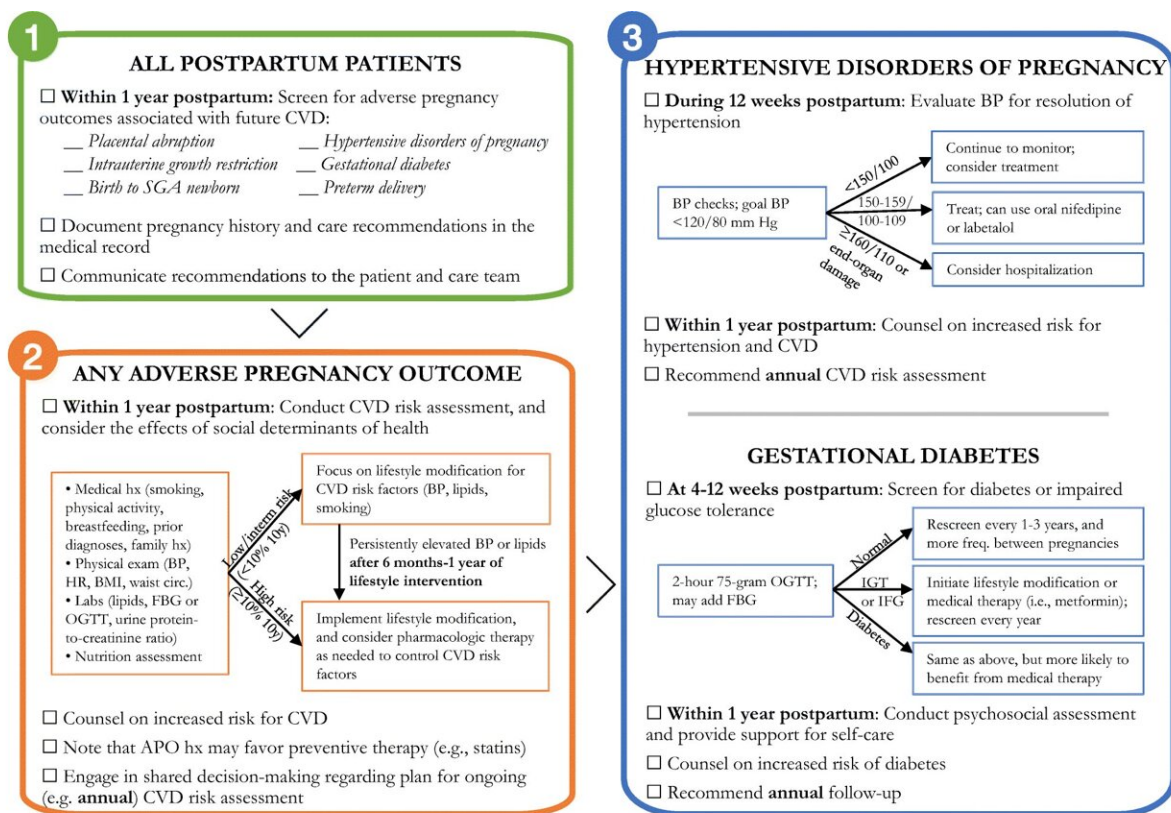


Better management of long-term heart disease risk needed following complicated pregnancies

January 25 2022, by David Kibbe



COUNSELING (ALL PATIENTS)

Encourage breastfeeding • Encourage regular aerobic activity • Provide individualized, patient-centered family planning support • Engage in shared decision-making

During interpregnancy care: Discuss recommended interpregnancy intervals of >6 and ideally >18 months • Avoid or discontinue potential teratogens • Review recommendations to reduce risk of recurrent complications (e.g. low-dose aspirin for preeclampsia; early screening/treatment for T2DM or GDM)

Practical guide to primary care in the year after an adverse pregnancy outcome associated with future CVD. Credit: DOI: 10.1007/s11606-021-07149-x

Researchers at Boston Medical Center have created a new resource for managing long-term heart disease risk after specific pregnancy complications. Heart disease risk is revealed by several common pregnancy complications, such as preeclampsia and preterm delivery. The year following pregnancy is an important time to identify individuals at increased risk for future heart disease, provide counseling, and begin preventive care. However, clinicians lack a single source of comprehensive guidance for managing these risks.

This new review published in the *Journal of General Internal Medicine* synthesizes recommendations for primary care clinicians taking care of individuals after complicated pregnancies. These include:

- Screening all people who have ever given birth, for a history of pregnancy complications associated with future [heart disease](#) risk
- Comprehensive heart disease risk screening within the first postpartum year, for all those with pregnancy complications associated with future heart disease risk
- Individualized counseling and lifestyle modification to reduce long-term heart disease risk

Cardiovascular disease is the leading cause of death in women, and there are many common pregnancy complications that are indicators of increased risk. These include preeclampsia, gestational diabetes, and preterm delivery. Prior to this resource, there has not been a single publication with comprehensive information on how to assess and manage long-term heart disease risk after such complications.

"Our review synthesizes all the recommendations to provide a 'one stop shop' for primary care clinicians taking care of individuals in the year following a complicated pregnancy," says Mara Murray Horwitz, MD, MPH, a primary care physician in the Women's Health Unit at Boston Medical Center. "We hope that our findings will lead to better

identification and management of [heart disease risk](#) for many birthing people."

In this systemic review, researchers searched U.S. clinical practice guidelines and professional society recommendations to inform primary care-based [cardiovascular disease risk](#) management after adverse pregnancy outcomes. Thirteen qualifying publications were identified, where relevant information was extracted and compiled into a practical guide for clinicians.

"The connections between [pregnancy](#) complications and future chronic diseases are becoming increasingly clear, but more studies are needed on how this pathway can be interrupted or modified," says Murray Horwitz, who is also an assistant professor of medicine at Boston University School of Medicine. "Most recommendations for birthing people currently focus on postpartum lifestyle modification, but behavioral change can be difficult, especially in the postpartum context."

Researchers believe that future studies should focus on how best to support postpartum individuals to promote their long-term heart health.

More information: Mara E. Murray Horwitz et al, Primary Care–Based Cardiovascular Disease Risk Management After Adverse Pregnancy Outcomes: a Narrative Review, *Journal of General Internal Medicine* (2022). [DOI: 10.1007/s11606-021-07149-x](https://doi.org/10.1007/s11606-021-07149-x)

Provided by Boston Medical Center

Citation: Better management of long-term heart disease risk needed following complicated pregnancies (2022, January 25) retrieved 6 May 2024 from <https://medicalxpress.com/news/2022-01-long-term-heart-disease-complicated-pregnancies.html>

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