

# Long-term health consequences seen for stroke in pregnancy

January 24 2023, by Elana Gotkine

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Long-term health consequences are seen for stroke in pregnancy,

according to a study published in the February issue of *Stroke*, a theme issue focused on the topic of cerebrovascular diseases and women, in conjunction with the American Heart Association Go Red for Women initiative.

Amy Y.X. Yu, M.D., from the University of Toronto and Sunnybrook Health Sciences Centre, and colleagues used administrative data to identify pregnant adults aged 49 years or younger with [stroke](#) between 2002 and 2020 and two comparison groups: nonpregnant [women](#) with stroke and pregnant patients without stroke. After propensity score matching, pregnant patients with stroke were compared to the two comparison groups for the composite outcomes of death and all-cause nonpregnancy readmission.

Data were included for 217 pregnant patients with stroke, 7,604 nonpregnant patients with stroke, and 1,496,256 pregnant patients without stroke. The researchers found that 41.6 percent of the 202 pregnant patients with stroke who survived the index stroke admission subsequently died or were readmitted during follow-up. At one-year follow-up, pregnant patients with stroke had a lower risk for death and all-cause readmission compared with nonpregnant patients with stroke (hazard ratio, 0.64); during longer-term follow-up, this association did not persist. In [contrast](#), a higher risk for death and readmission was seen for pregnant patients with stroke versus pregnant patients without stroke at one year (hazard ratio, 5.70), and this association persisted for 10 years.

"Stroke during [pregnancy](#) is associated with long-term [health](#) consequences," the authors write. "It is essential to transition care postpartum to primary or specialty care to optimize vascular health."

**More information:** Amy Y.X. Yu et al, Maternal Health Outcomes After Pregnancy-Associated Stroke: A Population-Based Study With 19

Years of Follow-Up, *Stroke* (2023). DOI: [10.1161/STROKEAHA.122.041471](https://doi.org/10.1161/STROKEAHA.122.041471)

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Citation: Long-term health consequences seen for stroke in pregnancy (2023, January 24)  
retrieved 6 May 2024 from

<https://medicalxpress.com/news/2023-01-long-term-health-consequences-pregnancy.html>

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