Women with Gestational Hypertension Are Not Receiving Appropriate Follow-Up Care, Prevention

By Heidi Anne Duerr, MPH [2]

Hypertension affects as many as 8% of all pregnancies. Not only does it pose complications during pregnancy, but even if it resolves after delivery, it places women at increased risk for cardiovascular disease. As such, these women should receive cardiovascular disease counseling and screening, including the monitoring of their blood pressure and cholesterol levels, implementation of lifestyle modifications, and awareness of heart attack symptoms.

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Using data from the 2008 data National Health Interview Survey, the researchers looked at 11,970 women, comparing 7915 women without a history of hypertension (non-HTN) with women who had gestational hypertension only (gestational-HTN; n = 301 or self-reported history of hypertension (ever-HTN; n = 3754).

To ascertain adherence, the researchers examined the use of blood pressure and cholesterol screenings as well as knowledge of heart attack symptoms using national clinical recommendations. For blood pressure, adherence was defined as having received screening within the past 2 years by a doctor, nurse, or other health care professional. Similarly, blood cholesterol checked by a health care professional within the past 5 years was used as a marker of adherence. Patients who could correctly identify 5 major symptoms of a heart attack were considered to have accurate knowledge base. The researchers adjusted for various potential confounders, including demographic characteristic, health insurance, health indicators, and modifiable risk factors.

Overall, women with ever-HTN seemed to have the best adherence and knowledge of heart attack symptoms. The researchers found that women with gestational-HTN were less likely than women with ever-HTN to have had their blood pressure checked within the previous 2 years and were less likely to have their blood cholesterol checked within the previous 4 years (93% vs 97% and 75% vs 93%, respectively). Women with no-HTN reported similar screening participation as those with gestational-HTN. Furthermore, women with ever-HTN demonstrated the best knowledge of heart attack symptoms; participants with no-HTN and those with gestational-HTN demonstrated the same level of knowledge.

The researchers discussed some other interesting findings. For instance, women with gestational-HTN and ever-HTN were more likely to rely on public insurance than those without HTN. As might be expected, rates of fair and poor health, cardiovascular disease, and diabetes mellitus were highest among those with ever-HTN; women no HTN had the lowest rates of fair to poor health. However, women with gestational-HTN had the highest rate of obesity (Figure).

Figure. Differences in cardiovascular disease and obesity by hypertension status.
The results of our study did indicate that gaps in screening and knowledge exist and that these gaps require attention by physicians and public health programs,” the authors explained. “Gestational hypertension is an important warning about future CVD risk, and multilevel prevention interventions are indicated.”

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