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Practice Summary & Implementation Guidance

The Cuff Kit Program: Making Self-Monitored Blood Pressure Accessible for All Pregnant and Postpartum Mothers

The Cuff Kit Program enables home blood pressure monitoring to enhance obstetric care and more actively engage mothers in their own prenatal and postpartum healthcare. The kits include validated automatic blood pressure measurement devices and patient education materials (print, online and video) that simply explain how to take accurate blood pressure readings and the importance of doing so during pregnancy and beyond. We have priced these for quick turnaround bulk shipment to participating healthcare providers and are also collecting and reporting data to demonstrate the efficacy of home blood pressure monitoring.
Brought to you by the Preeclampsia Foundation.

Cutting-Edge | **Emerging** | Promising | Best

Location	Topic Area	Setting
National	Health Screening/Promotion	Clinical

Population Focus	NPM	Date Added
Women/Maternal Health	NPM 1: Well-Woman Visit, NPM 3: Risk-Appropriate Perinatal Care	October 2020

Contact Information

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Section 1: Practice Summary

PRACTICE DESCRIPTION

As many as one in twelve pregnancies is affected by hypertension in its most dangerous form – preeclampsia. In some regions of the country 15-20% of pregnancies are affected. It is the second leading cause of maternal mortality worldwide and may lead to serious maternal complications, including stroke, eclampsia, and organ failure. Adverse perinatal outcomes for the fetus and newborn include intrauterine growth restriction, low birth weight, and stillbirth. Many of the complications associated with preeclampsia lead to early induction of labor or cesarean delivery and subsequent preterm birth.[USPSTF, JAMA, 2017] Further, it disproportionately affects black and native American women, both in prevalence and worse outcomes.[Johnson JD, 2020]]

The COVID-19 crisis has affected prenatal and postpartum obstetrics care, rapidly moving in-person visits to telehealth, and often eliminating recommended one-week postpartum visits, even for preeclampsia survivors and those at high risk for hypertensive disorders of pregnancy [Madden N, 2020]. This means that the recommended blood pressure (BP) and proteinuria assessments, and a review of signs and symptoms are hampered or missing for thousands of women each day [ACOG 2013, USPSTF 2018].

The purpose of The Cuff Kit Program is to enable accurate self-monitored blood pressure (SMBP) among pregnant and postpartum mothers at highest risk for hypertensive disorders of pregnancy and to ensure their blood pressure measurements are accessible to their healthcare providers for care management. The goal of this emerging practice is to improve self-efficacy among a vulnerable population by educating about the importance of blood pressure screening during and after pregnancy and by providing the tools to conduct these measurements at home, leading to improved health outcomes.

Of course, SMBP became increasingly important during the COVID-19 pandemic due to the increased dependence on telehealth for routine prenatal and postpartum healthcare visits. However, even post-pandemic we anticipate an ongoing desire by both providers and patients to monitor blood pressure at home, particularly as the rate of preeclampsia and hypertensive disorders is rising.

The Cuff Kit includes a validated automatic blood pressure measuring device, especially created patient education materials about hypertension in pregnancy and how to accurately take your own blood pressure (print, video and online) in both English and Spanish, BP tracking logs, and a rubber "still at risk" bracelet for postpartum use, for distribution to patients via their healthcare providers. Participating healthcare providers include OB/GYNs in hospital and clinic settings, community health centers, Federally Qualified Health Centers, public health clinics, and nurse home-visiting programs. The key patient population for the Cuff Kit Program include those with individual risk factors (i.e., chronic hypertension, history of preeclampsia, obesity, age (35+), autoimmune disorders) and

population-level risk factors (i.e., being Black American, Native American or living in a rural area) and who may not be able to purchase a device, either because of cost or availability.

Providers participating in the Cuff Kit Program agree to provide follow up data about patient use of the Cuff Kit and the impact of patients' blood pressure logs on provision of care. In addition, end users (patients) provide feedback via a stamped self-addressed postcard with 5 survey questions included in each Cuff Kit.

CORE COMPONENTS & PRACTICE ACTIVITES

The goal of our practice was to increase self-monitored blood pressure among pregnant and postpartum mothers at highest risk for hypertensive disorders of pregnancy and to ensure their blood pressure measurements were accessible to their healthcare providers for care management. We did this by creating the Cuff Kit and working with our vast network of providers and funders to mobilize quickly in the face of a rapidly evolving COVID pandemic. The constraints of this pandemic forced many in-person healthcare visits – particularly obstetric prenatal and postpartum visits – to switch to remote visits using telehealth technologies. To prepare the Cuff Kit for distribution across many different kinds of sites and at various quantities, we sourced high volume validated blood pressure devices, created and printed special patient education materials and blood pressure tracking logs for distribution to patients via their healthcare providers, and established a rapid fulfillment and distribution process through a local mail house.

Participating healthcare providers have included community health centers, OB/GYNs in hospital and clinic settings, and nurse home visiting programs. The key patient population are women at highest risk for developing preeclampsia and other hypertensive disorders of pregnancy (e.g., obesity, diabetes, chronic hypertension, Black or American Indian, autoimmune disorders, history of preeclampsia in family or previous pregnancy, etc.) who may not be able to purchase a device, either because of cost or availability. Participating providers must report data including demographics of the patients who received the Cuff Kits, patient use of the Cuff Kit tracking logs, and the impact of patients' blood pressure logs on provision of care. Participating patients are offered the opportunity to complete 5 survey questions and return a postage paid self-addressed postcard that is included in each Cuff Kit. In addition, we conduct a monthly online discussion with existing and prospective program participants to report aggregated data, exchange feedback, answer questions, troubleshoot problems and share successes.

Cuff Kit Program implementers must be able to:

- Readily communicate with participating patients. The communication channels may be as simple as a phone call or text message to more advanced video conference capabilities. Patients must have a way and know who to contact to quickly report any high blood pressure readings, outside of any scheduled appointments.
- Prioritize distribution to highest risk, especially vulnerable women with lower ability to procure their own BP cuff. Individual risk factors include chronic hypertension, history of preeclampsia,

obesity, age (35+), autoimmune disorders; as well as population-level risk factors such as black, Native American, or rural women.

- Commit to provide feedback via an online survey on a quarterly basis to help assess the impact of this initiative, which consists of 6 questions to be completed per participating provider. See list of questions in supporting documents.

Core Components & Practice Activities

Core Component	Activities	Operational Details
Assessment	Determine 6-12 month need for Cuff Kits and how many would be upper arm vs. wrist cuffs	Based on current patient population and historical data for predicted need determine total number. Arm vs. wrist is determined by BMI (i.e., obese women with an upper arm circumference of greater than 17 inches will need the wrist cuff).
Procurement	Complete Order Form, sign provider agreement, and pay invoice for Cuff Kits from Preeclampsia Foundation	Participating provider must sign agreement which specifies commitment to submit quarterly usage data and to prioritize highest risk women. Invoice will be provided based on how many upper arm vs wrist devices are needed. Payment must be received by the Preeclampsia Foundation before kits are shipped.
Distribution	Prioritize distribution to highest risk women and implement tracking and data collection system	Determine whether devices can be picked up, delivered, or shipped. Track distributions determine where and how this information will be stored.
Staff Training	Ensure all providers understand who receives Cuff Kits and how to demonstrate and instruct on usage	Internal communication is critical to the process. Share the risk criteria with all team members, familiarize them with the patient education material and resources included in the kit, review how to use the two different kinds of devices. Women with any of the following conditions should be given priority for receiving a Cuff Kit: chronic hypertension, history of preeclampsia, obesity, age (35+), autoimmune disorders; as well as

		population-level risk factors such as black, Native American, or rural women
Patient Education	Review education materials included in Cuff Kit with patients; provide patients who don't receive a Cuff Kit with link to online information (www.preeclampsia.org/blood-pressure)	Patient education materials accompany the equipment and should be reviewed with the patient along with a demonstration of how to use the BP device. The educational packet includes evidence-based materials in English and Spanish [You 2012], easy to understand infographics and connection to video tutorials and additional supporting materials. 1. Welcome Letter 2. Blood Pressure Log 3. URL for "How to take your blood pressure" video 4. Preeclampsia signs/symptoms infographic 5. Postpartum preeclampsia signs/symptoms infographic 6. Postpartum "Still At Risk" bracelet Encourage patient feedback via the included postage-paid postcard or by linking directly to an online survey
Reporting	Collect demographic and usage data and report on a quarterly basis via survey link provided by Preeclampsia Foundation	Set up system for collecting required data, determine how and where it will be stored, educate staff. Set up responsible party and schedule for reporting quarterly data to the Foundation.
Communications (optional)	Participate in monthly Cuff Kit Connection online discussions	Implementers will have an opportunity to troubleshoot problems, share best practices and support others looking to implement Cuff Kit Connection. Meeting is also used for PF staff to present aggregated raw data collected quarterly across the country.

HEALTH EQUITY

Black and American Indian women are disproportionately affected by hypertensive disorders of pregnancy. They are at higher risk of developing preeclampsia and they have a higher rate of maternal mortality and morbidity from hypertensive disorders of pregnancy. The come into their pregnancies with higher rates of chronic hypertension, increasing their risk of developing preeclampsia. Their postpartum hypertension does not resolve as quickly as their white counterparts. The Cuff Kit program ensures that participating providers can prioritize distribution to women in these racial/ethnic groups, particularly those who may not be able to procure their own blood pressure devices, to improve their self-efficacy regarding their personal health and empower their contribution to the patient-provider relationship. Those who can purchase their own devices are supported with patient education materials available at www.preeclampsia.org/blood-pressure. Data collected from providers includes demographic data so that results can be disaggregated to evaluate impact of the program amongst various populations. Early indicators demonstrate that indeed the program is enriched with high numbers of black and Native American women participating.

EVIDENCE OF EFFECTIVENESS

The practice was launched in June 2020 with only two quarters of results reported from the earliest distributors of the Cuff Kit. Out of 846 Cuff Kits distributed to patients (out of almost 9,000 that have been shipped to providers), we are encouraged by several early indicators:

1) **Racial/ethnic distribution is close to what we had expected and hoped for**:
   - 34% have gone to Black high risk patients
   - 23% have gone to Hispanic/Latina high risk patients
   - 12% have gone to Native American high risk patients
   - 29% have gone to White high risk patients

2) **Most patients are taking their blood pressure and keeping logs**
   - 33% of providers report that *more than half* of their patients are presenting their BP logs
   - 21% of providers report that *about half* their patients are presenting BP logs
   - 21% of providers report that *fewer than half* of their patients are presenting BP logs
   - 10% of providers report that none of their patients are presenting their BP logs

3) **Most providers are finding the BP data significantly affects their patient care**
   - 47% of providers said it *significantly* informed or influenced patient care
   - 43% of providers said it *somewhat* informed or influenced patient care
   - 5% said it had no influence on patient care

Though not systematically analyzed yet, the open text field inviting optional responses from participating providers suggests that providers are enthusiastic, and their patients are starting to fully utilize this resource. Half of the 96 participating provider sites have reported zero challenges with implementing the program.

Section 2: Implementation Guidance

STAKEHOLDER EMPOWERMENT & COLLABORATION

We intentionally created the program to appeal to a variety of healthcare providers and settings who see pregnant and postpartum women, and continually seek input from them to refine the program and facilitate provider implementation strategies. BIPOC providers (specifically in Navajo Nation) were specifically consulted in the development of policies and study design to determine provider feasibility of distribution and data collection. Our patient advisory council (PAC), who was consulted in the development of this program all have lived experiences. The council is made up of 10 women who represent all regions of the United States. The PAC is comprised of 4 White members, 4 Black members, one Hispanic member and one Asian / Pacific Islander. A diverse group of women were consulted to determine readability and cultural sensitivity of patient education materials.

A monthly online discussion is held, the Cuff Kit Connection, that brings together existing and prospective participating providers to ask questions, troubleshoot problems, report experiences and successes. Every three months, we report the last quarter's provider-reported and patient-reported data to the participants. Anywhere from 15-25 people participate in this call every month.

In addition, we have a program coordinator who answers any operational questions and a program evaluator who specifically reaches out to collect the data on a quarterly basis and ensures as close to 100% participation as possible. Administrative staff ensures effective vendor relations to maintain the supply chain and timely fulfillment and distribution.

Participating providers who have established effective workflows and processes have found it helpful to have a nurse educator who ensures consistent training of staff on how to distribute the Cuff Kits and reinforce the patient education.

REPLICATION

The program has been implemented by 96 different participating providers across 15 states to the following type of organizations. It began by addressing those areas hardest hit by the COVID-19 pandemic. The types of facilities who have implemented this program include:

- Federally Qualified Health Centers (FQHC)
- State Perinatal Quality Collaboratives as a central distributor to participating hospitals
- Medical Offices
- Hospitals (academic and community)

- Community Health Centers
- Home visiting programs (Nurse-Family Partnerships and Healthy Start)
- Public Health Departments
- Indian Health Services (Navajo Nation)

INTERNAL CAPACITY

Personnel Needed to Support the Program:

- Program lead or point of contact
- Clinical champion
- Care providers to identify at risk, low resource women and who will utilize the BP logs in their care of those women
- Nurse Educator – while not mandatory, it is helpful to have a trainer to ensure all healthcare staff are consistently demonstrating and teaching to patients when distributing the Cuff Kits
- Accounts payable department

Organizational structure and leadership:

- Leadership and clinical buy in (i.e., most successful programs have a physician champion)
- A system for distributing and tracking Cuff Kits (Google Docs, Excel, EMR, clipboard)
- Internal communication system for multi-facility or inpatient/outpatient care

Other internal capacities:

Technical ability to include Cuff Kit tracking and usage in the patients' Electronic Medical Record (EMR)

PRACTICE TIMELINE

The timeline for implementation varies based on the setting and the approach participating providers take. Some sites have implemented the program in as little as a few days after receiving the Cuff Kits and some have taken several months to establish their processes.

Phase: Planning/Pre-Implementation		
Activity Description	**Time Needed**	**Responsible Party**

PF receives inquiry	*N/A.*	Any
Implementer is sent an Order Form and a Provider Agreement Reviews criteria for participation; agrees to commitment	1-3 weeks	Administrative Assistant Implementation Director
PF receives order and shipping information; produces an invoice; secures payment	1 week	Administrative Assistant Accounting Manager
Forward request to mail house; fulfillment of order; drop ship to designated location(s)	1 week	Accounting Manager

Phase: Implementation		
Activity Description	**Time Needed**	**Responsible Party**
Deciding to Participate Staff education Develop a tracking a distribution system	2 weeks	Physician champion Practice Manager Executive Director
Determining quantity, including type of device	2 weeks	*N/A.*
Securing funding – internal or external	Immediate to 6 months	*N/A.*

Phase: Sustainability		
Activity Description	**Time Needed**	**Responsible Party**
Quarterly Reporting	1 hours	Participating provider(s)
Communication – provide feedback via Cuff Kit Connection monthly meeting	1 hour/month	PF Director of Education & Evaluation, CEO
Ability to Show Efficacy of Program (PF measurement and evaluation)	*N/A.*	PF Director of Education & Evaluation

PRACTICE COST

The most important cost factor is the number of patients you wish to serve with the Cuff Kit program. Budget below is for the minimum bulk order of 50.

Budget			
Activity/Item	**Brief Description**	**Quantity**	**Total**
Individual Kits	Either upper arm or wrist cuff kit including BP device, batteries, and all patient education materials.	$50/kit (min. 50)	$2,500
Personnel Costs	Personnel costs for implementation varies based on the setting and the approach participating providers take.	TBD	TBD
		Total Amount:	**$2,500**

LESSONS LEARNED

About half of the 96 implementing sites, to date, reported no challenges with practice implementation and about half of the sites reported some challenges. The sites that reported problems noted difficulties with remembering and tracking which patients received Cuff Kits. Some sites continue to report COVID-19 related challenges such as having physical limitations impacting distribution, patient related challenges including noncompliance in taking blood pressure, or remembering to bring logs to visits and patients losing cuffs after distribution. One site reported it is difficult getting data back from clinics when cuffs are distributed in hospital or OB triage setting. For some sites there is a disconnect between who/where Cuff Kits are distributed and the active healthcare professional who provides the patient care. And finally, some program coordinators have expressed difficulty getting the data from participating providers.

Potential solutions:

- One of the best solutions recommended by some of our sites include bar coding and incorporating Cuff Kit assignments into patients' EMR;
- Staff education about how the program works;
- Standardizing data collection processes, using EMRs, Google Docs, Excel; sign out sheets on clipboards; and other technology to track who gets the cuff and how/where the provider reports usage of the cuff;
- Coordinate with state's Hypertension in pregnancy initiatives (bundles) to drive enthusiasm and broader support.

We are continuing to monitor solutions from the field and will report best practices as they are developed. For more information, please contact Jennifer.Sea@preeclampsia.

NEXT STEPS

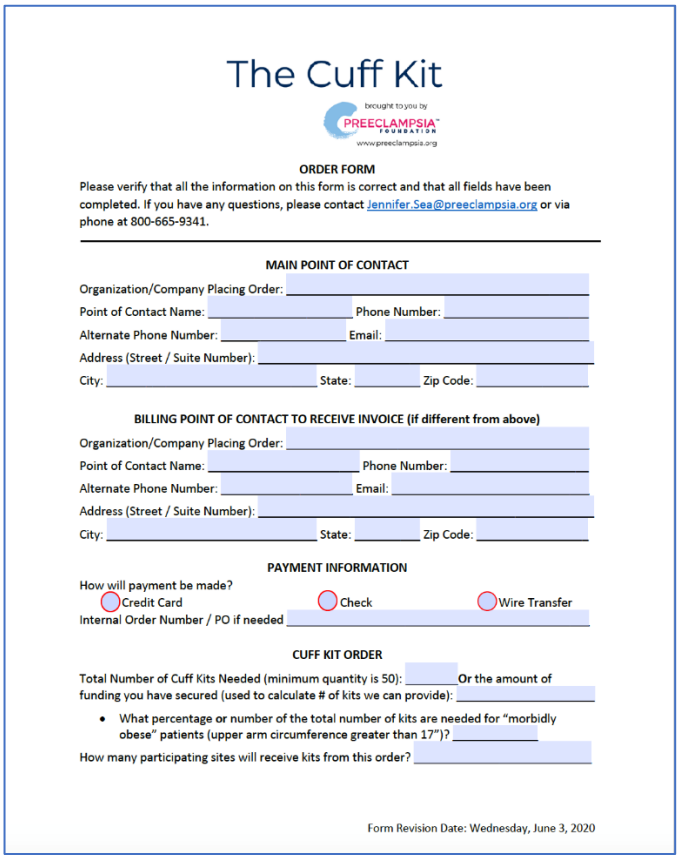
By equipping women with home blood pressure cuffs and education regarding the importance of blood pressure in pregnancy they will increase their uptake of self-monitoring and reporting becoming a partner in their care. The plan is to continue fulfillment and distribution as long as participating providers have funding, but also to build optimum implementation models within various settings and capacities. As well, we plan to build out the research arm of the program to more specifically measure and understand HBPM's role in patient-provider communications, timely diagnosis and treatment of HDP, error reduction and quality improvement programs, reduction of health disparities, patient agency, and ultimately better health outcomes. A stronger evidence base and peer-reviewed publications are needed to advocate for widespread adoption and payer reimbursement for all high risk patients and possibly even all pregnant and postpartum women.

RESOURCES PROVIDED

- The Cuff Kit Program: Order Form
- Cuff Kit Data Quarterly Report Form
- www.preeclampsia.org/the-cuff-project
- www.preeclampsia.org/blood-pressure

APPENDIX

- Appendix 1: Order Form



The Cuff Kit

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ORDER FORM

Please verify that all the information on this form is correct and that all fields have been completed. If you have any questions, please contact Jennifer.Sea@preeclampsia.org or via phone at 800-665-9341.

MAIN POINT OF CONTACT

Organization/Company Placing Order: _____

Point of Contact Name: _____ Phone Number: _____

Alternate Phone Number: _____ Email: _____

Address (Street / Suite Number): _____

City: _____ State: _____ Zip Code: _____

BILLING POINT OF CONTACT TO RECEIVE INVOICE (if different from above)

Organization/Company Placing Order: _____

Point of Contact Name: _____ Phone Number: _____

Alternate Phone Number: _____ Email: _____

Address (Street / Suite Number): _____

City: _____ State: _____ Zip Code: _____

PAYMENT INFORMATION

How will payment be made?

◯ Credit Card ◯ Check ◯ Wire Transfer

Internal Order Number / PO if needed _____

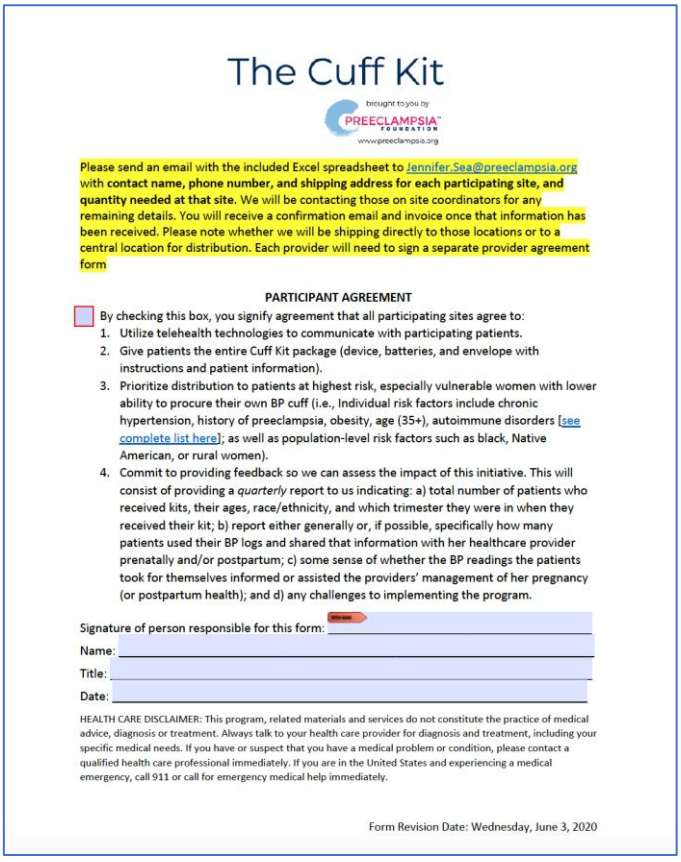
CUFF KIT ORDER

Total Number of Cuff Kits Needed (minimum quantity is 50): _____ Or the amount of funding you have secured (used to calculate # of kits we can provide): _____

- What percentage or number of the total number of kits are needed for "morbidly obese" patients (upper arm circumference greater than 17")? _____

How many participating sites will receive kits from this order? _____

Form Revision Date: Wednesday, June 3, 2020



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Please send an email with the included Excel spreadsheet to Jennifer.Sea@preeclampsia.org with **contact name, phone number, and shipping address for each participating site, and quantity needed at that site.** We will be contacting those on site coordinators for any remaining details. You will receive a confirmation email and invoice once that information has been received. Please note whether we will be shipping directly to those locations or to a central location for distribution. Each provider will need to sign a separate provider agreement form

PARTICIPANT AGREEMENT

☐ By checking this box, you signify agreement that all participating sites agree to:

1. Utilize telehealth technologies to communicate with participating patients.
2. Give patients the entire Cuff Kit package (device, batteries, and envelope with instructions and patient information).
3. Prioritize distribution to patients at highest risk, especially vulnerable women with lower ability to procure their own BP cuff (i.e., Individual risk factors include chronic hypertension, history of preeclampsia, obesity, age (35+), autoimmune disorders [see complete list here]; as well as population-level risk factors such as black, Native American, or rural women).
4. Commit to providing feedback so we can assess the impact of this initiative. This will consist of providing a *quarterly* report to us indicating: a) total number of patients who received kits, their ages, race/ethnicity, and which trimester they were in when they received their kit; b) report either generally or, if possible, specifically how many patients used their BP logs and shared that information with her healthcare provider prenatally and/or postpartum; c) some sense of whether the BP readings the patients took for themselves informed or assisted the providers' management of her pregnancy (or postpartum health); and d) any challenges to implementing the program.

Signature of person responsible for this form: _____

Name: _____

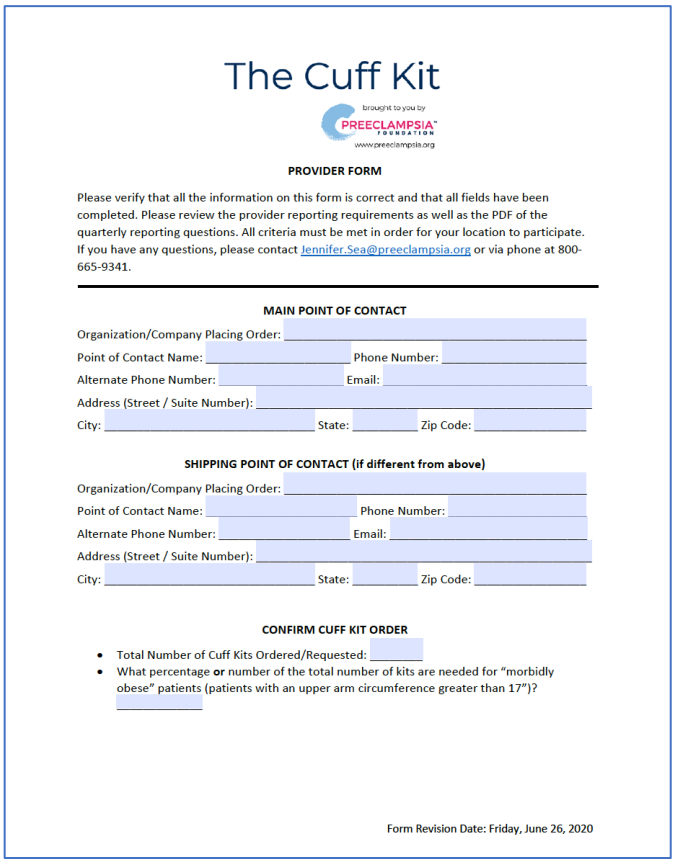
Title: _____

Date: _____

HEALTH CARE DISCLAIMER: This program, related materials and services do not constitute the practice of medical advice, diagnosis or treatment. Always talk to your health care provider for diagnosis and treatment, including your specific medical needs. If you have or suspect that you have a medical problem or condition, please contact a qualified health care professional immediately. If you are in the United States and experiencing a medical emergency, call 911 or call for emergency medical help immediately.

Form Revision Date: Wednesday, June 3, 2020

- Appendix 2: Provider Agreement



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PROVIDER FORM

Please verify that all the information on this form is correct and that all fields have been completed. Please review the provider reporting requirements as well as the PDF of the quarterly reporting questions. All criteria must be met in order for your location to participate. If you have any questions, please contact Jennifer.Sea@preeclampsia.org or via phone at 800-665-9341.

MAIN POINT OF CONTACT

Organization/Company Placing Order: _____

Point of Contact Name: _____ Phone Number: _____

Alternate Phone Number: _____ Email: _____

Address (Street / Suite Number): _____

City: _____ State: _____ Zip Code: _____

SHIPPING POINT OF CONTACT (if different from above)

Organization/Company Placing Order: _____

Point of Contact Name: _____ Phone Number: _____

Alternate Phone Number: _____ Email: _____

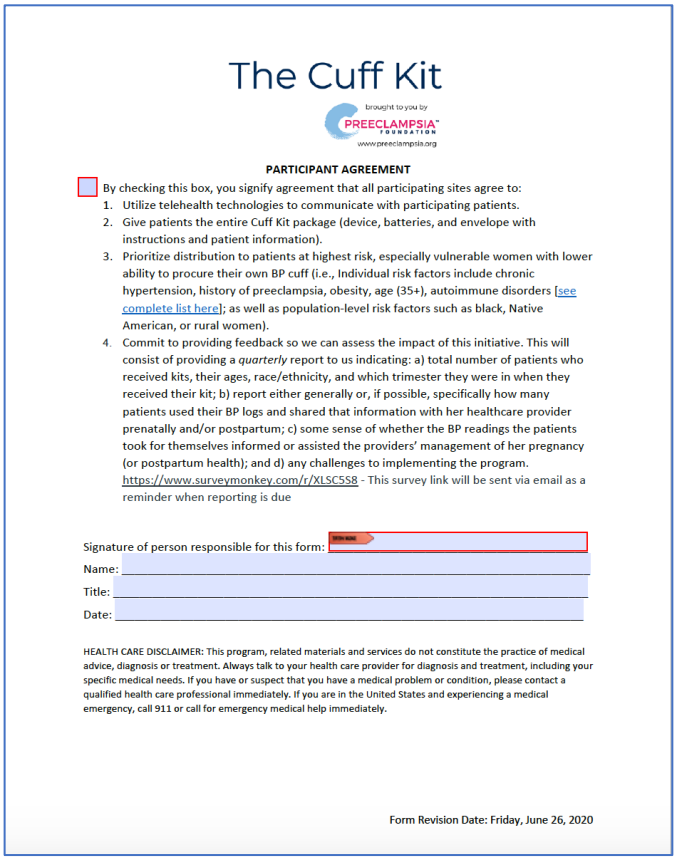
Address (Street / Suite Number): _____

City: _____ State: _____ Zip Code: _____

CONFIRM CUFF KIT ORDER

- Total Number of Cuff Kits Ordered/Requested: _____
- What percentage **or** number of the total number of kits are needed for "morbidly obese" patients (patients with an upper arm circumference greater than 17")? _____

Form Revision Date: Friday, June 26, 2020



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4. Commit to providing feedback so we can assess the impact of this initiative. This will consist of providing a *quarterly* report to us indicating: a) total number of patients who received kits, their ages, race/ethnicity, and which trimester they were in when they received their kit; b) report either generally or, if possible, specifically how many patients used their BP logs and shared that information with her healthcare provider prenatally and/or postpartum; c) some sense of whether the BP readings the patients took for themselves informed or assisted the providers' management of her pregnancy (or postpartum health); and d) any challenges to implementing the program. https://www.surveymonkey.com/r/XLSC5S8 - This survey link will be sent via email as a reminder when reporting is due

Signature of person responsible for this form: _____

Name: _____

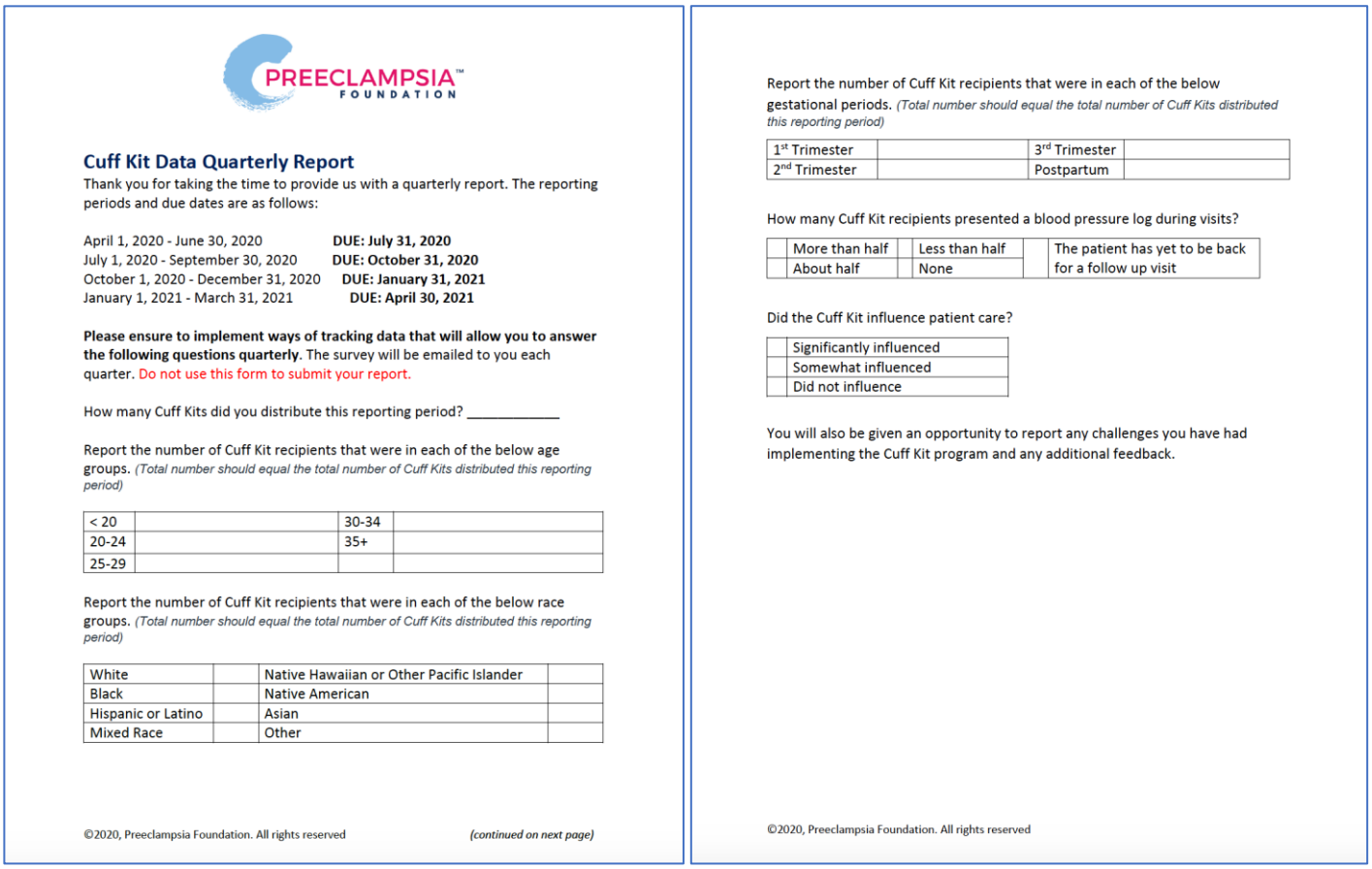
Title: _____

Date: _____

HEALTH CARE DISCLAIMER: This program, related materials and services do not constitute the practice of medical advice, diagnosis or treatment. Always talk to your health care provider for diagnosis and treatment, including your specific medical needs. If you have or suspect that you have a medical problem or condition, please contact a qualified health care professional immediately. If you are in the United States and experiencing a medical emergency, call 911 or call for emergency medical help immediately.

Form Revision Date: Friday, June 26, 2020

- Appendix 3: Quarterly data expected to be reported by participating providers



PREECLAMPSIA™ FOUNDATION

Cuff Kit Data Quarterly Report

Thank you for taking the time to provide us with a quarterly report. The reporting periods and due dates are as follows:

April 1, 2020 - June 30, 2020 **DUE: July 31, 2020**
July 1, 2020 - September 30, 2020 **DUE: October 31, 2020**
October 1, 2020 - December 31, 2020 **DUE: January 31, 2021**
January 1, 2021 - March 31, 2021 **DUE: April 30, 2021**

Please ensure to implement ways of tracking data that will allow you to answer the following questions quarterly. The survey will be emailed to you each quarter. Do not use this form to submit your report.

How many Cuff Kits did you distribute this reporting period? _____

Report the number of Cuff Kit recipients that were in each of the below age groups. *(Total number should equal the total number of Cuff Kits distributed this reporting period)*

< 20		30-34	
20-24		35+	
25-29			

Report the number of Cuff Kit recipients that were in each of the below race groups. *(Total number should equal the total number of Cuff Kits distributed this reporting period)*

White		Native Hawaiian or Other Pacific Islander	
Black		Native American	
Hispanic or Latino		Asian	
Mixed Race		Other	

(continued on next page)

Report the number of Cuff Kit recipients that were in each of the below gestational periods. *(Total number should equal the total number of Cuff Kits distributed this reporting period)*

1st Trimester		3rd Trimester	
2nd Trimester		Postpartum	

How many Cuff Kit recipients presented a blood pressure log during visits?

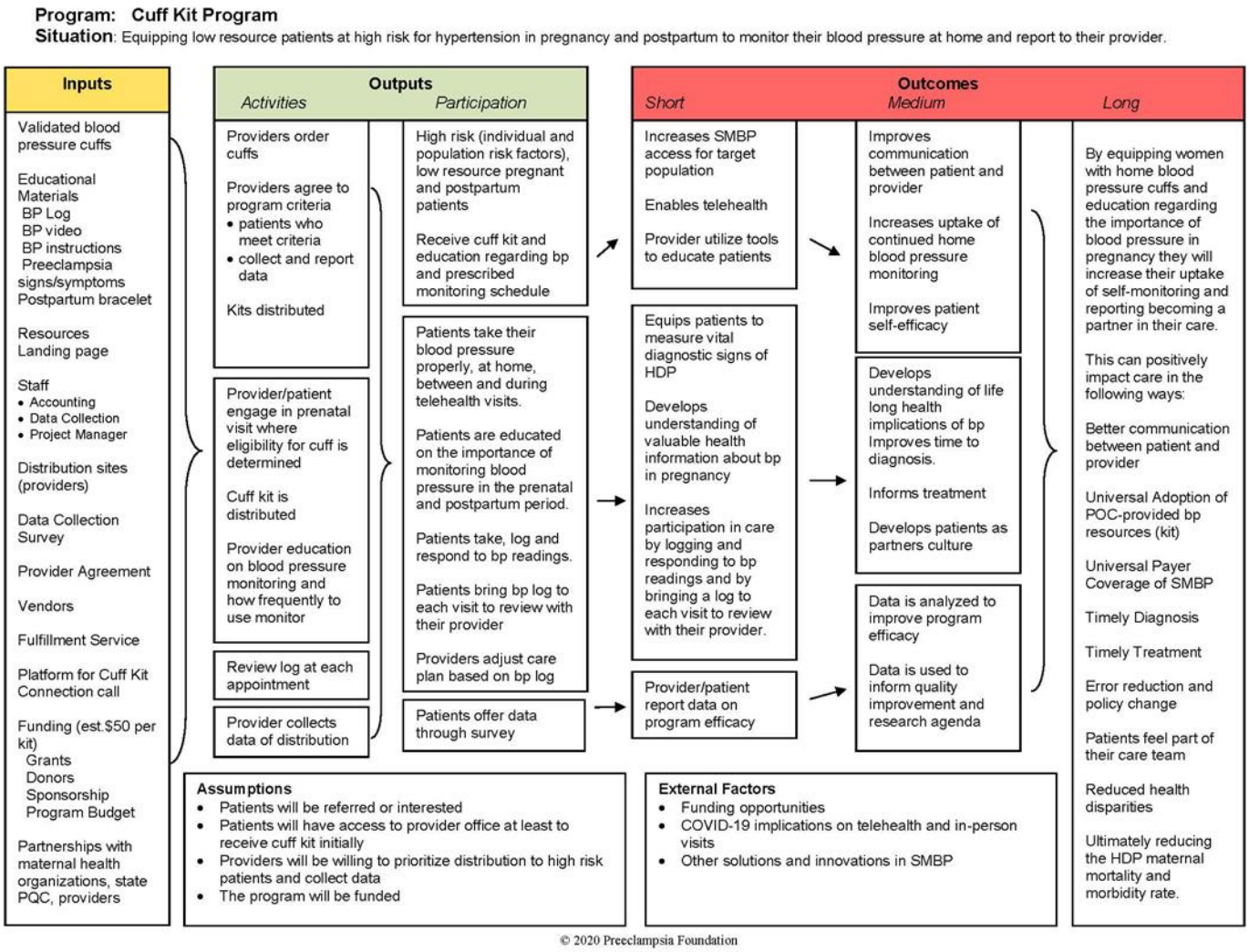
	More than half		Less than half		The patient has yet to be back for a follow up visit
	About half		None		

Did the Cuff Kit influence patient care?

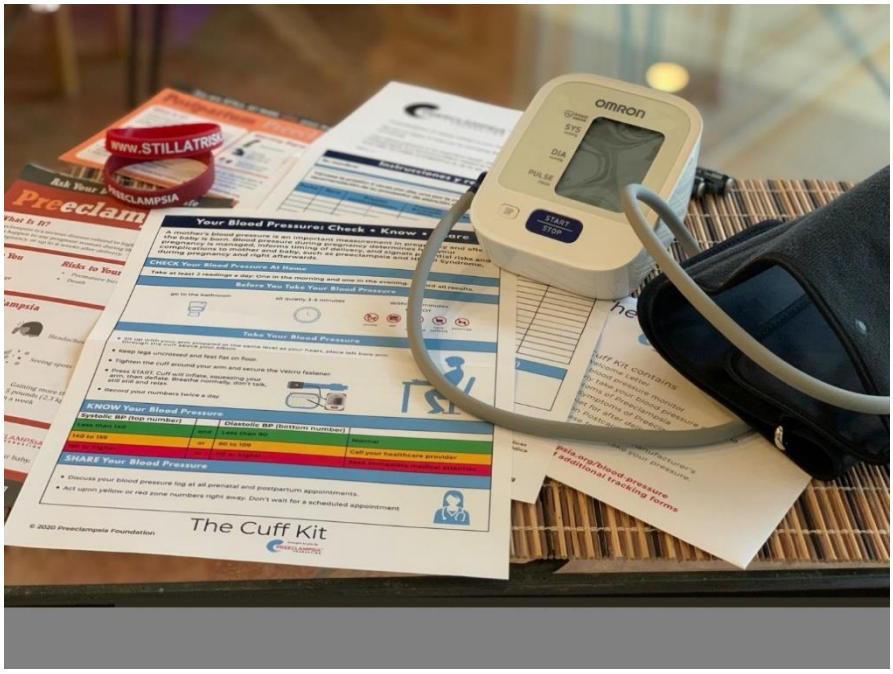
	Significantly influenced
	Somewhat influenced
	Did not influence

You will also be given an opportunity to report any challenges you have had implementing the Cuff Kit program and any additional feedback.

- Appendix 4: Logic Model



- Appendix 5: Photo of the Cuff Kit.



- Appendix 6: Testimonials.

From participating providers:

- "The cuff program has been extremely beneficial in preventing patients from needing to physically return to clinic for 72 hour pp BP check. We have implemented a program where patients are seen via tele visit for BP check."
- "Patients have verbalized positive experiences and views of the cuff kit project. Physicians feel it is helping us to better educate our patients about preeclampsia and postpartum hypertension. We have had at least two patients return for follow-up emergent care because of high blood pressures detected with the cuff kit that may have gone undiagnosed without them."
- "Patients were very appreciative that the kits were available to them."
- "The patients are more confident and involved in care."

From patients:

- "It was very helpful to be able to check my own BP. I appreciated my hospital providing this kit to make sure I was able to check my health from home. It helped give me peace of mind while at home with my newborn. "
- "This is wonderful that this was provided at my doctor's appointment today. Thank you so much. These should be available to all pregnant women as normal as a breast pump."