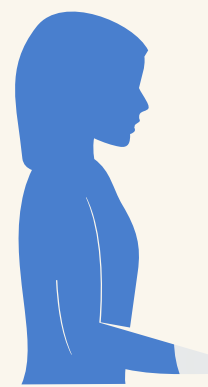


Hypertensive Disorders of Pregnancy and Breastfeeding Practices

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Compared to women without HDP, women with HDP reported:

- Higher rates of overweight/obesity.
- Higher rates of planned or emergency cesarean delivery.
- Gave birth ~1 week earlier.
- Shorter intended breastfeeding duration (by ~10 weeks), and shorter total breastfeeding duration (by ~6 weeks).
- Lower rate of exclusive breastfeeding practice (36% vs 60%), and higher rates of formula only feeding (28% vs 15%).



Study Objective:

To investigate the association between HDP and breastfeeding outcomes in the first year after birth (postpartum).

Methods:

- Women with a singleton pregnancy (N=1418) completed self-report questionnaires at <25 weeks, 34-36 weeks gestation, 4 and 12 months postpartum.
- Diagnosis of HDP was available through linked electronic medical records (N=122).
- Possible covariates controlled for included maternal age, annual income (household), ethnicity, parity (i.e., number of times the mother had given birth), infant gestational age at birth, mode of delivery (i.e., vaginal delivery, c-section), and maternal pre-pregnancy weight (BMI).

Conclusions:

- HDP is associated with shorter duration of exclusive breastfeeding. Resources to support women with HDP in achieving breastfeeding goals (e.g., lactation consultants) may provide cardioprotective benefits, and mitigate negative impacts of HDP on heart health.

