



Lifestyle Interventions to Mitigate Post-Preeclampsia Cardiovascular Complications

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DESCRIPTION

Preeclampsia is a severe pregnancy complication elevated by high blood pressure and damage to multiple organ systems. The condition is associated with endothelial dysfunction, inflammation and metabolic disturbances, which can persist postpartum and contribute to the development of CVD. Women with a history of preeclampsia are at increased risk for hypertension, ischemic heart disease, stroke and heart failure [1]. Given the heightened risk of cardiovascular complications, it is important for women with a history of preeclampsia to adopt lifestyle changes that support heart health. These interventions can help manage blood pressure, improve metabolic health and reduce inflammation, thereby lowering the risk of CVD. The Dietary Approaches to Stop Hypertension (DASH) diet emphasizes the consumption of fruits, vegetables, whole grains and low-fat dairy products while reducing intake of saturated fats, cholesterol and sodium. This diet has been shown to lower blood pressure and improve lipid profiles [2-4]. This diet focuses on plant-based foods, healthy fats (such as olive oil), fish and moderate wine consumption. It is associated with reduced inflammation and improved cardiovascular outcomes. Reducing the intake of processed and high-sodium foods can help manage blood pressure and reduce the risk of CVD. Regular health screenings play a vital role in identifying and managing cardiovascular risk factors at an early stage. Women with a history of preeclampsia should have regular check-ups to monitor blood pressure, lipid levels and glucose levels. Early intervention can help to prevent the progression of cardiovascular disease. CoQ10 is an antioxidant that supports heart health by improving energy production in cells and reducing oxidative stress. Raising awareness about the long-term cardiovascular risks associated with preeclampsia is essential. Women who have experienced preeclampsia should be educated about their increased risk and the importance of lifestyle interventions. Providing information about the link between preeclampsia and cardiovascular disease and the steps women can take to mitigate these risks. Offering support programs and resources to help

women adopt and maintain healthy lifestyle changes. Maintaining strong social connections and engaging in community activities can provide emotional support and improve mental well-being. Techniques such as yoga and mindfulness meditation can improve mental health and reduce stress [5,6]. Professional support from a therapist or counsellor can help manage mental health conditions and reduce stress. Moderate alcohol intake can influence cardiovascular health both positively and negatively. While some studies suggest that moderate alcohol intake, particularly red wine, may have heart-protective benefits, excessive consumption can lead to hypertension, heart failure and other cardiovascular issues. Quality sleep is important for maintaining overall health and well-being. Poor sleep can lead to hypertension, obesity and increased stress levels [7,8]. Omega-3 Fatty Acids found in fish oil and flaxseed, omega-3 fatty acids have anti-inflammatory properties and can help reduce blood pressure and triglyceride levels. Nicotine replacement therapy and prescription medications can assist in managing withdrawal symptoms and reduce cravings. Building a strong support network of family and friends can provide emotional support and reduce stress. Ensuring that caloric intake matches energy expenditure is key to maintaining a healthy weight [9,10]. This can be achieved through a combination of diet and exercise.

CONCLUSION

Preeclampsia is a significant risk factor for future cardiovascular disease, but the proactive lifestyle interventions can greatly reduce this risk. By focusing on a heart-healthy diet, regular physical activity, weight management, stress reduction, smoking cessation, regular health screenings and additional strategies such as nutritional supplements, sleep hygiene and mental health support, women can improve their long-term cardiovascular health. Education and awareness are key to empowering women to take control of their health and prevent cardiovascular complications. Techniques such as mindful

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eating, self-monitoring and setting realistic goals can support long-term weight management.

REFERENCES

1. Rich-Edwards JW, Fraser A, Lawlor DA, Catov JM. Pregnancy characteristics and women's future cardiovascular health: An underused opportunity to improve women's health?. *Epidemiol Rev.* 2014;36(1):57-70.
2. Siddiqui N, Hladunewich M. Understanding the link between the placenta and future cardiovascular disease. *Trends Cardiovasc Med.* 2011;21(7):188-193.
3. Romero R, Kusanovic JP, Chaiworapongsa T, Hassan SS. Placental bed disorders in preterm labor, preterm PROM, spontaneous abortion and abruptio placentae. *Best Pract Res Clin Obstet Gynaecol.* 2011;25(3):313-327.
4. Hastie CE, Smith GC, Mackay DF, Pell JP. Association between preterm delivery and subsequent C-reactive protein: A retrospective cohort study. *Am J Obstet Gynecol.* 2011;205(6):556-e1.
5. Perng W, Stuart J, Rifas-Shiman SL, Rich-Edwards JW, Stuebe A, Oken E. Preterm birth and long-term maternal cardiovascular health. *Ann Epidemiol.* 2015;25(1):40-45.
6. Lykke JA, Paidas MJ, Damm P, Triche EW, Kuczynski E, Langhoff-Roos J. Preterm delivery and risk of subsequent cardiovascular morbidity and type-II diabetes in the mother. *BJOG: Int J Obstet Gynaecol.* 2010;117(3):274-281.
7. Smith GC, Pell JP, Walsh D. Pregnancy complications and maternal risk of ischaemic heart disease: A retrospective cohort study of 129 290 births. *The Lancet.* 2001;357(9273):2002-2006.
8. Park K, Wei J, Minissian M, Bairey Merz CN, Pepine CJ. Adverse pregnancy conditions, infertility and future cardiovascular risk: Implications for mother and child. *Cardiovasc Drugs Ther.* 2015;29:391-401.
9. Cirillo PM, Cohn BA. Pregnancy complications and cardiovascular disease death: 50-year follow-up of the Child Health and Development Studies pregnancy cohort. *Circulation.* 2015;132(13):1234-1242.
10. Smith GD, Sterne J, Tynelius P, Lawlor DA, Rasmussen F. Birth weight of offspring and subsequent cardiovascular mortality of the parents. *Epidemiology.* 2005;16(4):563-569.