The Coalition with Dr. Shani Belgrave: The Dangers of Preeclampsia with Elicia Harris, MD, MBA Transcript

(Transcripts are generated by AI and may contain errors)

Show Introduction and Guest Welcome

Welcome to The Coalition. This is a talk show dedicated to discussing health, wellness, and inspiration. I'm your host, Dr. Shani Belgrave. Hello, everybody.

Welcome to The Coalition. I'm your host, Dr. Shani Belgrave. I am a bariatric and general surgeon in Atlanta, Georgia. You can learn more about me and get connected at www. DrShaniBelgrave.com.

I am grateful and excited to have on the show today Dr. Alicia Harris. Dr. Alicia Harris is a hospitalist, OB-GYN, and also the co-founder and chief medical officer of Navigate Maternity.

She joins the show today to talk to us about maternal health, specifically as it relates to preeclampsia. Dr. Alicia Harris, thank you so much for joining the coalition.

Thank you so much for having me. Very excited to talk to you today. Yes, I am so excited. I personally have been affected by preeclampsia, as have many women.

And so I'm really excited about the information you're going to provide that's going to help transform lives. Can you please get us started by telling us a little bit about who you are and what you do?

Absolutely. My name is again, Dr. Alicia Harris. I am a board certified OBGYN and I currently practice as an OBGYN hospitalist here in Indianapolis, Indiana at a perinatal center of excellence.

which is a level four maternity center. And so we take care of very high acuity, very high volume. And so I see preeclampsia in my daily practice. I also am a co-founder and the chief medical officer of Navigate Maternity, which I'll tell you more about during our discussion.

What Preeclampsia Is and Why It Matters

But Navigate Maternity, we're a medical technology company with the emphasis on improving maternal outcomes, recognizing the health inequities that we have and motivated to improve those, especially for Black women.

Fantastic. Well, thank you for the great work that you're doing. So can you please start off by explaining what is preeclampsia? What does that mean? So preeclampsia is a physiology that exists within the context of pregnancy and the postpartum period.

And so the cornerstones of the physiology are high blood pressure and organ damage as a result of this surge in blood pressure that comes from a hormonal slash placental physiology that we don't even truly understand.

So we don't know exactly why it happens. We don't know exactly why some people are more likely to get it than others. But in the end, it is one of the largest contributors to maternal morbidity and mortality, especially for Black women who are disproportionately affected by preeclampsia and its lasting outcomes.

Wow. So tell us a little bit about the inception of Navigate Maternity. How did it come to be and what was the vision? So Navigate Maternity, we actually came up with this idea back in 2020, peak COVID.

And so my co-founder and CEO, Ariana McGee and I have been friends since we were little girls. And she was pregnant at the time with her third child. She has four now.

And during that time, she wasn't really having prenatal appointments. Everything was virtual. We were new to telemedicine. We were all trying to just kind of figure it out from the OB side as well as the patient side.

And she said, I know I'm a high risk mom, and I truly like and worry because I don't feel connected to my healthcare team. And so we came up with ideas and solutions as to how we could better connect the health care team to the patient.

And through many different iterations and things happening, Ariana had an experience with her fourth child. Due to implicit bias, she was dismissed by a very tired healthcare professional when she had a very acute situation happen that resulted in a near miss that could have resulted in a tragic outcome.

And that was kind of the motivations for us to truly focus on getting this up and running.

How Navigate Maternity Began

And then with my clinical expertise, recognizing that preeclampsia was evolving since COVID. The incidence of preeclampsia prior to COVID was like three to 4% of pregnancies were affected by preeclampsia.

And then during COVID and thus after, I can say in my hospital, it's like 20 to 35% of births. And so as this came more to the forefront as a modifiable risk factor, a preventable risk factor for maternal death, it was clear that we needed to focus on mitigating the poor outcomes that come as related to hypertension.

And that was how we arrived at Navigate Maternity. So how does it work? How does Navigate Maternity work? So Navigate Maternity utilizes hardware and software.

So we have one of two blood pressure devices that are commercially available that have been studied and validated in pregnancy, postpartum, and pre-eclectic women.

So often when doctors tell patients you need to be checking your blood pressure to just go to Amazon, go to Walgreens, get a blood pressure cuff, those cuffs that women are using have truly never been studied in their physiology and that patient population.

So you really don't know that you're getting reliable data. So our blood pressure cuffs are truly reliable. They've been validated and they sync with our software, which is a patient facing app and a provider facing platform.

And we also have the capability of merge to the electronic medical record that the provider and the healthcare team utilizes. So that patient data is collected and goes directly to the people that can intervene on the patient's behalf.

So just to, for those that aren't knowledgeable about this, when a woman gets prenatal care, she has 14 appointments throughout 40 weeks of pregnancy and the entire year postpartum, which a lot of data is lost during that time.

A lot of things can happen acutely. So Navigate Maternity gauges with a patient on a daily basis to capture that biometric data We also have scales that look at fluid retention that may also be a sign of cardiomyopathy, acutely evolving preeclampsia.

We have scales that look at not digital scales, but the Edinburgh depression scale that looks at depression and anxiety. We have social determinants of health scales that evaluate someone's you know, difficulties with the social determinants of health and directly connect them to the community resources that may be able to address those barriers for them.

How the Platform Monitors Patients

We have patient navigators who act as advocates for patients who are screening all of this data and making sure that the healthcare team is knowledgeable about it as well so those patients don't fall through the cracks.

And lastly, there's a lot of alerts that are developed so that when patients have acute needs, those alerts go directly to their healthcare team. And the patient is also knowledgeable about it as well.

So that if the healthcare team is not acknowledging it, the way that it should be, the patient knows that they need to seek medical attention. They know that something is wrong.

And it truly empowers the patients to be better advocates for themselves, as well as feel more connected with their healthcare providers. That is wonderful.

That's one of the aims of the show is to improve health literacy so that everyday people know some fundamental basic things about their health so that they can advocate for themselves and not only be reliant on getting information from a doctor, but being able to tell a doctor, no, no.

I have an issue. This is what's going on and I need this to be addressed. So that's really powerful work that you're doing. So to that end, please educate everybody on a little bit more about how signs and symptoms, you know, when in pregnancy does this tend to occur?

What should people be on the lookout for? Yes, yes. So one of the cornerstones of Navigate Maternity, in addition to collecting all this data, is also patient education, as you mentioned.

We have lots of videos and webinars and literature, but focused on preeclampsia. So that's something else that we emphasize. But preeclampsia, things that you definitely need to know, is that it starts typically 20 weeks of pregnancy, throughout the end of pregnancy and there's also postpartum preeclampsia that develops in the postpartum period and women are at risk for developing that six weeks postpartum.

So key things are blood pressure elevation. Some people are symptomatic when their blood pressure is elevated and some women are not. But a blood pressure of 140 over 90 or 160 over 110 is what we call severe range blood pressures.

Put women at risk for having a stroke, a heart attack, an eclampsic seizure, which is a general seizure, but it exists in the context of preeclampsia.

So when women have high blood pressure, they may have a headache, blurry vision acute worsening of swelling Shortness of breath chest pain And then also I often hear I just don't feel right like I feel like something is wrong like this impending sense of doom is what we say and I often tell patients that if you feel that if you can express that to your health care provider That's what stops somebody in their tracks immediately If you say, I can't exactly verbalize it, but I feel like something is wrong.

I feel like something is off. If you can't find the words to put a very specific definition on what you're feeling, at least be concerned about that. But the cornerstone symptoms are acute swelling, headache, vision changes, right upper quadrant pain, chest pain, and shortness of breath.

Thank you so much for that information. I also want to emphasize that with many things, you may not have all of the symptoms. So just because you don't have swelling or you don't have right upper quadriping does not mean that you don't have preeclampsia.

Signs, Symptoms, and When It Appears

And so what are some of the tests that if people, for example, pregnant women have that high blood pressure, what are some of the tests that are ordered to evaluate that?

So because of the physiology of preeclampsia can cause in-organ damage that affects primarily the liver, our blood clotting ability, and our kidneys. And so we look at a CBC, which looks at your parameters of your blood, especially your platelets, which help our blood to have its ability to clot.

And in severe cases of preeclampsia, your platelet count goes down. which makes delivery more dangerous because when you have a vaginal delivery or a C-section, if your blood doesn't have a normal ability to clot to stop you from bleeding, it increases your risk from hemorrhage at time of delivery, which is also one of the major causes of maternal death.

We also look at a CMP, a complete metabolic profile, looking specifically at one's liver enzymes and creatinine, which is representative of your kidney function.

So if your creatinine is greater than 1.1, that is concerning for severe cases of preeclampsia. And if your liver enzymes are twice the upper limits of normal, that is also indicative of preeclampsia.

And again, our liver enzymes being elevated can raise concern about your blood's ability to clot because our liver produces our clotting factors. And when your liver enzymes are severely elevated, you're more likely to go into what we call DIC.

And that's disseminated intervascular coagulopathy where your blood does not have the normal ability to clot, which increases your risk for maternal hemorrhage.

Another thing that we look at is BNP, beta natriuretic peptide, which can just be representative of fluid retention. And so sometimes we see that very elevated when women have Heart failure as it relates to preeclampsia, pulmonary edema where fluid is in their lungs, and very severe peripheral edema, lots of swelling in your hands and feet and legs.

So those are the cornerstone labs that we check. Also, we look at protein that's excreted in the urine. That used to be diagnostic criteria, but they've done away with that.

It used to be that if you had over 300 milligrams of protein in your urine, that was considered a sign of preeclampsia, but they've taken that away because so many women don't have proteinuria, but still have preeclampsia.

And so that is why they did away with that. So I still check what's called a protein to creatinine ratio. And if that is greater than point three, that's more concerning for preeclampsia, but it's not truly diagnostic criteria anymore.

Testing and Diagnosis for Preeclampsia

Because again, like you mentioned, not all women will have all the things, but it is highly associated with preeclampsia is highly associated with having increased protein in your urine.

Very good information. Thank you so much. So how is it treated? So preeclampsia is treated by delivery. Through our research, we know that the placenta somehow is related to preeclampsia.

And so once the placenta is delivered, moms tend to get better. which is a blessing and a curse in itself, because if you have to deliver the placenta, you have to deliver the baby, right?

The baby cannot stay inside of mom without the placenta. That's the baby's lifeline. But the really worrisome thing about this is that preeclampsia is the root to a lot of prematurity that happens, which is the number one cause of neonatal death.

So sometimes I'll have women that have preeclampsia in a severe form at 24 weeks gestation. where you have a very underdeveloped fetus that might also be growth restricted due to the high blood pressure.

And then growth restricted babies are very, very small. So a small underdeveloped baby, we really try our best to keep the mom in the hospital, manage her blood pressures with medication, manage her fluid retention with medication, decrease the likelihood of her having a seizure with a medication called magnesium, which is an infusion that kind of subdues our neurological system, to give this baby more time in utero.

And so we walk this very fine line with patients who have severe forms of preeclampsia, where they literally have to live in the hospital. day by day trying to get them as close as we can to 34 weeks, which if you make it to 34 weeks, there's very little long-term effects of prematurity for babies.

And so that's why that's that sweet spot. If you develop preeclampsia in a severe form, after 34 weeks, you're getting the liver. But if prior to 34 weeks, we are going to try our best to get you to 34 weeks.

But checking those labs, continuing to check blood pressure, continuing to put the baby on the monitor to make sure that the baby is OK. And then when those risks to mom or to the baby outweigh the risk of continuing pregnancy to mitigate the risk of prematurity, that's when it's time to deliver.

So some moms don't, even though they're in the hospital, get to stay pregnant to 34 weeks because they've gotten too sick.

Treatment, Delivery, and Prematurity Risks

I often will have to deliver 24, 25, 26 weekers, knowing that they're going to have some consequences of prematurity. But if I don't, mom's life is truly at stake.

Wow, it's a very serious issue indeed. So can you talk a little bit about subsequent pregnancies as it relates to risk factors? Because having preeclampsia before, your risk goes up with each pregnancy.

Is that correct? That's absolutely correct. And I always tell women the greatest risk factor for having preeclampsia is having had preeclampsia. And so when I have patients that I take care of that have very bad preeclampsia, those severe features, I often have a conversation with them about contraception and about preconception counseling because you really will have to walk into your next pregnancy with a mindset that I'm going to be extremely high risk and that this could happen again and add an earlier gestation, which is what typically happens.

You get in subsequent pregnancies, those severe cases of preeclampsia even earlier than you did in the preceding pregnancy. Other risk factors for preeclampsia are obesity, smoking history, type two diabetes, gestational diabetes, any type of immune disorder such as lupus or soreness or rheumatoid arthritis.

Again, having had preeclampsia in a previous pregnancy, having had family members that have had severe preeclampsia in a previous pregnancy, And chronic hypertension is the biggest one.

I always tell people that if you have chronic hypertension, you want to optimize your control going into pregnancy, knowing that you're going to get preeclampsia, but it's the delaying the onset of it that is most important.

And so that also brings me to something I want to make sure that all women know is that baby aspirin has been found in research to delay the onset of the development of preeclampsia.

So OBGYNs often recommend that a woman starts baby aspirin about 12 weeks to 16 weeks gestation and takes it throughout her pregnancy and that decreases the likelihood of one developing preeclampsia and delays the onset of it happening.

So if anyone has any risk factors for it, I always recommend it.

Future Pregnancy Risk and Prevention

But I also tell every black woman, take baby aspirin, no matter if it's your first pregnancy or not, because there's very little risk associated with it and a clear benefit of taking it.

Wow. What is the impact of preeclampsia on a woman developing hypertension post-pregnancy? Like, let's say she didn't have high blood pressure before, developed preeclampsia.

What's the likelihood of her having lingering hypertension after delivery? So our research has showed that a woman who has preeclampsia, usually that physiology regarding hypertension resolves within six weeks postpartum.

And if it continues on beyond that, they have then evolved into having chronic hypertension. But having preeclampsia during one's lifetime increases your lifetime risk for having chronic hypertension to about 50%. So about 50% of women who have experienced preeclampsia will then go on to develop chronic hypertension in their lifetime.

Wow. Well, thank you so much, Dr. Alicia Harris. I mean, this is a very pertinent and salient topic. For me personally, it's very emotional because I dealt with severe preeclampsia not once, but twice.

And so I can speak to how scary it is. And that's even me from the perspective of the physician. So making sure that everyday women know their risks, know what's normal and what's not normal, and know when to speak up and advocate for themselves.

Like, no, I'm not going home with the blood pressure of 150 over 90. Absolutely, yes. And I think that that's why it's so important that avenues like this exist.

So I want to, again, commend you for your work. because I feel like not only are a lot of providers, we're just, you know, doing our best right now. There is a national OBGYN shortage where there we are about 8,000 OBs less than what we should have and it's anticipated by 2030, that will have to be 24,000 providers short.

I think it's so important to be mindful of your risk factors, your symptoms, and to be your own advocate, because I feel like without that, a lot of women are going to fall through the cracks.

We currently have the highest maternal morbidity and mortality of any developed country in the world. Where I live in Indiana, we are the third highest maternal mortality nationally.

Postpartum Hypertension and Closing Remarks

And it's like, we already have deplorable outcomes. And with clinical OB shortages, things are only going to get worse. And so I feel like we can bridge the gap by empowering patients with the knowledge to be better advocates for themselves.

Absolutely. Thank you so much, Dr. Alicia Harris. For people that have really enjoyed this conversation and want to connect with you and navigate maternity, what is the best way for people to reach out to you?

Absolutely. So Navigate Maternity, we have an Instagram. We have TikTok. We have Facebook. So just look us up at Navigate Maternity. And we also have a website, navigatematernity.com.

And actually on our website, you can directly purchase Navigate Maternity's experience if you would like to. It's paid for by your insurance because it is a blood pressure cuff at the end of the day.

and you can put in your insurance information. And if you don't have insurance or you rather use your HSA or FSA, you can also put in that information.

Or if you want to just gift it to someone and pay directly for you, you can do that on our website as well, as long with a lot of information about Navigate Maternity and preeclampsia in general.

Wonderful. Thank you so much, Dr. Alicia Harris, for all the outstanding work that you're doing. Of course, you have an open invitation to return to the coalition anytime.

Thank you. Well, everybody, thank you so much for tuning in to another impactful episode of The Coalition. I'm your host, Dr. Shani Belgrave. I am a bariatric and general surgeon in Atlanta, Georgia.

You can stay connected with me at www. DrShaniBelgrave.com. Very special thank you to Dr. Alicia Harris, obstetrician, gynecologist, and also chief medical officer and co-founder of Navigate Maternity.

I'm grateful to her for sharing her work on preeclampsia and helping improve maternal health outcomes. Thanks for joining the coalition. Make sure that she shared this episode with family and friends to raise maternal health awareness, particularly as it relates to preeclampsia.

I'll see y'all next time.