

# OB/GYN: Assessing an Alternative to Routine Urinalysis in Prenatal Care

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## Introduction/Problem

Urine testing for proteinuria is routine practice in prenatal care, traditionally done at each visit. The focus of such testing is identifying the pregnancy complications of preeclampsia and urinary tract infection. New hypertension is a necessary clinical finding of gestational hypertension and preeclampsia and proteinuria is not a required clinical finding. Patient with cystitis often have clinical symptoms. Routine urine assessment is cumbersome and time consuming for medical staff. The clinical value of routine urine testing is questionable and alternatively an approach that uses clinical criteria to decide on this testing would be advantageous.

## Aim/Goal

Increase clinical efficiency, decrease staff work load and maintain clinical performance by eliminating routine urine testing and alternatively perform this assessment based on specific clinical criteria. Urinalysis in conjunction with clinical findings of hypertension, cystitis symptoms or provider discretion adds to the clinical assessment and makes this assessment more meaningful.

Assess the impact on clinical care of patients with hypertension disorders in pregnancy.

## The Team

- Shonda Ettienne, MA, Clinical Coordinator
- Marty Florance, RN, CNIV
- Aisling Lydeard, NP, Nursing Director
- Mary M. Herlihy, MD, Medical Director

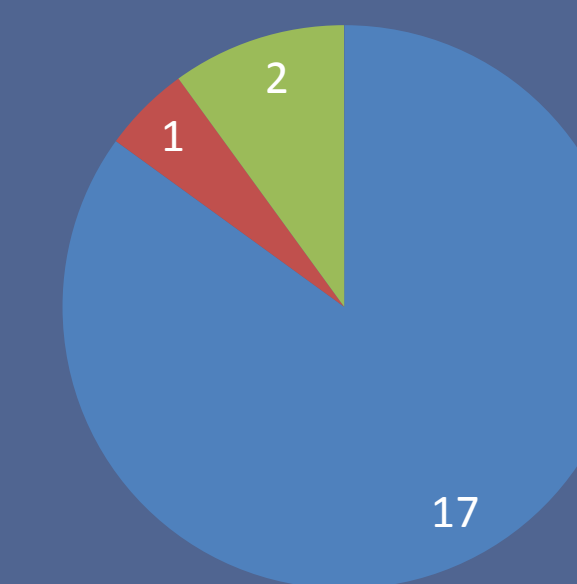
## The Interventions

- Assess staff work and cost of urinalysis in time and supplies with routine testing.
- Establish clinical criteria for urinalysis testing at prenatal visit from generalist ob-gyn group consensus.
- After first obstetric visit, urinalysis done based on clinical parameters: Hypertension 130/90; symptoms of cystitis, or provider discretion.
- Review diagnosis of gestational hypertension and preeclampsia in practice population during pilot time and clinic performance of appropriate urinalysis.

## Results/Progress To Date

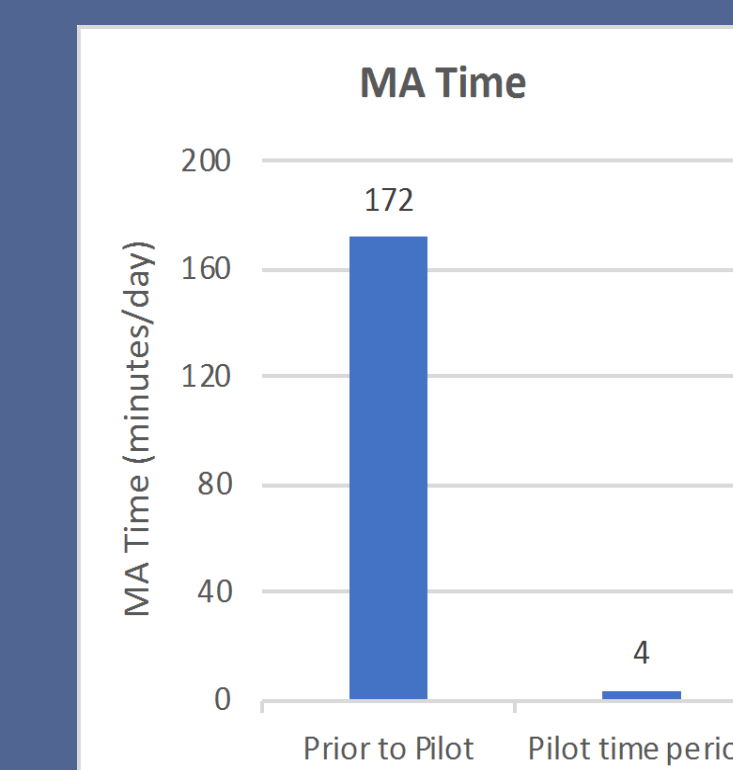
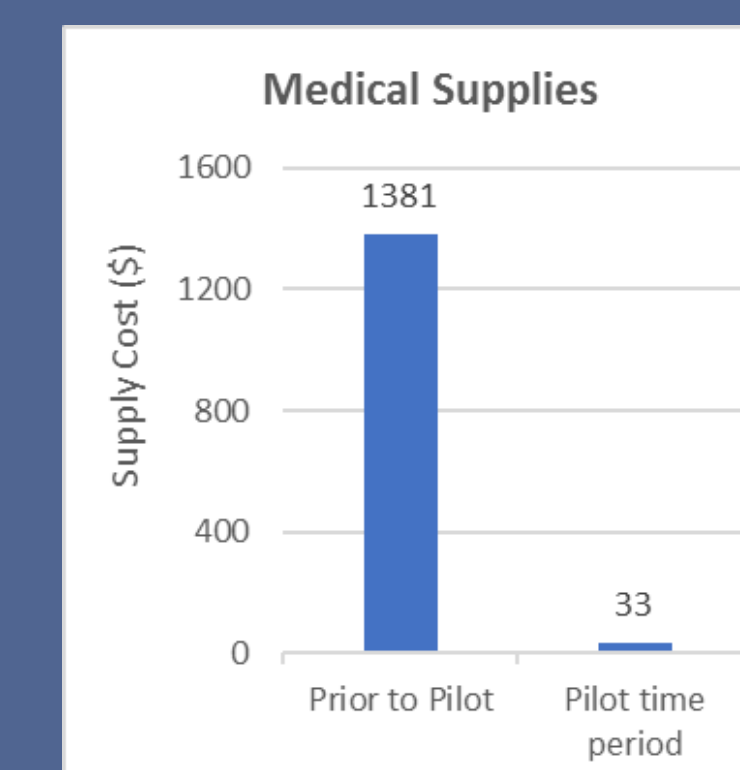
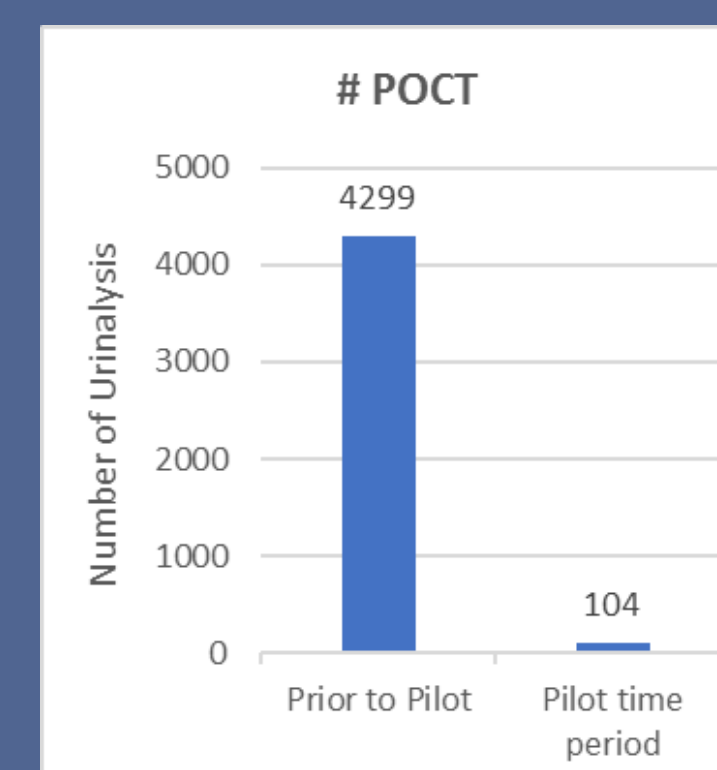
### Patients identified with HTN or PreEclampsia at delivery

Clinical Outcomes: 19 of 20 patients had appropriate evaluation based on established clinical parameters. One missed opportunity for evaluation of elevated blood pressure.



- Elevated BP at visit that triggered evaluation
- Elevated BP at visit with no evaluation
- Normal BP at visit

### Savings in Pilot Approach- >97% Reduction in cost of supplies and staff time



## Lessons Learned

- Targeted urinalysis based on clinical parameters did not adversely impact clinical care.
- Benefits of change in practice had impact in cost savings of medical supplies and reduction of medical staff's time.

## Next Steps

- Implement standard practice of urinalysis in prenatal care based on clinical parameters established in this pilot.
- Educate patients and providers regarding benefits of change in practice standard.

**For more information, contact:**

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