

Long-Term Cardiovascular Disease Risk in Women After Hypertensive Disorders of Pregnancy: Recent Advances in Hypertension

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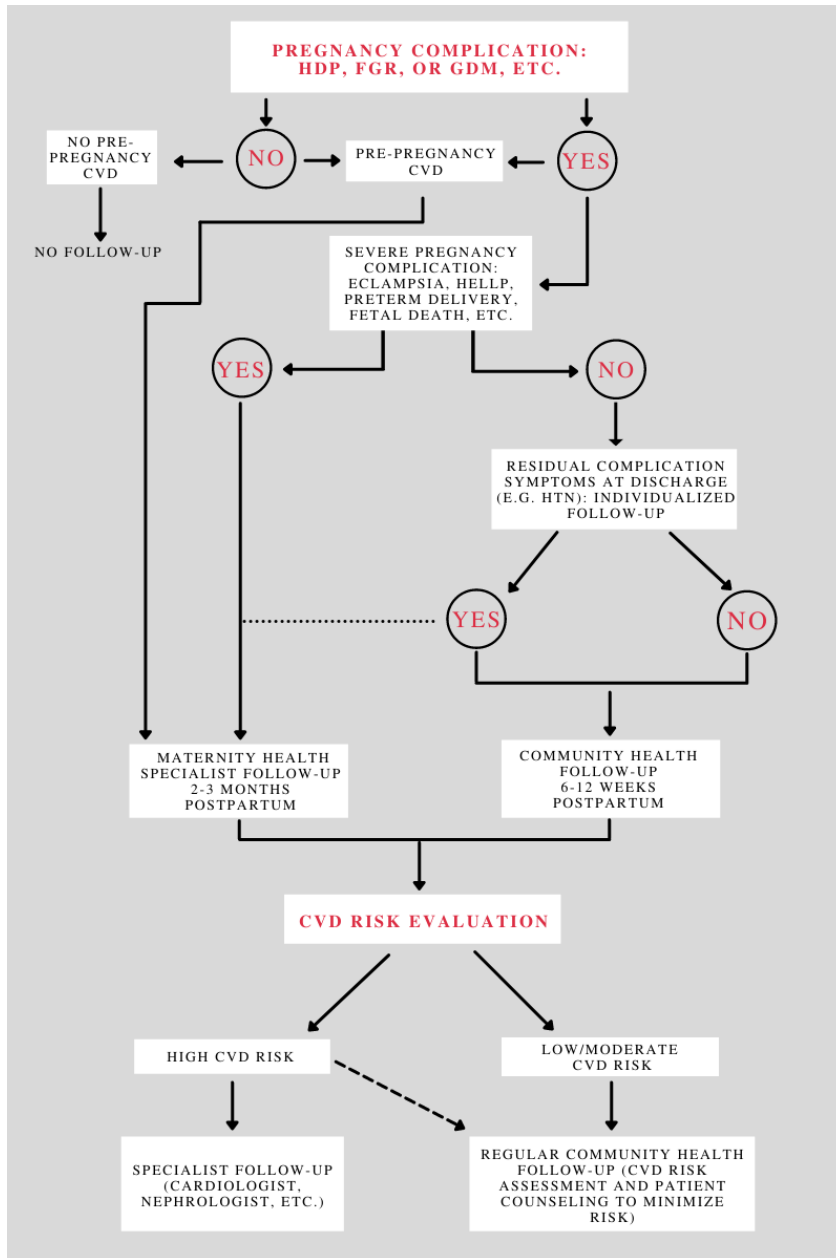
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Reference section

1. Staff AC, Redman CW, Williams D, et al. Pregnancy and Long-Term Maternal Cardiovascular Health: Progress Through Harmonization of Research Cohorts and Biobanks. *Hypertension*. 2016;67(2):251-260



Supplemental Figure S1: A follow-up flow chart to reduce cardiovascular disease risk following pregnancy complications. Women with pregnancy complications, particularly HDP, should complete a follow-up within 6 weeks postpartum. In addition, specialty follow-up should occur for any woman with residual hypertension, proteinuria, or hyperglycemia at delivery discharge or affected by a severe complication. Abbreviations: CVD = cardiovascular disease, FGR = fetal growth restriction, GDM =

gestational diabetes mellitus, HDP, hypertensive disorders of pregnancy, HELLP = hemolysis, elevated liver enzymes, low platelets syndrome, HTN = hypertension (adapted from Staff et al. Hypertension 2016;67:251-260).¹

Future Research

Long-term maternal CVD risk following HDP



Supplemental Figure S2: Future research directions for long-term maternal cardiovascular disease (CVD) risk management following hypertensive disorders of pregnancy. Future research is needed to define appropriate blood pressure targets in the postpartum period, identify novel biomarkers for postpartum CVD risk, and the development, evaluation, and optimization of preventative strategies, with a particular focus on socioeconomic inequity, for postpartum CVD risk reduction. Abbreviations: CVD = cardiovascular disease; HDP = hypertensive disorders of pregnancy.