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## PAPER OF THE MONTH • NOVEMBER 2019



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# Circulation

## Cardiovascular Disease-Related Morbidity and Mortality in Women With a History of Pregnancy Complications

### Systematic Review and Meta-Analysis

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Women with a history of certain pregnancy complications are at higher risk for cardiovascular (CVD) disease. However, most clinical guidelines only recommend postpartum follow-up of those with a history of preeclampsia, gestational diabetes mellitus, or preterm birth. This systematic review was undertaken to determine if there is an association between a broader array of pregnancy complications and the future risk of CVD.

Our systematic review included 83 studies (28 993 438 patients). The risk of CVD was highest in women with gestational hypertension, preeclampsia, placental abruption, preterm birth, gestational diabetes mellitus, and stillbirth. A consistent trend was seen for low birth weight and small-for-gestational-age birth weight but not for miscarriage.

Women with a broader array of pregnancy complications, including placental abruption and stillbirth, are at increased risk of future CVD. The findings support the need for assessment and risk factor management beyond the postpartum period.

[doi.org/10.1161/CIRCULATIONAHA.118.036748](https://doi.org/10.1161/CIRCULATIONAHA.118.036748)