Higher rates of cardiovascular complications among pregnant women in states with restrictive abortion policies: Study

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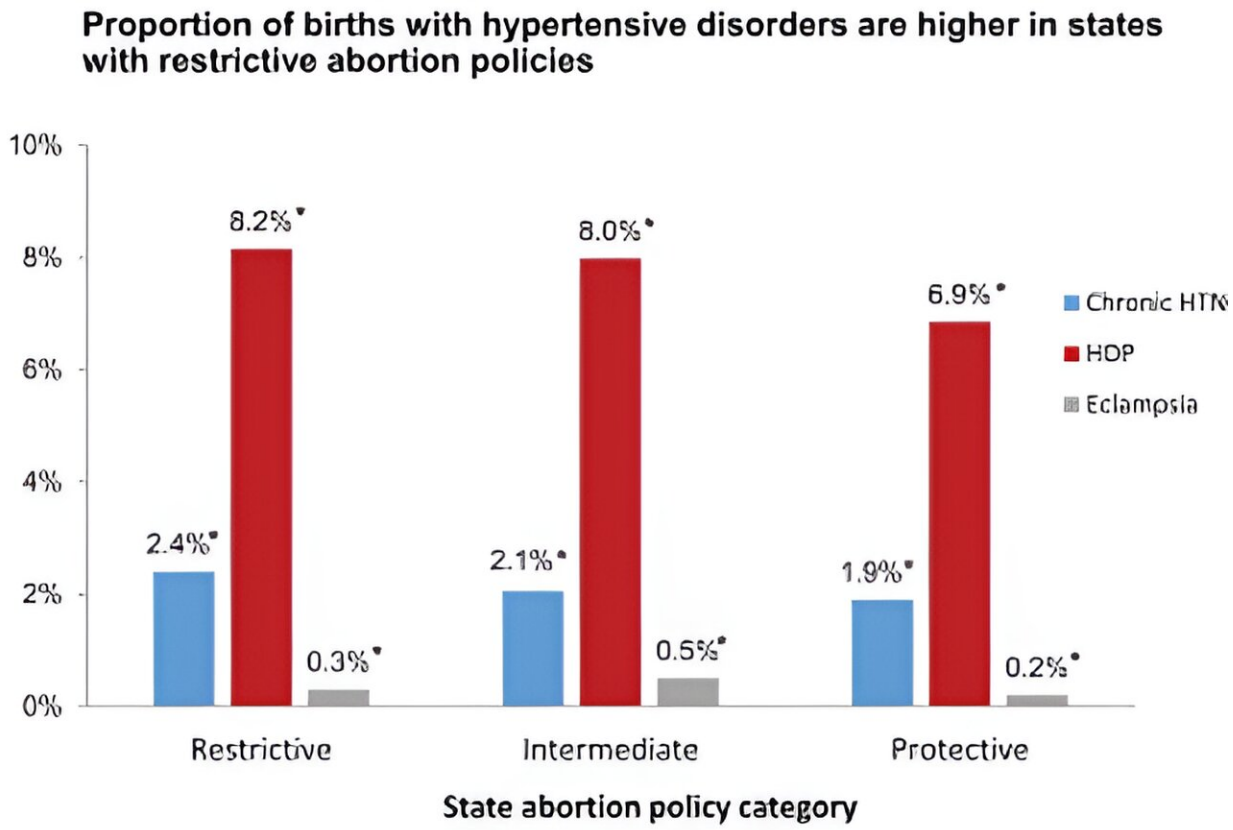

Credit: *JACC: Advances* (2023). DOI: 10.1016/j.jacadv.2023.100666

Pregnant individuals living in states with tighter constraints on abortion

access were found to be more likely to have cardiovascular complications, like hypertension, compared to peers in states with less abortion access restrictions, according to a new research letter from scientists at the Perelman School of Medicine at the University of Pennsylvania.

The correlation could point to potential cardiovascular impacts for those states' population as a whole, the researchers say. The article was recently published in *JACC: Advances*.

The United States has the highest rate of maternal mortality among high-income countries, and cardiovascular conditions are the biggest cause of maternal mortality, making up a third of all maternal deaths in the U.S. While patients may have hypertension (high blood pressure) prior to becoming pregnant, it can occur for the first time for a patient during pregnancy.

"Severe or untreated high blood pressure is dangerous for the pregnant person and their baby; and may lead to a cascade of pregnancy complications including heart disease, liver disease, preterm birth, placental abruption, pre-eclampsia, and even eclampsia and seizures may follow," said Alice Abernathy, MD, MSHP, an assistant professor of Obstetrics and Gynecology at Penn.

And the risks don't end after delivering a baby.

"Those who have pre-eclampsia are more likely to have high blood pressure, kidney disease, a heart attack, and a stroke years later," said Jennifer Lewey, MD, MPH, the director of Penn's Women's Cardiovascular Health Program and an assistant professor of Cardiovascular Medicine at Penn.

To conduct their study, researchers grouped states into one of three

categories determined by abortion access policies—defined restrictive, intermediate, and protective. Restrictive states largely had laws that banned or severely limited abortion, whereas protective states had easier access to abortion and/or state policies protecting access to the procedure. Researchers then analyzed rates of cardiovascular conditions in pregnant patients who gave birth from 24 to 42 weeks gestation.

Within the "restrictive" states in the study, 2.4% of births happened in patients with chronic hypertension, compared to 1.9% in the "protective" states. Additionally, about 8% of births occurred from patients who had pregnancy-related hypertension in the restrictive category states, versus just under 7% in the "protective" states. And when it came to patients with eclampsia, a rate of 0.3% occurred in restrictive states, compared to 0.2% in protective states.

The research team said their findings underscore the importance of keeping a watchful eye on the potential for complications among all pregnant patients.

"Obstetricians and clinicians in states with abortion restrictions should be extra vigilant in testing for and treating hypertension, as well as implementing evidence-based measures to prevent preeclampsia," said Lewey.

More information: Alice M. Abernathy et al, Variation in Hypertension in Pregnancy by State Restrictions on Abortion, *JACC: Advances* (2023). DOI: 10.1016/j.jacadv.2023.100666

Provided by Perelman School of Medicine at the University of Pennsylvania

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