

Pregnancy as window to future health

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Physicians with the Society for Maternal-Fetal Medicine released a paper today that provides significant insight into future health conditions that women are likely to experience, and that can be detected early based on information relating to the course of pregnancy. The paper, *Pregnancy as a Window to Future Health: The development of complications in pregnancy provides a new window of opportunity for early heart disease risk screening and intervention for women*, acknowledges that, for most women, the demands of pregnancy on the cardiovascular and metabolic systems are some of the highest the body will endure.

The response of the body to pregnancy can provide clues to the [future health](#) of the woman. The paper also points out that the prevention of [chronic diseases](#) in adults and children has become a national priority due to the rising rates of these conditions along with rising [mortality rates](#). According to the Center for Disease Control and Prevention, in 2005 almost one in every two adults had at least one chronic illness and seven out of 10 deaths annually are attributed to chronic diseases such as heart disease, diabetes, and stroke. Recognizing the relation of [pregnancy complications](#) to [long term health](#) and disease can be leveraged to prevent chronic diseases. Health care providers can then take advantage of the provisions in the Affordable Care Act which includes a full title dedicated to prevention of chronic disease.

George Saade, MD, FACOG, past president of SMFM and co-author of the report explained, "The rates of heart disease, Type 2 diabetes and obesity in women are rising, and the current practice is to wait until late

in the life cycle to screen for these conditions. SMFM believes that the tools and information to assess risk should be expanded to include information obtained during pregnancy." Saade continued, "Clues during this period can raise red flags for a woman's health later in life."

"Pregnancy is essentially a cardiovascular stress test," explained Graeme N. Smith, MD, PhD, FRCSC, Professor of Obstetrics and Gynecology and Biomedical and Molecular Sciences at Kingston General Hospital, Queen's University and co-author of the report. "Common pregnancy complications such as pre-eclampsia, gestational hypertension, gestational diabetes, gestational impaired glucose intolerance, clinically significant placental abruption, preterm birth and/or delivery of a growth restricted baby are perhaps the earliest clinically identifiable markers for a woman's increased risk of premature cardiovascular disease and cardiovascular death."

The report outlines other conditions that are also indicators and should be documented and the patients should be actively followed, screened and/or tested. It also mentions that most women typically lose pregnancy medical coverage six weeks after delivery, at a time when continuing this coverage would provide an opportunity for them to seek preventive care.

The report's authors also recommend that obstetricians work more closely with the patient's primary care physician to ensure that information regarding the outcome of pregnancy, particularly that which is associated with chronic diseases later, transfers to the patient's permanent records so that it can be used by future providers in screening and prevention. Patients can then be followed and monitored as necessary. The report also recognizes the need to disseminate this information to women, [health care providers](#), policy makers, and payers.

"Collaboration between physicians, government and third party payers would shed more light on this issue and would ensure better care for

women," stated Saade.

Provided by Society for Maternal-Fetal Medicine

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