

Hypertensive Disorders of Pregnancy and Cardiovascular Disease: A Guide for GPs

POST-PARTUM ASSESSMENT

Did your patient experience:

- Gestational hypertension
- Pre-eclampsia/ eclampsia
- A pre-term delivery
- Birth of a baby with severe growth restriction

If you have ticked 'yes' to 1 more of the above then your patient would benefit from a cardiovascular check within the first 6 months post-partum.

This check should include:

- Blood pressure
- Fasting glucose
- BMI
- Smoking assessment

Women to monitor more closely:

- ♥ Severe or early onset (<34 weeks) pre-eclampsia
- ♥ Recurrent pre-eclampsia
- ♥ Metabolic syndrome
- ♥ Current smokers
- ♥ Concurrent gestational diabetes and pre-eclampsia
- ♥ Concurrent 'traditional' CV risk factors

For more information please visit heartfoundation.org.au

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GENERAL FACTS

What Is the Link?

- Hypertensive disorders of pregnancy (gestational hypertension, pre-eclampsia, eclampsia) occur in approx. 7% of pregnancies in Australia and are INDEPENDENT risk factors for the development of heart disease.
- The link involves endothelial dysfunction and inflammation.

The Risk Following Pre-eclampsia

- Hypertension: 3X increased risk
- Ischaemic heart disease: 2X increased risk
- Diabetes: 2X increased risk
- Stroke: 1.8X increased risk
- Overall morbidity: 1.5X risk

Women at Higher Risk

- Women who also have metabolic syndrome or obesity
- Women who experienced early onset (<34 weeks) or severe pre-eclampsia
- Women who experienced a pre-term delivery
- Women who also experienced gestational diabetes
- Women with recurrent pre-eclampsia
- Women who delivered growth restricted/small for gestational age babies

Practical Tips for Assessing and Treating Women post HDP

There is poor data regarding interventions to reduce cardiovascular risk in women following hypertensive disorders of pregnancy however we do know there is benefit in **regular cardiovascular assessment and close attention to modifiable risk factors.**

1. Perform a cardiovascular assessment in the first 6 months post-partum including blood pressure and fasting glucose/OGTT (for gestational diabetes).
2. Assess fasting lipids when >12 months post delivery and not breast-feeding.
3. Encourage smoking cessation, reduction in saturated fats and a healthy lifestyle.
4. Encourage women to achieve their pre-pregnancy weight.
5. If women have any 'high risk' features monitor them closely with yearly risk factor assessment.
6. Encourage breast-feeding where possible/appropriate.
7. Encourage women to be informed and access resources to further understand the conditions and their risk.
8. Be proactive in providing advice for optimising future pregnancies.