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“I think we should pull together as a team” – Together on the path to the top: Inter-disciplinary collaboration in partnership with women on long-term health after hypertensive disorder of pregnancy.

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Background: Hypertensive disorders of pregnancy (HDP) affect 5-10% of pregnancies and significantly increase a woman's risk of developing cardiovascular disease, including 2-3 times the risk of heart attack, stroke and diabetes. Long-term risks rise within 10 years after HDP and continue lifelong, making long-term health after HDP of major public health importance. Prior findings suggest evidence to practice gaps in knowledge translation to women about their post-HDP health.

Objective: To explore Australian women's and healthcare provider's (HCP) education and follow-up preferences regarding health after HDP. Focus will be drawn on the role of the midwife within this context.

Methods: A qualitative study using a framework analysis was undertaken. Women with a history of HDP and HCP who previously completed a survey about long-term health after HDP were invited to participate. Interviews explored participant preferences and priorities concerning knowledge acquisition around long-term health after HDP.

Findings: Thirteen women and twenty HCP (including 11 midwives) were interviewed. Women's preference included early post-HDP risk counselling about long-term and mitigable risk factors from their midwife/general practitioner/specialist, accompanied with evidence-based, print or web-based information to take home. HCP wanted access to similar material to assist in their risk discussions with women, as well as professionally endorsed multi-disciplinary education for their own learning. HCP including midwives emphasised all HCP shared responsibility for women's post-HDP follow-up: *“It's everyone's business... if you have that opportunity, you find out that someone's got that history, you say, ‘Oh, did you know? Has anyone spoken to you about this?’”* (Midwife). Both women and HCP favoured more structured long-term follow-up to facilitate the transition from hospital to community health.

Conclusion: Women and HCP wanted more, easily accessible information about post-HDP health, as well as a more structured transition from hospital to community health post-HDP. This evidence will guide development of post-HDP education.