

# COGI 2013- Abstract submission

*Fetomaternal Medicine*

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## RISK OF CORONARY ARTERY DISEASE IN WOMEN WITH HISTORY OF PREGNANCIES COMPLICATED BY PREECLAMPSIA AND LBW.

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**Do you have a preferred presentation method ?:** Poster

**Would you like to take part in the Under 34 Competition ?:** No

**Problem statement:** Women with a history of pregnancy complicated by preeclampsia or intrauterine growth restriction and low infant birth weight looks at a higher risk for subsequent ischemic heart disease.

To determine the relationship between pregnancy complications and maternal coronary artery disease (CAD) in the future

**Methods:** MATERIALS AND METHOD:

We performed a case-control study on 690 patients (345 patients in each group) referred to Tehran Heart Center. Women with CAD were in the case group and women without CAD were in the control group. The history of pregnancy complications (including preeclampsia, low birth weight [LBW] delivery, preterm labor and gestational hypertension) was evaluated in the two groups.

**Results:** RESULTS:

12.5% of the patients in the case group had a history of preeclampsia, compared with the control group (1.7%). ( $p < 0.0001$ ). Seven percent of the patients in the case group and 0.9% of the patients in the control group had history of LBW delivery. The difference was significant ( $p < 0.0001$ ). A history of preterm labor was recorded in 11% of cases and 3.2% of controls. Performing multivariate analysis showed that there is a strong association between preeclampsia and CAD (OR: 16.92; 95% CI;  $p < 0.0001$ ), LBW delivery and CAD (OR: 6.52; 95% CI;  $p: 0.0038$ ), and also between high parity and CAD. (OR: 1.135; 95% CI;  $p: 0.0479$ ).

**Conclusion:** CONCLUSION:

Our results suggest preeclampsia, LBW delivery and high parity of the mother as independent risk factors for CAD in the future.

**Disclosure of Interest:** None Declared