

Increased Women's Cardiovascular Mortality in their forties after Hypertensive Disorders of Pregnancy: A national cohort study

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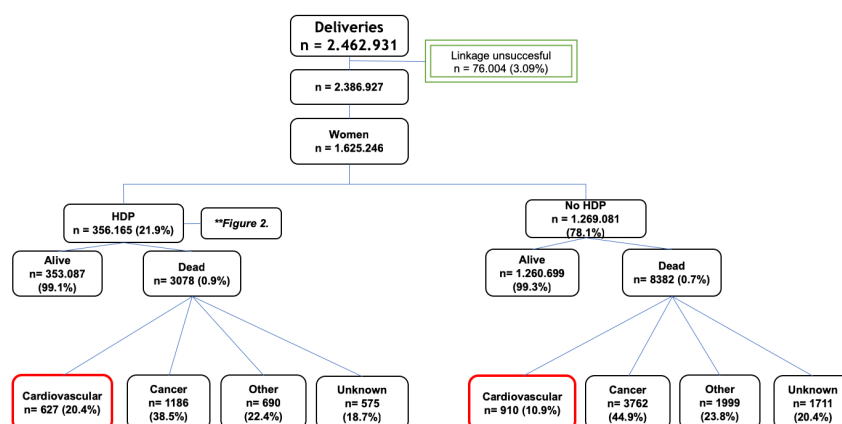
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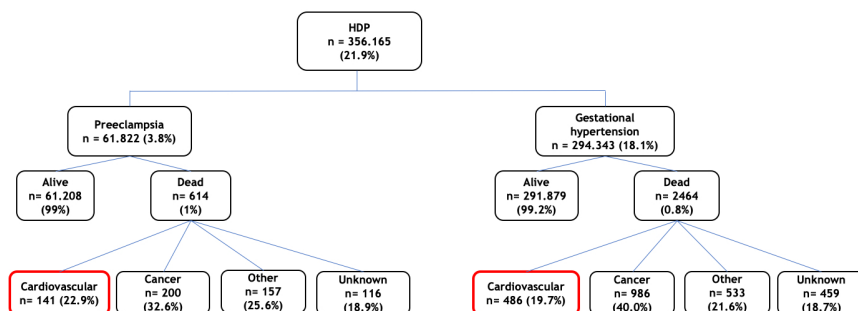
Abstract

Objective: To determine the association between HDP and cardiovascular mortality. **Design:** Cohort study **Setting:** Population based using the Dutch National Birth Hospital Registry linked with the National Death Registry. **Population:** All women who gave birth between 1995 – 2015 **Methods:** Cox-regression models with hazard ratios (HR) and survival curves were executed. **Main outcome and measures:** The cardiovascular mortality risk after HDP was analyzed. Cardiovascular mortality-risk was analyzed in women with a history of HDP in one or more pregnancies compared to women without a history of HDP. In a subgroup of this cohort the effect of HDP on cardiovascular mortality was analyzed using only the nulliparous pregnancy of women. **Results:** Women were followed for a mean time of 10.4 years. Of 1,625,246 parous women 21.9% had a history of HDP. Gestational hypertension (18.1%) was associated with an aHR of 2.13 (95% CI: 1.91 – 2.38) for CVM. Preeclampsia (3.8%) was associated with an aHR of 3.35 (95 %CI: 2.80 – 4.00) for CVM. Cardiovascular mortality risk was highest in women with a history of HDP combined with a preterm birth (<37 weeks) and a growth restricted child (

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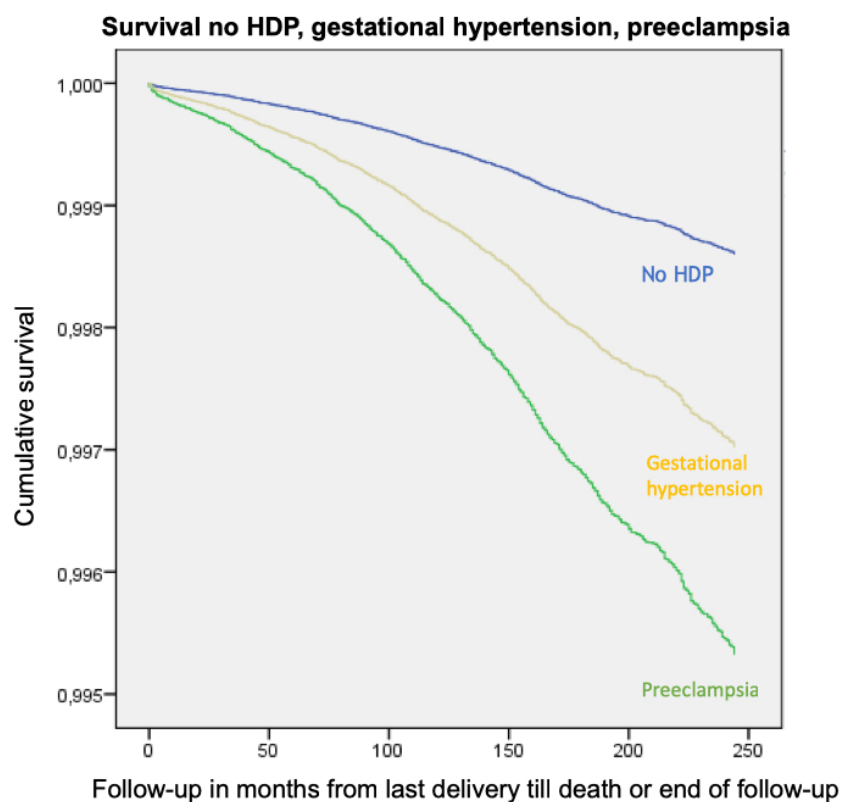


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