



# Hypertensive Disorders of Pregnancy: *Pregnancy and Beyond*

*Cardiovascular Symposium India*

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Associate Editor, *JAMA Cardiology*

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# DISCLOSURES

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*No relevant COI/RWI*

*Grant support*

- AHA
- NIH

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# CASE PRESENTATION

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- 27-year-old woman who recently had an uncomplicated delivery (G1P1) who presented 5 days postpartum with acute shortness of breath
- ED: HR 90, BP 184/83
- Exam: JVP 12-14cm H<sub>2</sub>O; RRR, nl s1, s2, no murmurs, bibasilar crackles on pulmonary exam



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- Echo: LVEF 57%, inferolateral hypokinesis, mild LVH



# CASE PRESENTATION

- 27-year-old woman who recently had an

**What should we counsel this patient on her short-term and long-term risk of CVD?**

- ED: HR 90, BP 184/83

- ECG: sinus tachycardia, ST-segment depression

**What evidence-based strategies exist to reduce her lifetime risk of CVD?**

- BUN: 100, Cr: 2.0

- Echo: LVEF 57%, inferolateral hypokinesis, mild LVH

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# KEY OBJECTIVES

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1.

Describe the critical periods in a woman's life course during the reproductive years for CVD risk

2.

Define the epidemiology of HDP and its risk factors and complications

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Define emerging opportunities and strategies to equitably target cardiovascular health in the peripartum period

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# The Female Life Course



Birth

Adolescence

Young  
Adulthood

Midlife

Older Age

Death

# The Female Life Course



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The Reproductive Life Course

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The Reproductive Life Course

Menarche

Pregnancy  
#1

Pregnancy  
#2

Pregnancy  
#3

Menopause

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Menarche

Pregnancy #1

Pregnancy #2

Pregnancy #3

Menopause

Pre-Pregnancy

Pregnancy

Post-Partum

# The Female Life Course



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Adolescence

Young Adulthood

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Older Age

Death

The Reproductive Life Course

Menarche

Pregnancy #1

Pregnancy #2

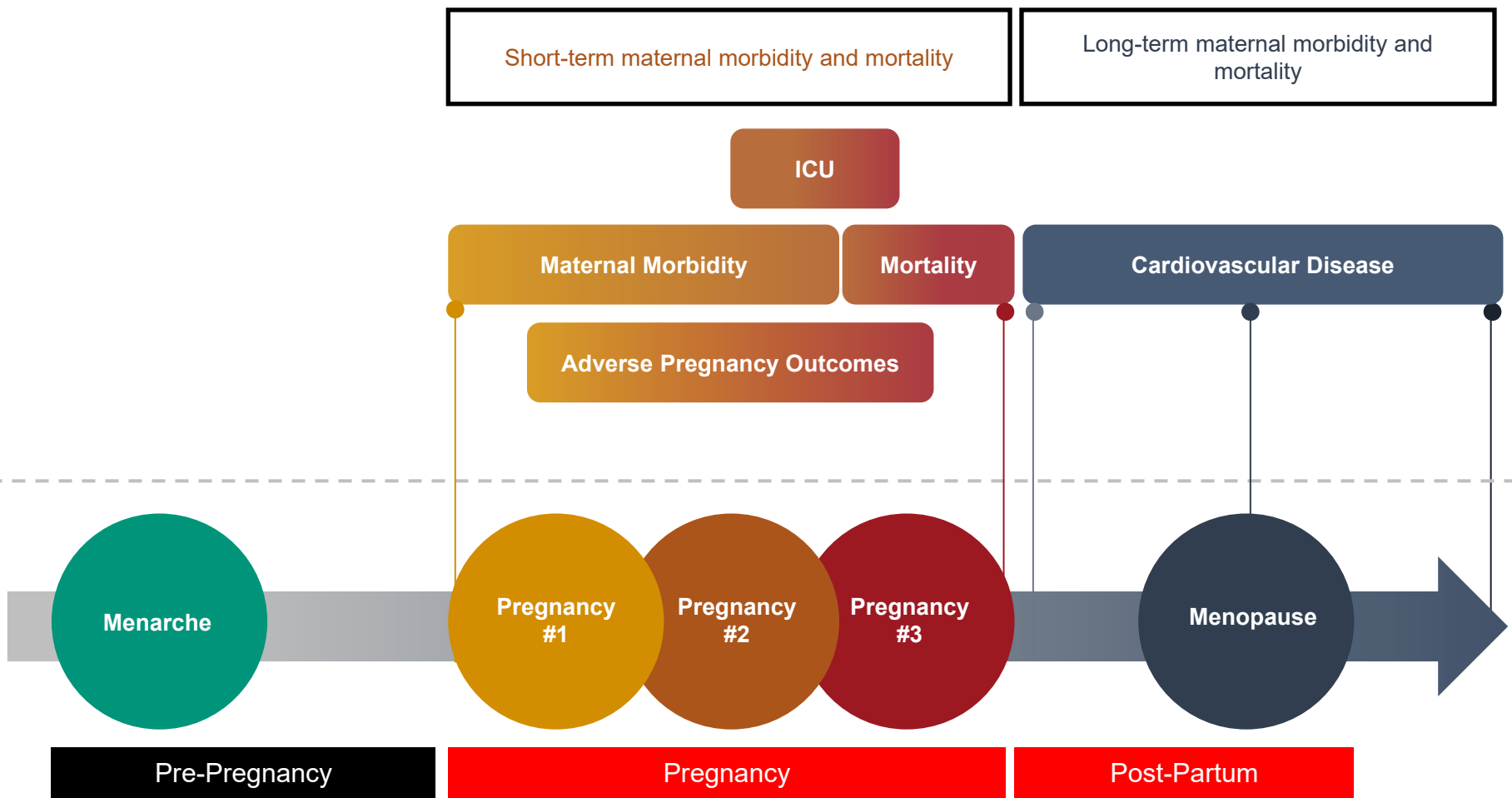
Pregnancy #3

Menopause

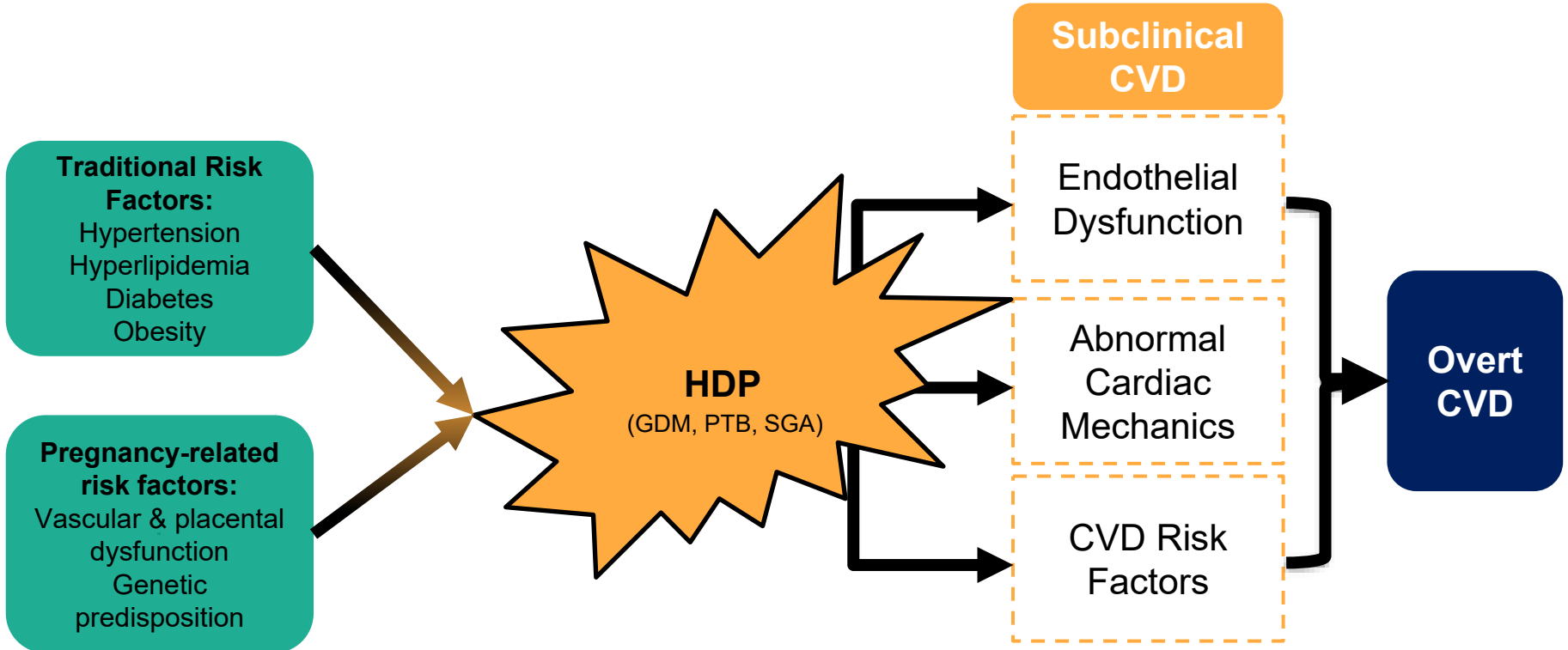
Pre-Pregnancy

Pregnancy

Post-Partum



# PREGNANCY = NATURE'S STRESS TEST



# DEFINITIONS: HTN SUBTYPES IN PREGNANCY

HTN Subtype	Definition
<b>Chronic Hypertension</b>	SBP $\geq$ 140 and/or DBP $\geq$ 90 mm Hg predating pregnancy
<b>Pre-eclampsia</b>	New-onset hypertension and proteinuria or end-organ dysfunction (e.g., elevated liver enzymes, low platelet count, renal insufficiency) after 20 weeks gestation
<b>Chronic hypertension with superimposed preeclampsia</b>	Worsening BP with new-onset proteinuria or other evidence of end-organ dysfunction
<b>Gestational hypertension</b>	Elevated BP first detected after 20 weeks gestation without proteinuria or systemic features of PE



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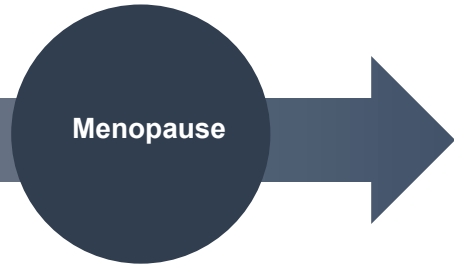
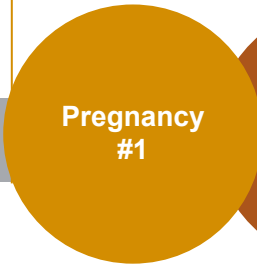
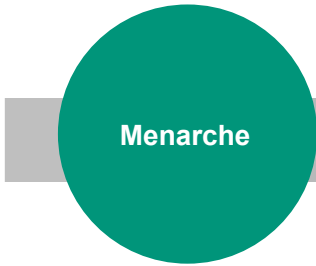
Short-term maternal morbidity and mortality

ICU

Maternal Morbidity

Mortality

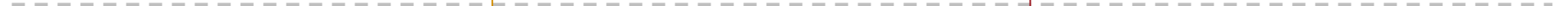
Adverse Pregnancy Outcomes



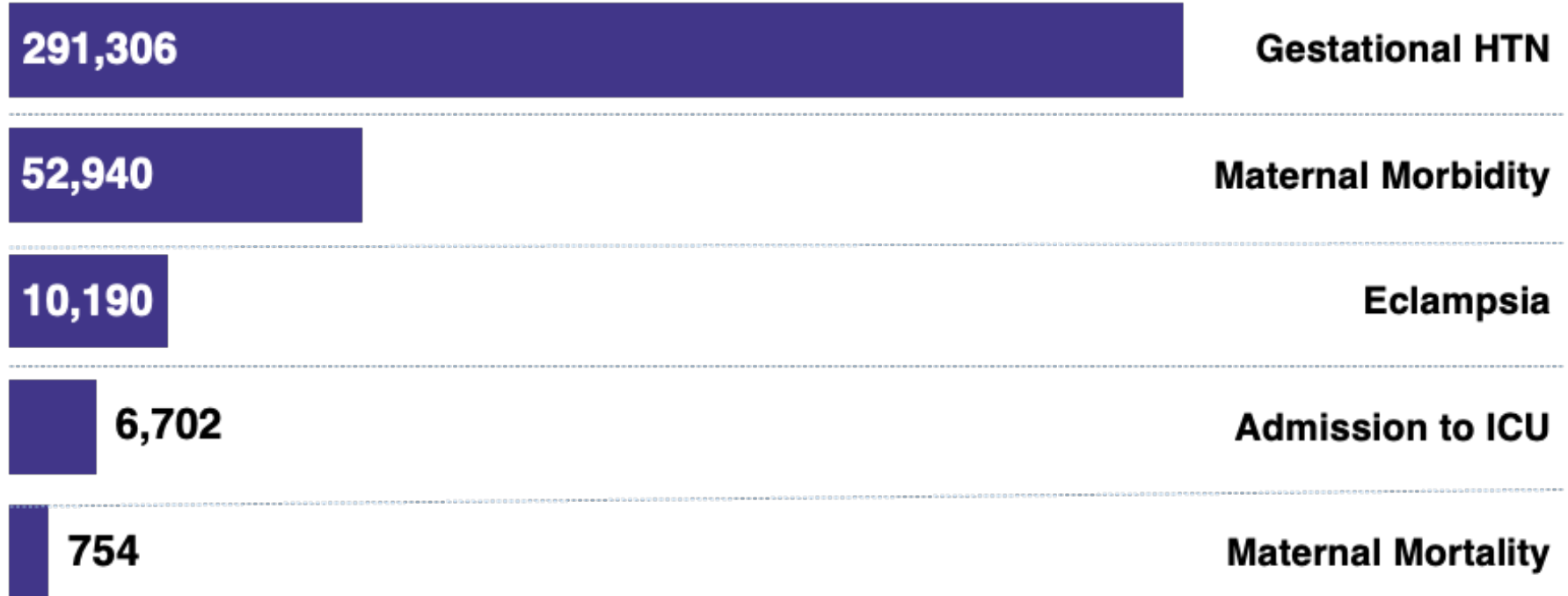
Pre-Pregnancy

Pregnancy

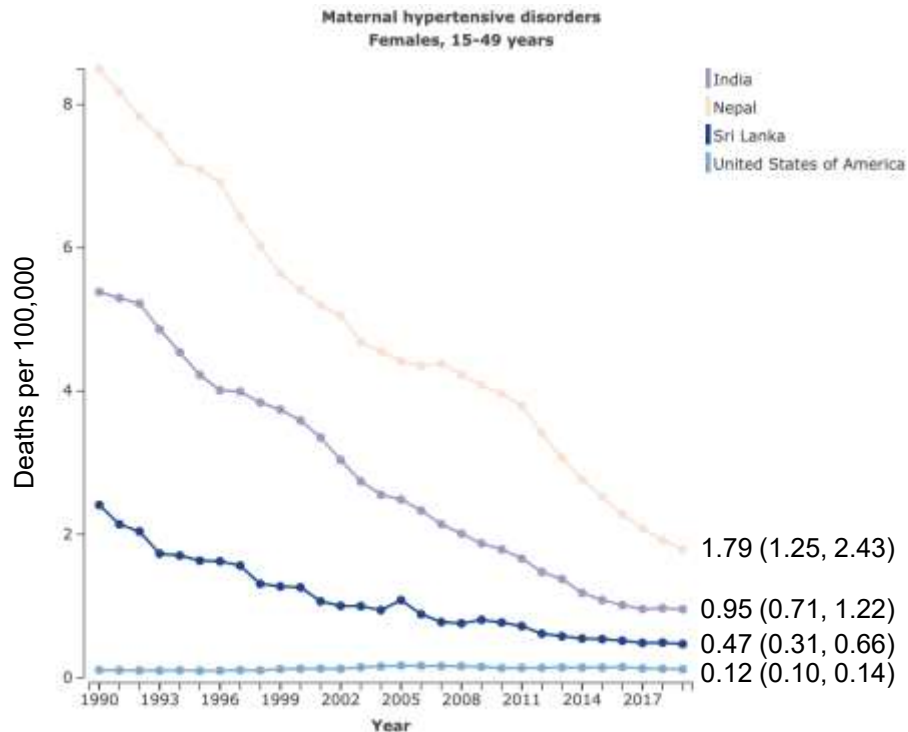
Post-Partum



# BURDEN OF MMM IN 2019 IN THE US



# BURDEN OF MATERNAL HTN DEATHS: INDIA



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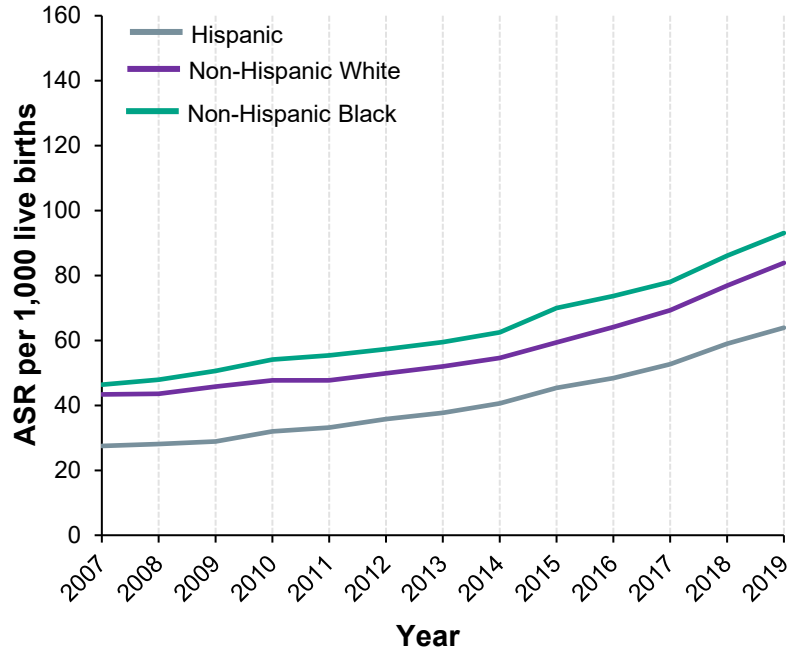
[Gunjan Kumar](#), [Tarun Shankar Choudhary](#), [Akanksha Srivastava](#), [Ravi Prakash Upadhyay](#), [Sunita Taneja](#), [Rajiv Bahl](#), [Jose Martines](#), [Maharaj Kishan Bhan](#), [Nita Bhandari](#) & [Sarmila Mazumder](#) ✉

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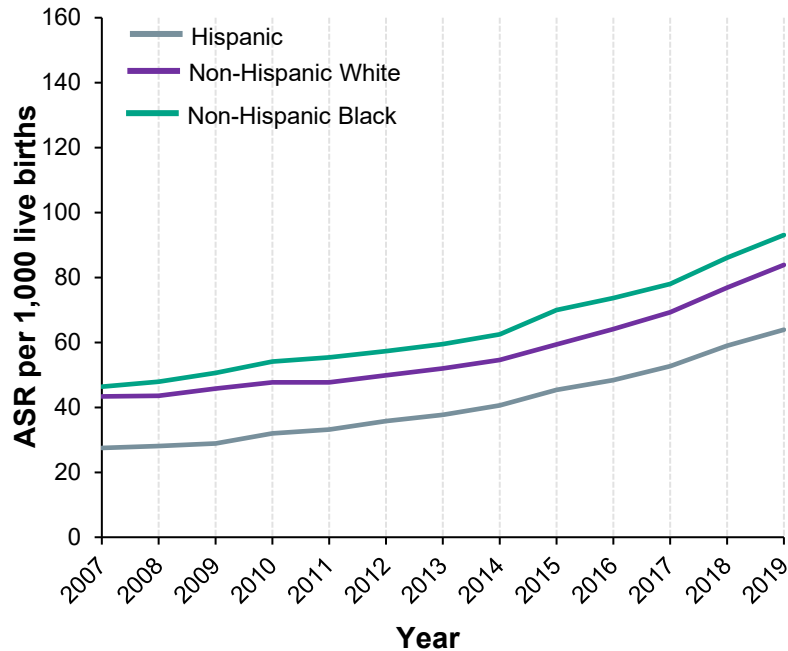
# HDP: GROWING BURDEN

New-Onset Hypertensive Disorders of Pregnancy per 1,000 live births

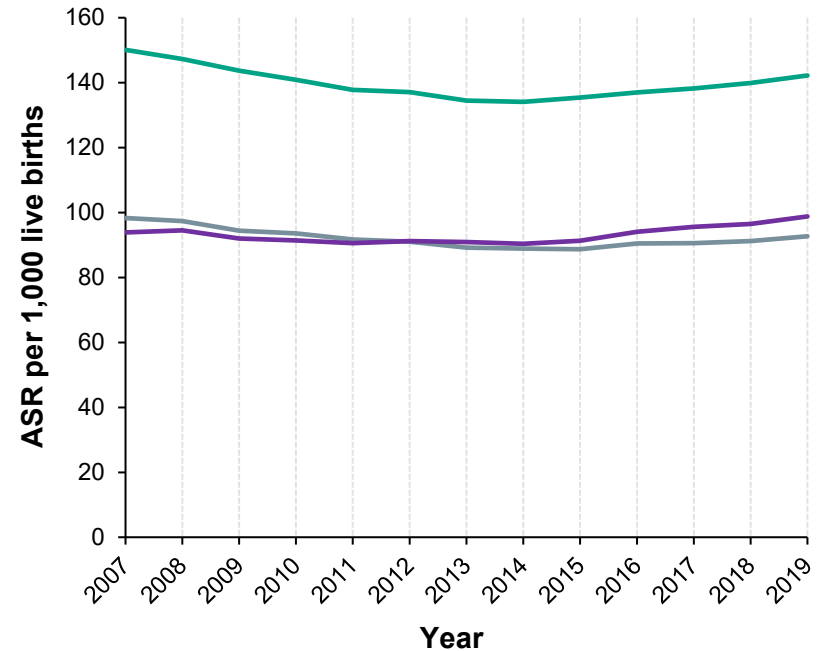


# HDP: **GROWING BURDEN** AND COMPLICATIONS

## New-Onset Hypertensive Disorders of Pregnancy per 1,000 live births

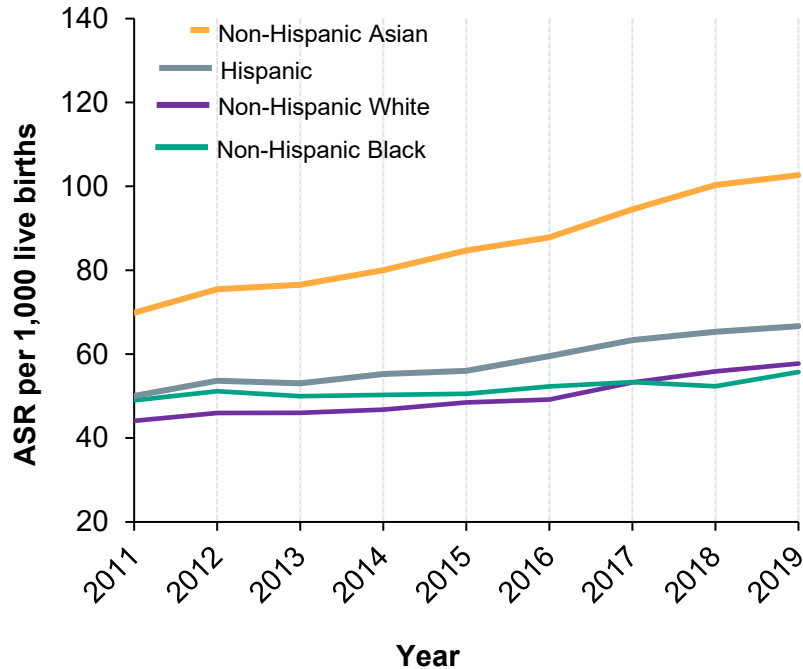


## Preterm Birth (<37 weeks gestational age) per 1,000 live births



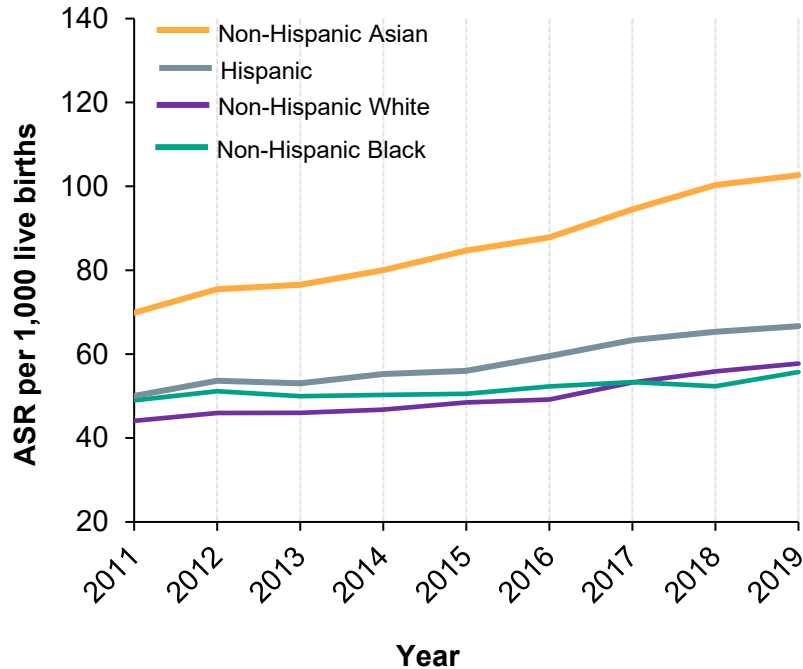
# GDM: RF FOR HDP

Gestational Diabetes per 1,000 live births  
Race and Ethnic Groups

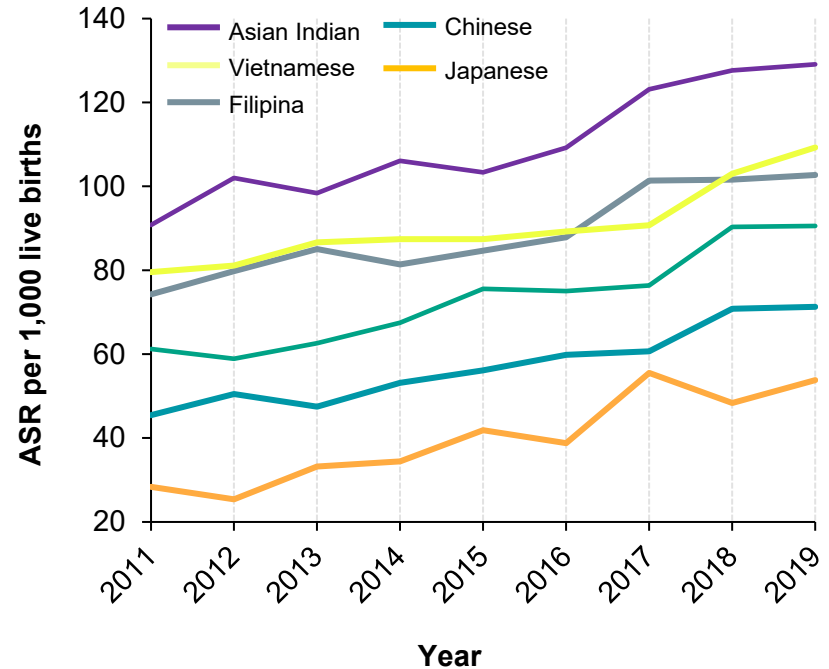


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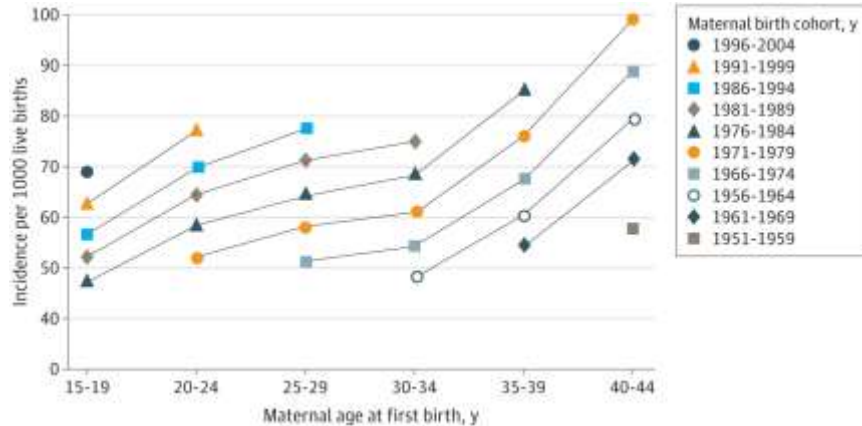
Gestational Diabetes per 1,000 live births  
Disaggregated Asian Subgroups



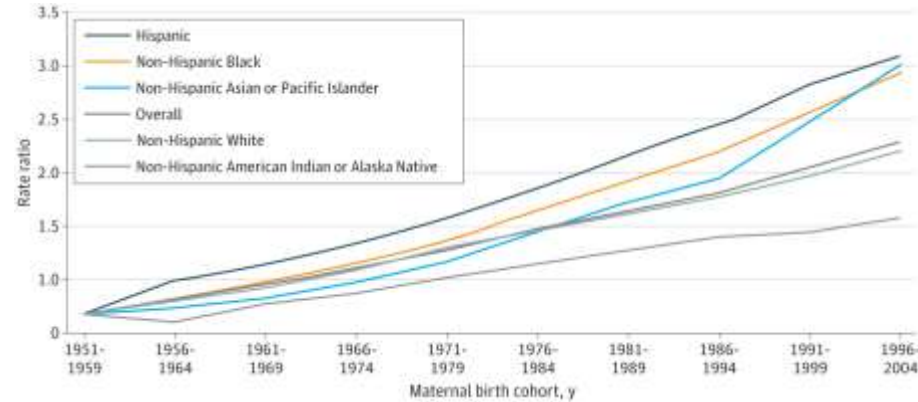


# HIGHER HDP RISK IN YOUNGER GENERATIONS

Maternal Age Distribution at Delivery in the US  
2007-2019

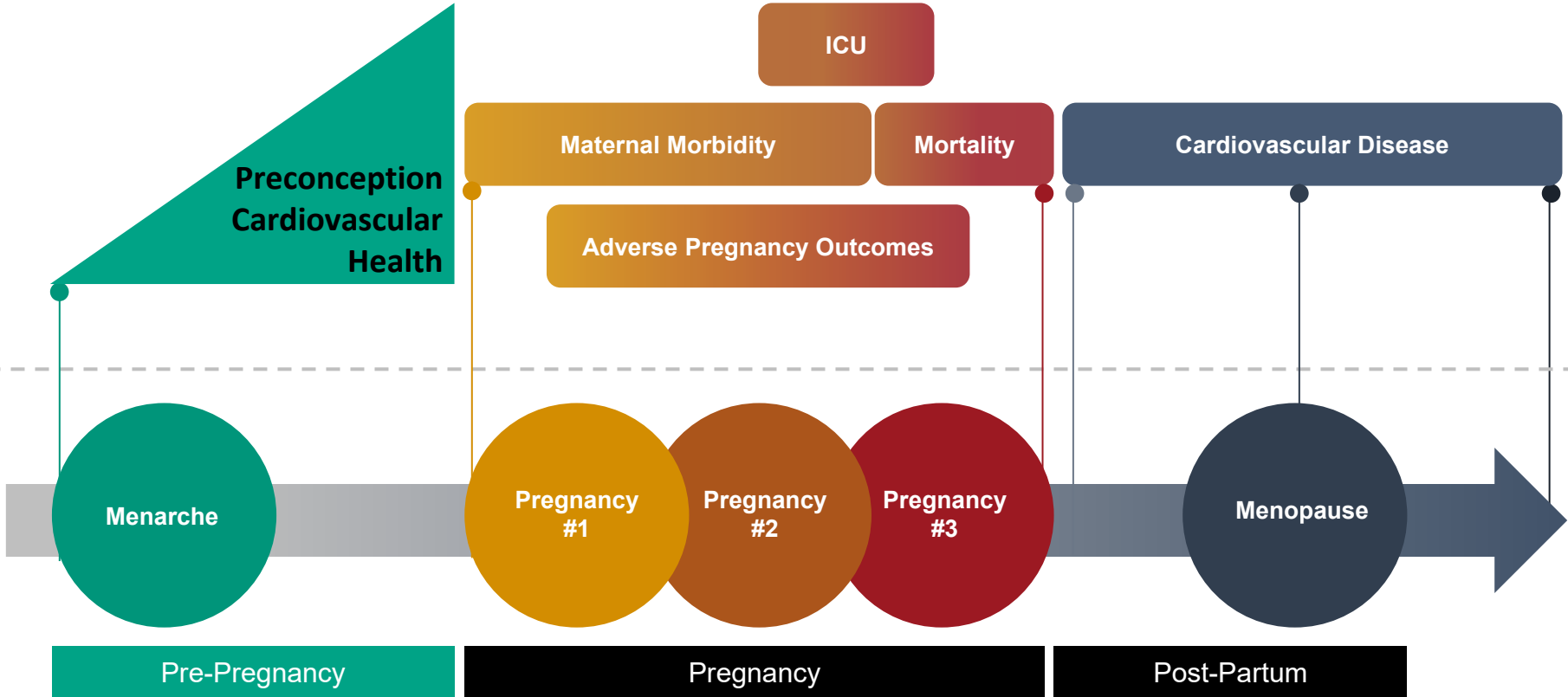


Maternal Age Distribution of New-Onset HDP  
2007-2019



N= 38,141,561 nulliparous pregnant individuals born between 1951-2004  
aRR for 1996-2004 vs. 1951-1959: 2.61 (95% CI 2.41-2.84)

Based on self-reported race and ethnicity  
Higher birth cohort aRR for Hispanic individuals, non-Hispanic Black individuals, and non-Hispanic Asian individuals



# CVH IS DECLINING IN THE US, PARTICULARLY IN YOUNG



Rates of obesity and severe obesity are on the rise

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Rates of HTN are on the rise

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Rates of pre-diabetes and diabetes are on the rise

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# KEY OBJECTIVES

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1.

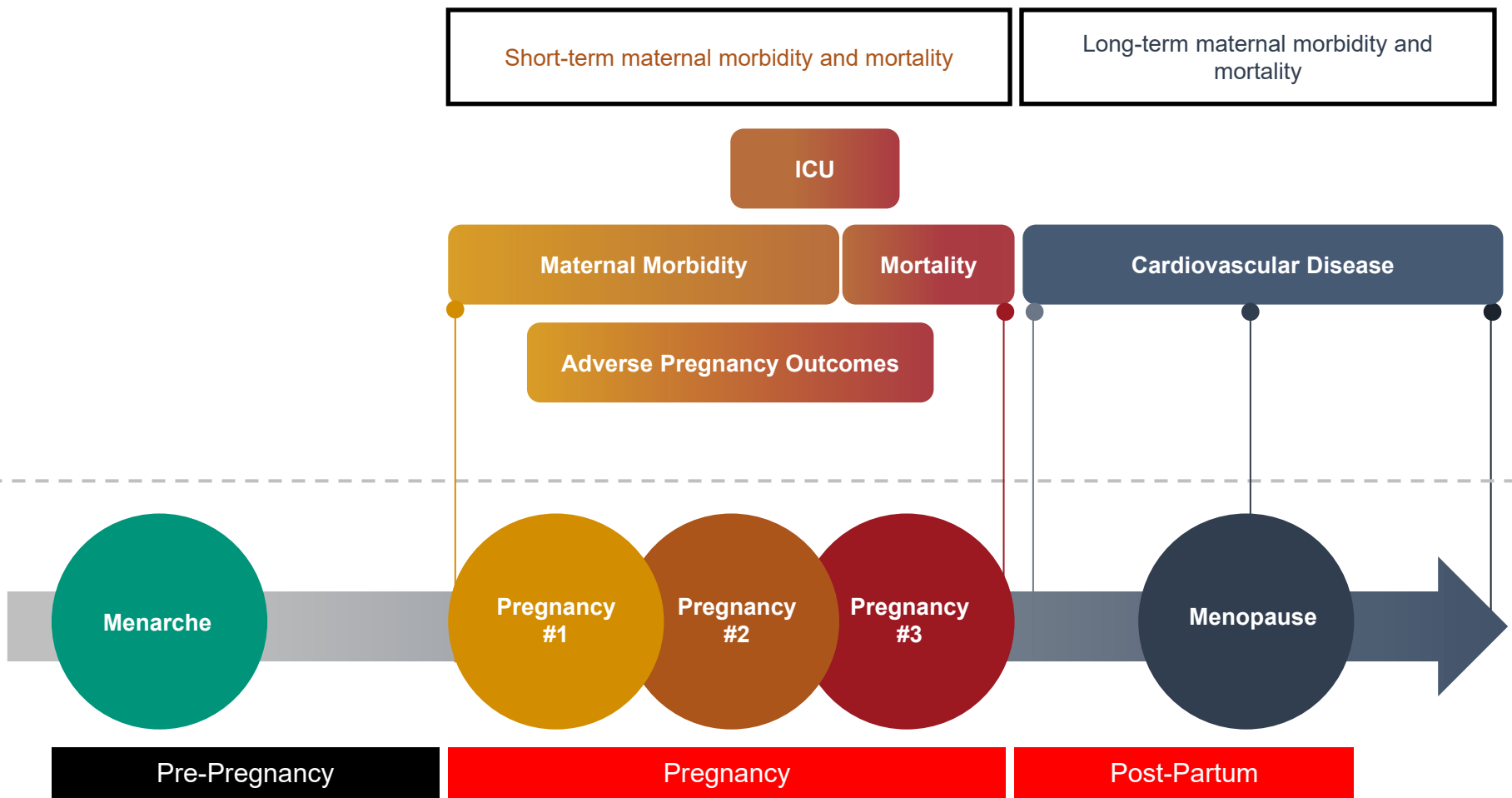
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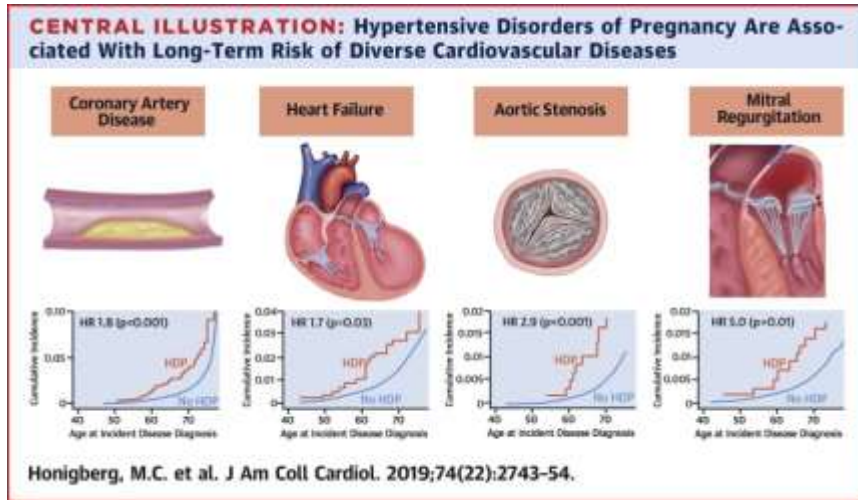
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# ASSOCIATION OF HDP AND CVD

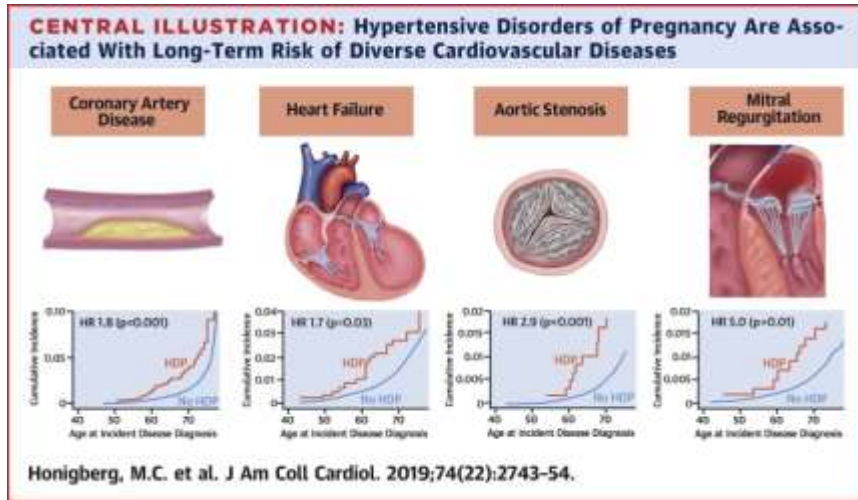
## Association of HDP with Long-term Cardiovascular Outcomes in the UK Biobank



Among N= 220,024 women, 1.3% reported HDP  
Mean age 57.4 (7.8) years with median f/u 7 (6.3-7.7) years

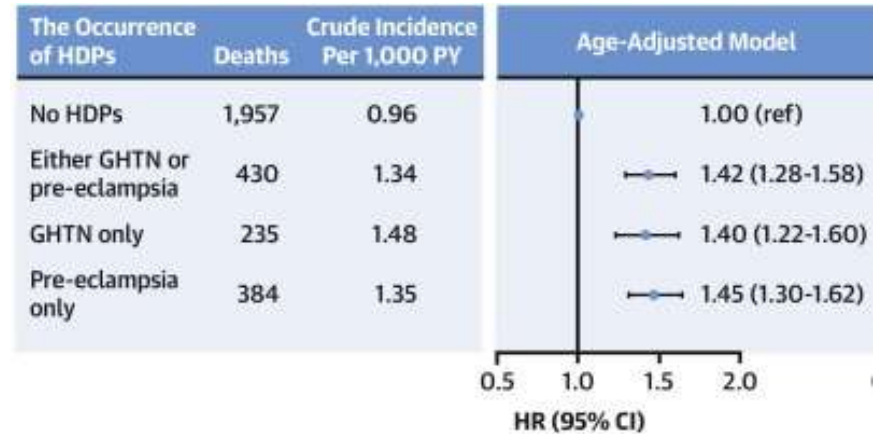
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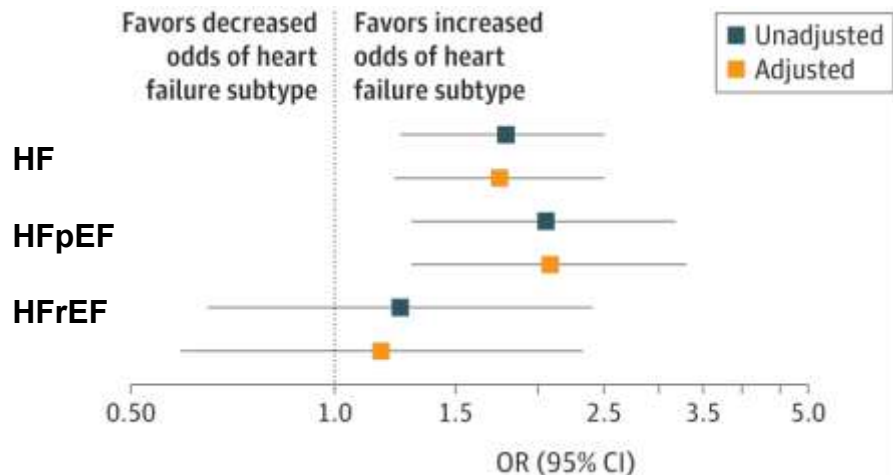
## Association of HDP and Premature Mortality (<70 years) in the Nurses Health Study



Among N= 88,394 women, 14% reported HDP  
 2,355,049 person-years of follow-up, 2,387 premature deaths

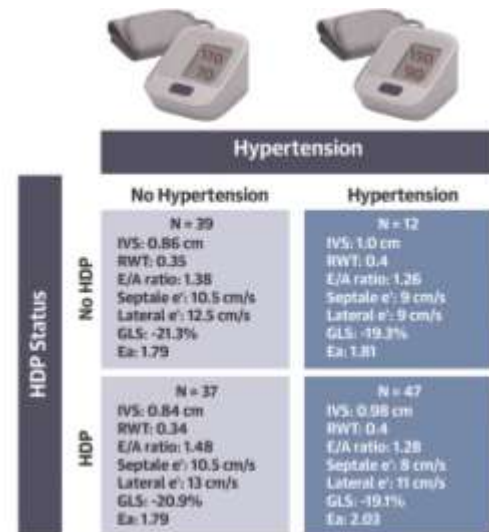
# ASSOCIATION OF HDP AND OUTCOMES

## Association of HDP and Incident Heart Failure in the Women's Health Initiative



Among N= 10,292 women, 7.4% reported HDP  
 Median age 60 (55-64) years with ~20 years f/u

## Cardiovascular Risks Ten Years after HDP Driven by Development of HTN



Among N= 135 women (84 with and 51 without HDP)  
 Patients with vs. without HDP: prevalence of HTN was  
 56% vs. 24%



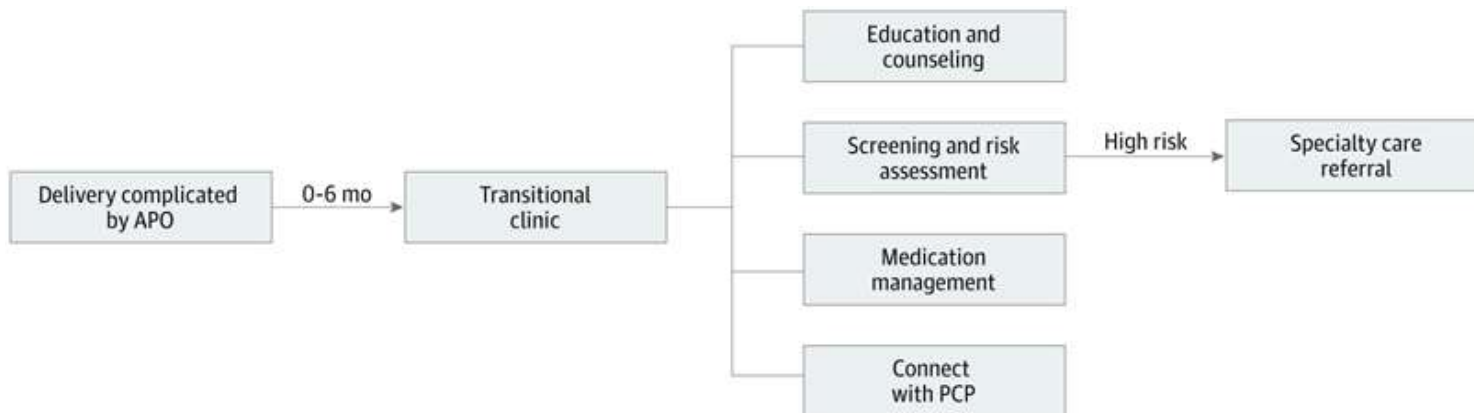
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# POSTPARTUM INTERVENTIONS TO MITIGATE CVD RISK

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# POSTPARTUM INTERVENTIONS TO MITIGATE CVD RISK



Reproductive Life Course

## 2019 ACC/AHA Guideline on the Primary Prevention of Cardiovascular Disease

A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines

2019 ACC/AHA Guideline on the Primary Prevention of Cardiovascular Disease emphasize sex-specific risk enhancing factors (e.g., HDP) when assessing ASCVD risk

Recommendations for Assessment of Cardiovascular Risk		
COR	LOE	Recommendations
I	B-NR	For adults 40 to 75 years of age, clinicians should routinely assess traditional cardiovascular risk factors and calculate 10-year risk of ASCVD by using the pooled cohort equations (PCE).
IIa	B-NR	For adults 20 to 39 years of age, it is reasonable to assess traditional ASCVD risk factors at least every 4 to 6 years.
IIa	B-NR	In adults at borderline risk (5% to <7.5% 10-year ASCVD risk) or intermediate risk ( $\geq 7.5\%$ to <20% 10-year ASCVD risk), it is reasonable to use additional risk-enhancing factors to guide decisions about preventive interventions (e.g., statin therapy).

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# KEY TAKEAWAYS FOR HDP, HTN, AND CVD

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1

Pregnancy is a critical life period when **risk for CVD is unmasked** and can serve as a prompt to intensify prevention

2

**Adverse trends** have been observed in HDP and its complications (PTB) and RF (GDM), particularly in younger generations

3

HDP is associated with short- and long-term CVD, which is **mediated through chronic hypertension**

**Thank you.**

**Questions?**

**@HeartDocSadiya**





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