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Stronger Than Ever



NORTHERN CONNECTION

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On the Cover: Elyse Wolff received the advanced pregnancy care she needed from UPMC Magee-Womens – close to her home in Economy, Pa.

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Elyse, Elliot, and
Sean Wolff of
Economy, Pa.

A High-Risk Pregnancy: The Care You Need — Close to Home

This content is sponsored by UPMC.

Throughout her high-risk pregnancy, Elyse Wolff received the advanced pregnancy care she needed close to her home in Economy, Pa., north of Pittsburgh – including monitoring by maternal fetal medicine providers at UPMC Magee-Womens Hospital.

When Elyse became pregnant with her first child in 2022, she never expected a problem. But she made sure she had a doctor who would deliver at UPMC Magee-Womens Hospital in Pittsburgh. After all, she was born there 30 years earlier and even volunteered there as a teenager.

“I never considered any other hospital. I was born at UPMC Magee. I’m very aware of the services they offer,” says Elyse, a UPMC Western Behavioral Health child therapist.

“Magee has been delivering babies for a long time. It was comforting to me knowing that they have seen every scenario.”

Rising Blood Pressure

Elyse, now 31, received prenatal care at UPMC Greater Pittsburgh OB/GYN, part of UPMC Magee-Womens located in Cranberry Township at the UPMC Lemieux Sports Complex. The office is just 15 minutes from her home.

“It started off as a normal pregnancy,” says Elyse. But at 15 weeks, doctors noticed her blood pressure was edging upward and

diagnosed her with hypertension.

“Hypertension can be dangerous for both the mother and the baby,” says **Marydonna Ravasio, DO**, an obstetrician-gynecologist at UPMC Greater Pittsburgh OB/GYN who cared for Elyse. “Once she was diagnosed with hypertension, her pregnancy was considered high risk.”

Managing a High-Risk Pregnancy

Hypertension during pregnancy increases the risk of complications for the mother, including preeclampsia (a form of high blood pressure combined with protein in the urine), stroke, or heart attack. It also can restrict the baby’s growth and lead to preterm delivery and stillbirth, says Dr. Ravasio.



Marydonna Ravasio, DO, obstetrician-gynecologist, UPMC Greater Pittsburgh OB/GYN

Although Elyse remained in Dr. Ravasio's care, she was referred to the maternal fetal medicine (MFM) specialists at Magee in Pittsburgh for extra monitoring. She was pleasantly surprised her appointment with MFM specialist **Tiffany Deihl, MD**, was done via telemedicine.

"I was relieved to have the additional team of specialists monitoring the health of me and my baby," says Elyse. "Being able to do this via telemedicine was so convenient. I could continue seeing my doctors in Cranberry and still get that specialized care."

Throughout her pregnancy, Elyse's doctors worked together closely to manage her care. She was initially prescribed a baby aspirin and given a blood pressure cuff to use at home. Extra ultrasounds were ordered to check her baby's growth. All test results, imaging, and doctor's reports were shared via UPMC's electronic medical records system, MyUPMC.

"It's seamless," says Dr. Ravasio. "We work as a team to ensure women and their babies receive top-notch care."

Another High-Risk Diagnosis

As her pregnancy progressed, Elyse's blood pressure remained stable. But at 28 weeks, a routine glucose test detected another high-risk condition: gestational diabetes.

Gestational diabetes that isn't carefully managed can lead to complications from high blood sugar levels. For the mother, it can increase the risk of high blood pressure, preeclampsia, and still-birth. It also can cause the baby to grow too big, leading to a difficult delivery or a cesarean section. The baby's blood sugar can be dangerously low at birth.

Magee's MFM team met with Elyse – again via telemedicine – to review her diagnosis and treatment. "Controlling these high-risk conditions is very important. It translates to much better outcomes for the mom and baby," says **Mary Lee, PA-C**, an MFM provider. "We also want to ensure that patients understand their diagnoses, have the opportunity to ask questions, and are fully informed and part of the decision making."

An MFM diabetes educator met with Elyse to discuss lifestyle changes, including what she should eat, how to count carbohydrates, and how to check her blood sugar after eating. When her blood sugars remained high, another diabetes educator taught Elyse how to administer insulin.

"These specialists were an amazing resource," says Elyse. "Being able to meet virtually was great. I didn't have to worry about traffic, parking, or taking time off from work."

Seamless Access to Care

Because of her diagnoses, Elyse began having more frequent appointments. That included twice weekly nonstress tests to check



Tiffany Deihl, MD,
maternal fetal
medicine specialist,
UPMC Magee-
Womens Hospital



Elliot Wolff

her baby's heartbeat, plus monthly ultrasounds to check the baby's growth and the health of her placenta.

"Going to the doctor's office twice a week was a bit overwhelming, but I knew it was good for my baby," says Elyse. "I was so happy I could continue seeing my doctors close to home in Cranberry. Everyone there is so friendly and supportive."

Elyse's test results were automatically shared with her doctors in Cranberry and at the hospital. When her blood pressure began to increase, Mary met with Elyse via telemedicine. She put her on a beta blocker to control her hypertension and recommended changes to her delivery plans.

"It's a big deal if we can't get the blood pressure down," says Mary. "I sent a plan to her obstetrician recommending that she deliver at 37 weeks if her blood pressure remained elevated."

A Healthy Baby, Continued Care

Dr. Ravasio agreed and at 37 weeks, Elyse went to Magee where she was induced. The next day, she gave birth to 5-pound, 12-ounce Elliot – delivered via c-section by Dr. Ravasio.

"I never thought I'd have hypertension or gestational diabetes during my pregnancy. And I never imagined being induced at 37 weeks," says Elyse. "But everyone looked after me and my baby throughout my pregnancy. And I have a perfect, healthy baby boy."

Elyse's care didn't end with her delivery. Because she had hypertension that worsened at the end of her pregnancy, she had a higher risk of developing postpartum preeclampsia – a serious condition that can lead to brain damage, stroke, and death if untreated.

Following her discharge, Elyse continued to be monitored remotely through the UPMC Postpartum Hypertension Program at UPMC Magee. For six weeks, a team of nurses carefully watched Elyse's blood pressure readings – sent via text message – with protocols to follow if it became elevated.

Although Elyse never developed preeclampsia, "This program can be lifesaving because preeclampsia must be treated quickly," says Dr. Ravasio. "Elyse had the best care possible throughout her pregnancy and beyond. It doesn't get any better." ■

Schedule a visit with a Magee provider near you
at UPMC.com/MageeNorth.