or equal to 80.The*Providing Quality Family Planning Services: Recommendations from the Centers for Disease Control and Prevention and the U.S. Office of Population Affairs* (QFP) states that: 1. **Blood pressure should be taken before initiating the use of combined hormonal contraception** (pg. 11). In cases in which access to health care might be limited, the blood pressure measurement can be obtained by the woman in a nonclinical setting (e.g., pharmacy

or fire station) and self-reported to the provider (pg. 12).1. **For female and male clients, providers should screen for hypertension** in accordance with the U.S. Preventive Services Task Force (USPSTF) recommendation (Grade A) that blood pressure be measured routinely among adults and the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure's recommendation that persons with blood pressure less than 120/80 be screened every 2 years, and every year if prehypertensive (i.e., blood pressure 120–139/80–89) [sic]. Providers also may follow the American Academy of Pediatrics (AAP) recommendation that adolescents receive annual blood pressure screening. For female and male clients, providers should follow the USPSTF recommendation (Grade B) to screen for type 2 diabetes in asymptomatic adults with sustained blood pressure (either treated or untreated) >135/80 mmHg (pg. 17).\*

\*The sample policies below reflect the latest national guidelines.  |
| **Policy Title** | **Prevention, Detection, and Control of High Blood Pressure** |
| **Effective Date** |   |
| **Revision Dates** |   |
| **Review Due Date** |   |
| **References** | Providing Quality Family Planning Services: Recommendations from the Centers for Disease Control and Prevention and the U.S. Office of Population Affairs (QFP) <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6304a1.htm?s_cid=rr6304a1_w>U.S. Preventive Services Task Force (USPSTF) Final Recommendation Statement, High Blood Pressure in Adults: Screening (2021) <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/hypertension-in-adults-screening> American Heart Association (AHA) Highlights from the 2017 Guideline for the Prevention, Detection, Evaluation and Management of High Blood Pressure in Adults <https://targetbp.org/tools_downloads/hypertension-highlights/>American Academy of Pediatrics (AAP) Clinical Practice Guideline for Screening and Management of High Blood Pressure in Children and Adolescents <https://pediatrics.aappublications.org/content/pediatrics/140/3/e20171904.full.pdf>Procedures for Office BP Measurement <https://cardi-oh.org/assets/CARDI-OH-Procedures-for-Office-BP-Measurement.pdf> AHA Hypertension Guideline Resources<https://www.heart.org/en/health-topics/high-blood-pressure/high-blood-pressure-toolkit-resources> Centers for Disease Control and Prevention (CDC) U.S. Medical Eligibility for Contraceptive Use, 2016<https://www.cdc.gov/reproductivehealth/contraception/mmwr/mec/summary.html> ACC/AHA/AAPA/ABC/ACPM/AGS/APhA/ASH/ASPC/NMA/PCNA Guideline for the Prevention, Detection, Evaluation, and Management of High Blood Pressure in Adults<https://www.ahajournals.org/doi/epub/10.1161/HYP.0000000000000065> Kaiser Permanente Adult Blood Pressure Clinical Practice Guidelines<http://kpcmi.org/files/blood-pressure-clinician-guide-kpcmi.pdf> ACOG Committee Opinion No. 762: Prepregnancy Counseling<https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2019/01/prepregnancy-counseling> The Surgeon General’s Call to Action to Improve Maternal Health <https://www.hhs.gov/sites/default/files/call-to-action-maternal-health.pdf> |
| **Approved by Signature** |   |
| **Approved Date** |   |

**Purpose:** The purpose of this policy is to describe the ***(insert Agency Name)*** process for integrating blood pressure prevention, detection, and control into family planning services (related to contraception and preconception health services) to improve the health of clients and their potential future pregnancies.

**Policy:** *[Agency may want to include the following]*

* **Procedure to screen for high blood pressure (SBP greater than or equal to 120 or DBP greater than or equal to 80)**

*For example:*

* + Routinely measure the blood pressure of adult clients.
	+ Among clients with SBP less than 120 and DBP less than 80, screen for high blood pressure yearly and encourage a healthy lifestyle to maintain a normal blood pressure.
	+ Among clients with a SBP of 120–129 and a DBP less than 80, recommend healthy lifestyle changes and re-screen for high blood pressure in 3–6 months.
	+ Screen adolescents for high blood pressure every year.

*Sources:*

* [AHA Highlights from the 2017 Guideline For the Prevention, Detection, Evaluation and Management of High Blood Pressure in Adults](https://targetbp.org/tools_downloads/hypertension-highlights/)
* [AAP Clinical Practice Guideline for Screening and Management of High Blood Pressure in Children and Adolescents](https://pediatrics.aappublications.org/content/pediatrics/140/3/e20171904.full.pdf)
* **Procedure to obtain, document, and communicate accurate blood pressure measurement**

*For example:*

* Before obtaining a blood pressure measurement:
	+ Make sure the client avoids caffeinated beverages and smoking for at least 30 minutes.
	+ Have the client sit calmly for five minutes with back supported and feet flat on the floor.
* While obtaining a blood pressure measurement:
	+ Use the appropriate cuff size. Make sure the inflatable part is long enough to encircle at least 80% of the client’s arm and wide enough to encircle 40% of the arm at midpoint. When in doubt, select the larger size.
	+ Ensure the client’s arm is bare (or apply the BP cuff over a smoothly rolled-up sleeve, provided there is no tourniquet effect).
	+ Wrap the BP cuff snugly around the bare upper arm. Make sure the lower edge of the cuff is just above the bend of the client’s elbow and the midline of the bladder is over their brachial artery pulsation.
	+ Ensure the dial or display is clearly visible and facing you.
	+ Support the client’s arm on a firm surface at heart level, slightly flexed at the elbow.
	+ Pause any conversation.
* After obtaining a blood pressure measurement:
	+ Measure and record to the nearest 2 mm Hg (do not round up or down). If the client’s SBP is greater than or equal to 130 or DBP greater than or equal to 80, repeat the blood pressure measurement in 5 minutes. Consider the average of the two readings as the client’s blood pressure.
	+ Verbally share the reading with the client and explain if it is normal or abnormal.
	+ Document the SBP, DBP, and pulse in the client record.
	+ Follow agency protocol for alerting the provider about a SBP greater than or equal to 120 or DBP greater than or equal to 80.

 *Sources:*

* [Procedures for Office BP Measurement](https://cardi-oh.org/assets/CARDI-OH-Procedures-for-Office-BP-Measurement.pdf)
* [AHA Hypertension Guideline Resources](https://www.heart.org/en/health-topics/high-blood-pressure/high-blood-pressure-toolkit-resources)
* **Procedure to determine medical eligibility for contraceptive use based on the client’s blood pressure.**

*For example:*

* Always screen for high blood pressure before initiating combined hormonal contraceptives (CHC).
* Category 4 risk conditions include: 1) having severe hypertension (SBP greater than or equal to 160 or DBP greater than or equal to 100), and 2) having vascular disease. Clients with Category 4 risk conditions should not use CHCs.
* Category 3 risk conditions include: 1) having adequately controlled hypertension, and 2) having hypertension with a SBP of 140–159 or a DBP of 90–99. For clients with Category 3 risk conditions, the theoretical or proven risks of CHCs usually outweigh the benefits.
* Counsel all clients who seek to avoid pregnancy about the range of contraceptive options for which they are medically eligible and support them in immediately selecting and initiating a method that aligns with their values and preferences.

 *Sources:*

* [CDC U.S. Medical Eligibility Criteria for Contraceptive Use](https://www.cdc.gov/reproductivehealth/contraception/mmwr/mec/summary.html)
* **Procedure to diagnose and evaluate hypertension**

*For example:*

* Measure the client’s blood pressure. If the client’s SBP is greater than or equal to 120 or DBP is greater than or equal to 80, repeat the blood pressure measurement in 5 minutes. Consider the average of the two readings as the client’s blood pressure.
	+ If the averaged SBP is less than 130 and the averaged DBP is less than 80 and masked hypertension is suspected, consider self-measured blood pressure (SMBP) to inform the diagnosis.
	+ If the averaged SBP is greater than or equal to 130 or the averaged DBP is greater than or equal to 80, continue the visit and plan to repeat the measurement in 1–4 weeks. In 1–4 weeks, if the average of two blood pressure readings taken 5 minutes apart includes a SBP greater than or equal to 130 or a DBP greater than or equal to 80, the client meets the criteria for hypertension. To understand the client’s condition and inform a treatment regimen, conduct an evaluation that includes:
		- Taking a history
		- Assessing the client’s risk factors and comorbidities
		- Identifying underlying causes of hypertension, if they exist
		- Performing a physical examination
		- Assessing for the presence of target organ damage
		- Obtaining lab tests, such as a comprehensive metabolic panel, complete blood count, lipid profile, thyroid-stimulating hormone, urinalysis, and/or electrocardiogram (EKG)

*Sources:*

* [ACC/AHA/AAPA/ABC/ACPM/AGS/APhA/ASH/ASPC/NMA/PCNA Guideline for the Prevention, Detection, Evaluation, and Management of High Blood Pressure in Adults](https://www.ahajournals.org/doi/epub/10.1161/HYP.0000000000000065)
* [Kaiser Permanente Adult Blood Pressure Clinical Practice Guidelines](http://kpcmi.org/files/blood-pressure-clinician-guide-kpcmi.pdf)
* **Procedure for non-pharmacologic and pharmacologic treatment of hypertension**

*For example:*

Non-pharmacologic treatment

* For clients with high blood pressure (including elevated blood pressure or hypertension), work with them to determine a blood pressure goal. (The optimal goal for most clients is a SBP less than 130 and a DBP less than 90, but use clinical judgment and/or client preferences to set a less stringent goal, if appropriate.)
* Prescribe healthy living recommendations to help them reach their blood pressure goal.
* Healthy living recommendations include working toward a healthy weight; eating a healthy diet with fruits, vegetables, and whole grains, and low in sodium and saturated fat; being physically active; quitting smoking; limiting alcohol intake; and getting high-quality sleep.

Pharmacologic treatment

* For clients with high blood pressure, work with them to determine a blood pressure goal. (The optimal goal for most clients is a SBP less than 130 and a DBP less than 90, but use clinical judgment and/or client preferences to set a less stringent goal, if appropriate.)
* Consider single pill combination therapy with lisinopril-hydrochlorothiazide as initial therapy in adults.
* In Black/African-American adults without heart failure or chronic kidney disease, consider a thiazide-type diuretic or calcium channel blocker (CCB) as initial treatment.
* If the client does not reach their blood pressure goal within a month of treatment, consider increasing the dose of the initial drug or adding a second drug from one of these classes:
	+ thiazide-type diuretic
	+ angiotensin-converting enzyme inhibitor (ACEI)
	+ angiotensin receptor blocker (ARB)
	+ CCB
* Continually assess blood pressure and adjust the treatment regimen until the client reaches their blood pressure goal.
* If the client cannot reach their blood pressure goal with their initial therapy, consider referring them to a hypertension specialist.
* Simultaneous use of an ACEI, ARB, and/or direct renin inhibitor may be harmful and is not recommended.

Treatment for clients who are or who may become pregnant

* Half of all pregnancies are unplanned. Do not prescribe medications contraindicated in pregnancy (including ACEIs, ARBs, and direct renin inhibitors) to women who are pregnant or who may become pregnant, unless there is a compelling indication.
* For clients with hypertension who are pregnant or who may become pregnant, treat hypertension with methyldopa, nifedipine, and/or labetalol.
* For clients with hypertension on a medication contraindicated in pregnancy, discuss practicing contraceptive measures with extremely low failure rates (e.g., sterilization, implant, or intrauterine device) to lower the likelihood of becoming pregnant.
* Advise all women with hypertension to contact their provider immediately if they become pregnant.
* For clients with hypertension on a medication contraindicated in pregnancy who become pregnant, discuss potential risks to the fetus.
* Ensure pregnant clients with hypertension receive care from a clinician equipped to manage hypertension in pregnancy.

*Sources:*

* [AHA Highlights from the 2017 Guideline for the Prevention, Detection, Evaluation and Management of High Blood Pressure in Adults](https://targetbp.org/tools_downloads/hypertension-highlights/)
* [Kaiser Permanente Adult Blood Pressure Clinical Practice Guidelines](http://kpcmi.org/files/blood-pressure-clinician-guide-kpcmi.pdf)
* **Procedure to refer for hypertension-related services**

*For example:*

* If a client cannot reach their blood pressure goal using the initial therapy, consider referring them to a hypertension specialist.
* Consider referring clients for social and ancillary services that may support their ability to follow healthy lifestyle recommendations [e.g., child care agencies, transportation providers, Supplemental Nutrition Assistance Program (SNAP)].
* If a client with high blood pressure is currently pregnant or has been pregnant within the past twelve months, consider expeditious referral for emergency care and/or to an obstetric specialist.

 *Sources:*

* [Kaiser Permanente Adult Blood Pressure Clinical Practice Guidelines](http://kpcmi.org/files/blood-pressure-clinician-guide-kpcmi.pdf)
* [ACC/AHA/AAPA/ABC/ACPM/AGS/APhA/ASH/ASPC/NMA/PCNA Guideline for the Prevention, Detection, Evaluation, and Management of High Blood Pressure in Adults](https://www.ahajournals.org/doi/epub/10.1161/HYP.0000000000000065)
* [The Surgeon General's Call to Action to Improve Maternal Health](https://www.hhs.gov/sites/default/files/call-to-action-maternal-health.pdf)
* **Procedure to incorporate blood pressure screening and hypertension prevention and management into preconception health services**

*For example:*

* Measure, interpret, and document blood pressure according to clinical protocols.
* Screen for modifiable risk factors for hypertension.
* Assess the use of hypertension medications contraindicated in pregnancy.
* Screen for a history of adverse pregnancy outcomes.
* Advise clients with hypertension to contact their provider immediately if they become pregnant.

*Sources:*

* [ACOG Committee Opinion No. 762: Prepregnancy Counseling](https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2019/01/prepregnancy-counseling)

**Procedure:** *[Agency may want to include the following]*

* How and where staff are notified about this policy will be documented (e.g., statement signed by employee, staff circulars, training records, orientation checklist, etc.) at the grantee, subrecipient, and service site levels.
* Grantee’s process for monitoring subrecipients and service sites to ensure compliance with this requirement.
* How staff will be trained and updated on the components of and changes to this policy.
* How staff can access this policy (location of paper/electronic version(s)).