

Black women have the highest risk of pregnancy-related heart problems in the US

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Significant racial disparities exist in heart-related problems among pregnant and postpartum women in the United States, with Black women having the highest risk of several serious complications, according to research published today in the *Journal of the American Heart Association*, an open access journal of the American Heart Association.

"Clinicians should be aware of the cardiovascular risks associated with pregnancy that, although not common, can result in serious illness and death. Women at increased risk for [heart disease](#) should be closely monitored during and even after pregnancy," said Samir R. Kapadia, M.D., senior author of the study and chair of the department of cardiovascular medicine at the Cleveland Clinic in Cleveland, Ohio.

Heart disease, stroke and pregnancy-related complications are among the top-10 causes of death in women ages 20-44 in the United States, based on the most recent official data available. To evaluate the extent of racial disparities in the risk of heart problems during pregnancy or after delivery, Kapadia and colleagues reviewed [health records](#) for more than 46 million hospitalizations of pregnant or [postpartum women](#) included in the National Inpatient Sample, the largest U.S. database detailing inpatient hospital care in 47 states, between 2007 and 2017.

Even after adjusting for socioeconomic status, access to [health care](#) and other [medical conditions](#), researchers found that compared to white women, pregnant Black women were:

- 45% more likely to die in the hospital;
- 23% more likely to have a heart attack;
- 57% more likely to have a stroke;
- 42% more likely to develop a blood clot in the lungs; and
- 71% more likely to develop heart muscle weakness.

"The magnitude of disparity was most alarming," said Kapadia. "We were very surprised by the persistent disparities irrespective of socioeconomic status. Attributing worse outcomes in Black women to socio-economic status or differences in health care delivery may be an oversimplification."

Also discovered in the analysis, women who are Asian/Pacific Islander

were more likely to die in the hospital or develop heart muscle weakness compared to white women, however, they were not more likely to have a heart attack, stroke or blood clot in the lungs. Hispanic women had a higher risk of death or stroke compared to [white women](#), but they were not more likely to have a heart attack, blood clot in the lungs or heart muscle weakness. Cardiovascular disease risks among these groups are showing little improvement.

In addition to the immediate medical concerns of pregnancy-related heart complications, their occurrence can also signal the need for heart health monitoring.

"Cardiovascular health in women should not be taken for granted and pregnancy provides a reasonable mirror for the future," Kapadia said. "When women have problems during pregnancy, they should be followed carefully after pregnancy and actions should be taken to prevent heart problems."

The study results are limited and not definitive because the NIS is an administrative database based on diagnostic and billing codes. These may not characterize medical problems in detail, nor offer clinical or demographic data to identify specific underlying causes among the different groups.

"We need a better understanding of the root causes of these disparities in order to mitigate them. The aim is to deliver equitable cardio-obstetric care to all pregnant women," Kapadia said.

More information: *Journal of the American Heart Association* (2020). [DOI: 10.1161/JAHA.120.017832](https://doi.org/10.1161/JAHA.120.017832)

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