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# PL56. Long-term consequences of preeclampsia

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#### Introduction

There is a clearly documented increased risk of long-term maternal cardiovascular disease after pregnancy complications such as preeclampsia, premature birth and fetal growth restriction. The risk is highest in pregnancies with both maternal and fetal manifestations of abnormal placentation. We lack today however the mechanistic understanding of the association. We also lack the evidence-based recommendations on how and how frequent to follow up these women at risk, both pre- and postmenopausally.

#### Objective and methods

The talk will briefly review the epidemiological associations, with emphasis on cardiovascular disease (CVD) after preeclampsia. In addition, the talk will review common risk factors for preeclampsia and CVD, as women developing preeclampsia may have risk factors in common with older persons developing CVD. Additionally, the talk will suggest how preeclampsia and other placentally-mediated disorders may themselves contribute to an augmented cardiovascular burden that may directly or indirectly affect long-term vascular health.

#### Results

Further understanding of the process underlying maternal and placental mediators of preeclampsia may help cast light on development of cardiovascular disease later in life. Further research is needed to ascertain whether specifically targeted group of women with such pregnancy complications benefit from prevention strategies, such as with oral statins or aspirin, similarly to other population groups at risk, and thereby improve long-term maternal health.

#### Conclusion

This talk will suggest how longitudinal pregnancy cohorts and biobanks across the world may improve the understanding of CVD in parous women. Options for such studies from pregnancy biobanks within the Global CoLaboratory research network are presented.

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1. [Abstracts from the European Congress of the International Society for the Study of Hypertension in Pregnancy](http://www.sciencedirect.com/science/journal/22107789/5/3)