

# BP trajectory may ID risk for hypertensive disorders of pregnancy

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30.2, respectively), compared with an ultra-low-declining blood pressure group (referent). The associations for preeclampsia/eclampsia were modified by race/ethnicity and prepregnancy obesity, with the highest risks seen for Black women, followed by Hispanic and Asian [women](#) for all blood pressure trajectories and with increasing obesity class.

"Early pregnancy blood pressure patterns revealed racial and [ethnic differences](#) in associations with preeclampsia/eclampsia risk within equivalent levels and patterns," the authors write.

**More information:** Erica P. Gunderson et al, Early Pregnancy Blood Pressure Patterns Identify Risk of Hypertensive Disorders of Pregnancy Among Racial and Ethnic Groups, *Hypertension* (2021). [DOI: 10.1161/HYPERTENSIONAHA.121.18568](#)

Women with blood pressure that increases or shows little or no decline during the first half of pregnancy are at substantially higher risk for developing a hypertensive disorder in the second half of pregnancy, according to a study published in the March issue of *Hypertension*.

Erica P. Gunderson, from Kaiser Permanente Northern California in Oakland, and colleagues assessed distinct [blood pressure](#) trajectories from 0 to 20 weeks of gestation and their relationship with subsequent pregnancy-related hypertension in a retrospective cohort of 174,925 women with no prior hypertension or history of preeclampsia, prenatal care entry  $\geq$ 14 weeks, and a stillborn or live singleton birth between 2009 and 2019.

The researchers found that for low-increasing, moderate-stable, and elevated-stable blood pressure groups, there was elevated risk for preeclampsia/eclampsia (adjusted odds ratios, 3.25, 5.3, and 9.2, respectively) and gestational hypertension (adjusted odds ratios, 6.4, 13.6, and

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