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## Introduction

- Stage 1 hypertension (HTN) in birthing persons is associated with adverse pregnancy outcomes
- These outcomes include severe preeclampsia, small for gestational age (SGA) neonates, and medically indicated preterm birth
- ACOG recommends low-dose aspirin as a prophylactic measure to prevent severe preeclampsia for birthing persons with Chronic HTN (CHTN) in pregnancy
- ACOG has yet to include Stage I HTN as an indication for low-dose aspirin use in pregnancy

## Methods

- A retrospective cohort study was initiated for deliveries at a community hospital from Jan 2017- Dec 2021
- Current and past hypertensive disorders were recorded upon intake into prenatal care and on admission for delivery
- All other adverse delivery outcomes were recorded after delivery
- Patients > 20 wga were grouped into three categories: normotensive, Stage I HTN, or CHTN
- Stage 1 HTN was defined as a blood pressure of 130-139/80-89
- CHTN was defined as blood pressure > 140/90 before 20 wga
- Patients were excluded based on incomplete records, multi-fetal gestations, and pregnancies with known genetic or structural defects in the fetus.

## Purpose

1. Identify how prominent Stage I HTN is in our patient population
2. Identify how often Stage 1 HTN is identified appropriately before 20 weeks gestation
3. Determine if low-dose aspirin therapy was recommended for the prevention of preeclampsia
4. Determine if prophylactic low-dose aspirin in pregnancies with Stage 1 HTN lowers rates of adverse pregnancy outcomes

## Results

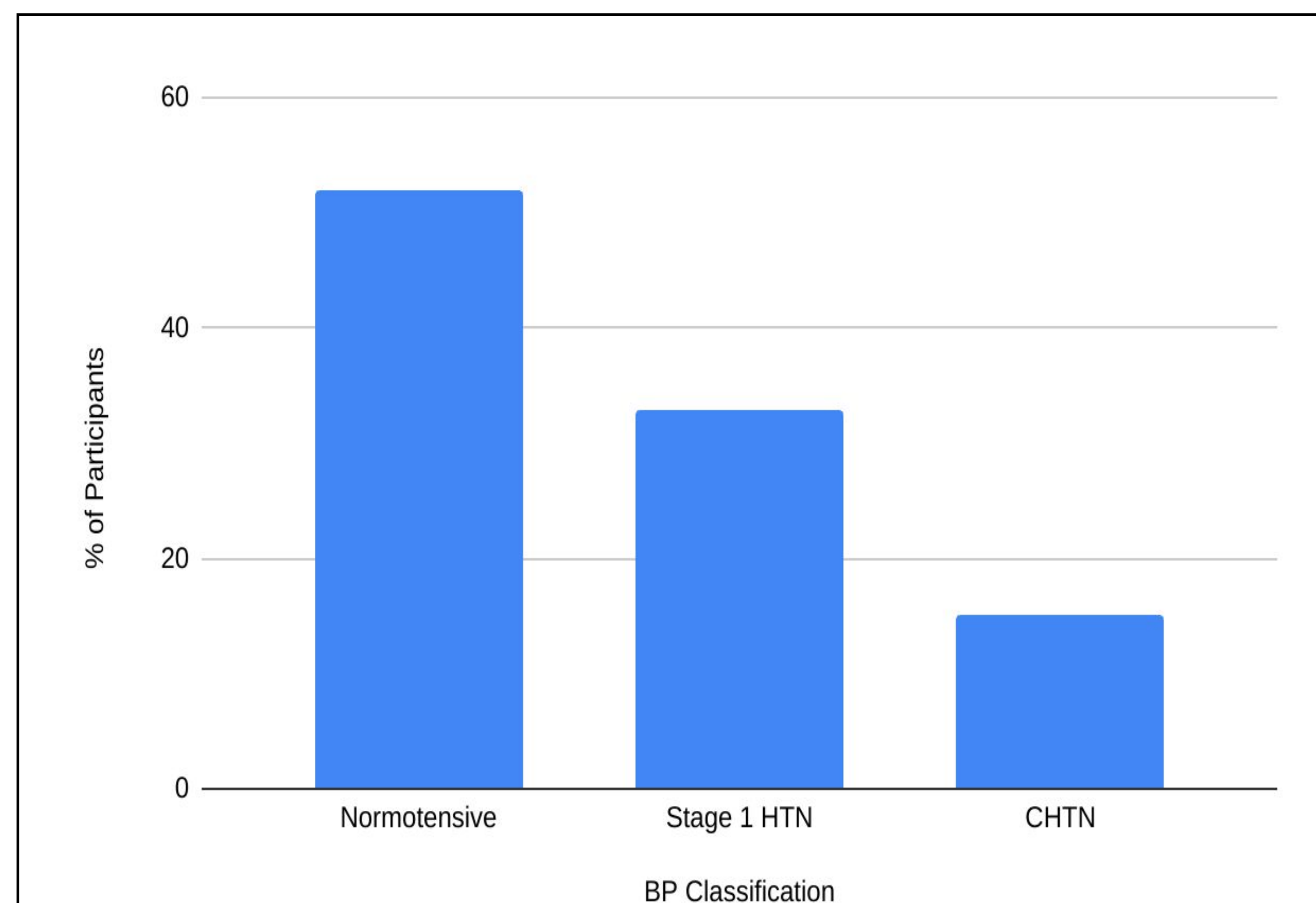


Figure 1

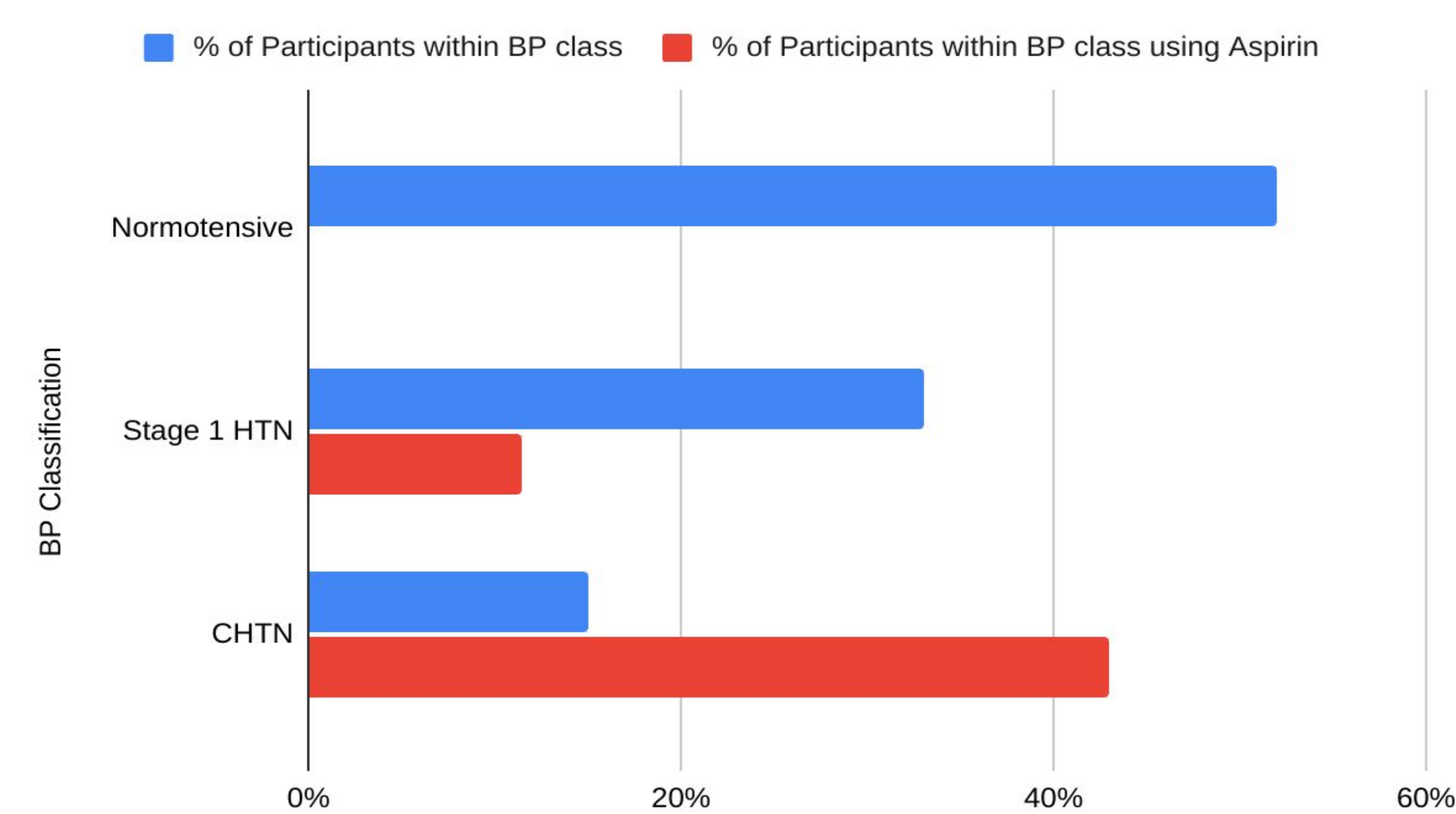


Figure 2

Figure 1: Distribution of blood pressures recorded from participants

Figure 2: Breakdown of participants with HTN disorders that also utilized prophylactic aspirin

## Results

- Pregnancy and postpartum blood pressure trends were reviewed in 733 deliveries.
- 84% of patients had complete records available for review
- Distributions of blood pressure trends were normal BPs (52%), Stage I HTN (33%) and CHTN (15%)
- Stage I HTN was properly identified in only 5% of pregnancies
- Prophylactic aspirin was used in 22 of 202 patients (11.5%) with Stage I HTN
- Aspirin use in 43% of patients with CHTN

## Conclusion

- Our patient population is unique due to the high prevalence of the pre existing HTN disorders prior to pregnancy
- Maternal cardiovascular disease is a leading cause of maternal morbidity and mortality in Louisiana so additional steps are needed to prevent adverse pregnancy outcomes

## Future Considerations

- Will continue to collect data to increase the sample size
- Determine if low-dose aspirin is beneficial in preventing adverse pregnancy outcomes in birthing persons with Stage 1 HTN
- Determine how these outcomes compare to patients with CHTN
- Consider the barriers that may prevent maternal access to hypertensive prenatal care