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Researchers Present New Findings on Postpartum Racial Disparities and Cardiovascular Disease

Las Vegas, Nevada, February 11, 2018 – Cardiovascular disease and hypertensive disorders are leading causes of maternal morbidity and mortality. Two studies will be presented on February 14, 2019, at the Society for Maternal-Fetal Medicine's (SMFM) annual meeting, The Pregnancy Meeting™, that address racial disparities in the postpartum period with a special focus on cardiovascular health.

In one study, researchers will unveil findings that demonstrate that black women are more likely to be [readmitted to the hospital in the postpartum period](#). Researchers analyzed 11.3 million birth records and compared postpartum readmission rates among white, black, Hispanic, Asian or Pacific Islander, and Native American women, as well as women for whom race was unknown. They found that compared to white women, black women were much more likely to be readmitted postpartum and Hispanic women were less likely to be readmitted.

Using the same data, the researchers found that black women were also more likely to suffer severe maternal morbidity, even after adjusting for income, age, and other socioeconomic factors that impact health outcomes. Furthermore, black women were the most likely to suffer significant life-threatening complications during readmission. More specifically, black women were 126% more likely than white women to experience pulmonary edema and acute heart failure.

“The racial and ethnic disparities in obstetric outcomes are clear,” said Aleha Aziz, MD, MPH, lead author of the abstract and maternal-fetal medicine fellow at Columbia University Irving Medical Center. “Obstetric care providers should be especially mindful of these differentials after delivery and consider closer surveillance of women, who may have increased risk for complications in the postpartum period.”

In another study that will be presented at The Pregnancy Meeting™ this week, researchers will unveil an innovative and effective way to reduce racial disparities in the postpartum period using [text messages to monitor women's blood pressure](#).

In this study, women with pregnancy-related hypertension were randomized to one of two groups after delivery. The first group received usual care for blood pressure monitoring (an in office visit 7 – 10 days postpartum). The second group was discharged with a blood pressure cuff and asked to submit their blood pressure readings daily via text message. Researchers found that text-based monitoring improved blood pressure ascertainment for black and non-black women. Further, text-based monitoring eliminated the racial disparities in blood pressure ascertainment.

“For a variety of reasons, many women are unable to go to their postpartum visit,” said Adi Hishberg, MD, lead author of the abstract and assistant professor of clinical obstetrics and gynecology at Perelman School of Medicine at the University of Pennsylvania. “When women cannot access care, they can end up sicker, in the emergency room and readmitted to the hospital. Our study demonstrates that there are

other methods of engaging women after delivery and monitoring blood pressure, specifically text message, that can help women of all races, and may change the future of postpartum care.”

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About SMFM

The Society for Maternal-Fetal Medicine (est. 1977) is a non-profit membership organization representing the interests of obstetricians/gynecologists who have additional formal education in maternal-fetal medicine. The Society is devoted to reducing high-risk pregnancy complications by providing continuing education to its more than 2,000 members on the latest pregnancy assessment and treatment methods. It also serves as an advocate for improving public policy and expanding research funding and opportunities for maternal-fetal medicine. SMFM hosts an annual scientific meeting in which new ideas and research in the area of maternal-fetal medicine are unveiled and discussed. For more information, visit www.smfm.org