

Predicting women's long-term health based on pregnancy outcomes

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George R. Saade, M.D., president of the Society for Maternal-Fetal Medicine and professor of obstetrics and gynecology at The University of Texas Medical Branch in Galveston, Texas, gave a compelling presentation to SMFM members on the links between pregnancy outcomes and women's long-term health. He emphasized the importance of greater physician collaboration in reviewing patients' health records, particularly in noting pregnancy outcomes as these can be important indicators of future health problems.

"A woman's [pregnancy](#) outcome can be an indicator of future health conditions," stated George R. Saade, M.D., president of the Society for Maternal-Fetal Medicine and professor of [obstetrics and gynecology](#) at The University of Texas Medical Branch in Galveston, Texas. Saade gave a compelling presentation to SMFM members on the links between [pregnancy outcomes](#) and women's long-term health. He emphasized the importance of greater physician collaboration in reviewing patients' health records, particularly in noting pregnancy outcomes as these can be important indicators of future health problems.

Saade noted that there are multiple studies on the association between hypertensive disorders in pregnancy and long-term maternal outcomes including a study in Norway of 15,065 women who were analyzed. "Hypertensive disorders in pregnancy and subsequently measured [cardiovascular risk factors](#)" (Magnussen EB, Vatten LJ, Smith GD, Romundstad PR; Obstet Gynecol 2009), provides incontrovertible evidence that women with pregnancy-related hypertension are at higher

risk for hypertension and metabolic abnormalities later in life. Other studies have shown that preterm birth, stillbirth, and [fetal growth restriction](#) are also associated with long term maternal cardiovascular, as well as metabolic disorders including [insulin resistance](#) and type 2 diabetes.

"Pregnancy represents a unique opportunity to identify women who may be at increased risk of [chronic diseases](#) later in life," stated Saade. "For patients with pregnancy complications, the care should not stop at delivery or shortly thereafter. It may be time to change the paradigm from short term prenatal care to maternal care," Saade continued, "It would be appropriate for the obstetrician to identify mothers who may be at risk for long term diseases to ensure that these women receive the preventive care needed starting in the postpartum period rather than waiting until they reach the age for routine check-ups in the general population." He stated that the preventive measures need not be drastic but should include periodic assessment for primary and preventive care.

Complications from hypertension, diabetes and hyperlipidemias are clearly prevented with early therapy rather than waiting until these abnormalities are discovered at the time of routine check-up. Pregnancy weight gain appears to be an important factor in the association between adverse pregnancy outcomes and long term maternal health. Failure to lose weight in the postpartum period is associated with long term obesity and its consequences. Pregnancy and the postpartum period offer a unique opportunity to promote healthy lifestyles for the mother and her family, such as healthy diet and plenty of exercise. Breastfeeding is a frequently overlooked prevention strategy. In addition to its beneficial effect in the infant, breastfeeding increases the likelihood the mother will return to her pre-pregnancy weight and improves her metabolic profile. Unfortunately, preventive care may not be available to most women because their health care coverage is limited to pregnancy and the 6 weeks postpartum period. Continuing coverage for patients with

pregnancy complications is an important step in the right direction for preventing chronic diseases in women.

"One of the limitations is that pregnancy complications are not always on the mind of general practitioners when they are caring for a woman later in life," explained Saade. "It would be very advantageous for all physicians who see female patients to review their patients' pregnancy history." Other simple measures that may be started following a complicated pregnancy include regular visits to check blood pressure and metabolic profiles, including lipid and glucose tolerance testing.

Not all women with adverse pregnancy outcomes will have cardiovascular or [metabolic abnormalities](#) later in life, Saade explained. In the future, biomarkers may be identified that can be used to target those women who may benefit most from regular follow up and intervention.

Inflammatory biomarkers, particularly high sensitivity C reactive protein (hsCRP) may be such a test. Men and women with elevated hsCRP are at increased risk for coronary artery disease. Women who develop preeclampsia or have a history of eclampsia have been known to have elevated hsCRP—an indication that they are at increased risk for coronary artery disease.

"This information puts obstetricians in a position of holding a primary role in the prevention of chronic diseases by identifying women at the greatest risk," Saade concluded. "We have the opportunity to successfully identify markers that will impact our patients for the remainder of their lives. No longer is our role confined to a single condition—a single pregnancy. We now have the capability and resources to identify and prevent chronic diseases in mothers and their offspring."

Provided by Society for Maternal-Fetal Medicine

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