

Adverse pregnancy outcomes may help identify future heart disease risk

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Many pregnancy complications are associated with future heart disease. Such complications include gestational diabetes, preterm birth, fetal growth restriction and hypertensive disorders of pregnancy (gestational

hypertension, preeclampsia and related disorders), and together they are referred to as adverse pregnancy outcomes (APOs).

Although APOs are recognized as a useful way to identify individuals with increased risk for future heart disease, it is not known how often APOs occur before traditional heart disease [risk factors](#), such as chronic hypertension or diabetes.

In a new study from Boston University Chobanian & Avedisian School of Medicine, researchers found that half of all APOs occur in persons without other identified heart disease risk factors. This means that APOs may identify increased heart disease risk in as many as one in three individuals who could otherwise be missed by traditional heart disease risk screening.

"By paying more attention to pregnancy complications, we can identify and begin to address heart disease risk even before people develop traditional risk factors. This could be particularly helpful when people are younger (e.g., of reproductive age) and have not yet developed hypertension or diabetes, but are at risk of doing so in the future," explains corresponding author Mara Murray Horwitz, MD, MPH, assistant professor of medicine.

In an effort to assess the occurrence of APOs among individuals with and without pre-pregnancy cardiovascular disease (CVD) risk factors, the researchers analyzed electronic medical record data from individuals who delivered at Boston Medical Center (BMC) from 2018-2021. They found that among individuals without any recognized [heart disease risk](#) factors before pregnancy, 30% developed an APO.

Murray Horwitz, who is also a physician at BMC, stresses the need for improved communication and counseling for patients about how [pregnancy complications](#) are linked to future health. "We also need to

train clinicians—not just pregnancy care clinicians, but also primary care clinicians and specialists—on the importance of taking a comprehensive pregnancy history and incorporating that information into patient risk stratification and management," she adds.

The finding appear online in the *Journal of Women's Health*.

More information: Mara E. Murray Horwitz et al, Prepregnancy Cardiovascular Disease Risk Factors and Adverse Pregnancy Outcomes in a Safety-Net Hospital, *Journal of Women's Health* (2023). [DOI: 10.1089/jwh.2022.0322](https://doi.org/10.1089/jwh.2022.0322)

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