

Adverse Pregnancy Outcomes, Cardiometabolic Risk and the Post-Partum Cardiovascular Follow-Up Gap: A Cross-Sectional Study

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Introduction. Adverse pregnancy outcomes (APOs) are recognised in the 2025 ESC Guidelines as markers of increased long-term cardiovascular risk and should be incorporated into cardiovascular risk assessment. Whether this recommendation translates into preventive follow-up in routine care remains uncertain. This study aimed to evaluate the prevalence of APOs, their association with current cardiometabolic status, and the extent of post-partum cardiovascular prevention among Polish parous women.

Methods. In this cross-sectional survey, 283 parous women (median age 41 years, interquartile range 36–50) completed a structured self-report questionnaire on obstetric history, anthropometry, diagnosed chronic conditions, and post-partum preventive care. Core APOs were defined as hypertensive disorders of pregnancy, gestational diabetes, preterm delivery, or low birth weight. Associations with current cardiometabolic outcomes were examined using logistic regression adjusted for age, body mass index, smoking, education, and family history of cardiovascular disease.

Results. At least one core APO was reported by 113 women (39.9%). Hypertensive disorders of pregnancy were associated with current hypertension (adjusted odds ratio [aOR] 3.92, 95% confidence interval [CI] 1.65–9.27) and any cardiometabolic condition (aOR 2.21, 95% CI 1.09–4.51). Gestational diabetes was associated with type 2 diabetes (aOR 19.61, 95% CI 6.09–63.14) and dyslipidaemia (aOR 4.07, 95% CI 1.86–8.89). Despite this risk, only 43/113 women with an APO (38.1%) reported any preventive cardiovascular check since the index pregnancy, and only 27/79 (34.2%) recalled being informed that their pregnancy history increased future cardiovascular risk. Follow-up uptake fell

from 63% at 1–5 years after delivery to 19% at 6–10 years.

Discussion. APOs identified a substantial group of women with an adverse mid-life cardiometabolic profile, yet most remained outside structured cardiovascular prevention. The marked decline in follow-up over time highlights a continuity-of-care gap and supports systematic post-partum pathways linking maternity care with long-term prevention, with a potential role for nurses and midwives in risk communication, follow-up, and referral.

Keywords: Adverse Pregnancy Outcomes, Cardiovascular Risk, Hypertensive Disorders of Pregnancy, Gestational Diabetes, Preventive Cardiology, Nursing

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