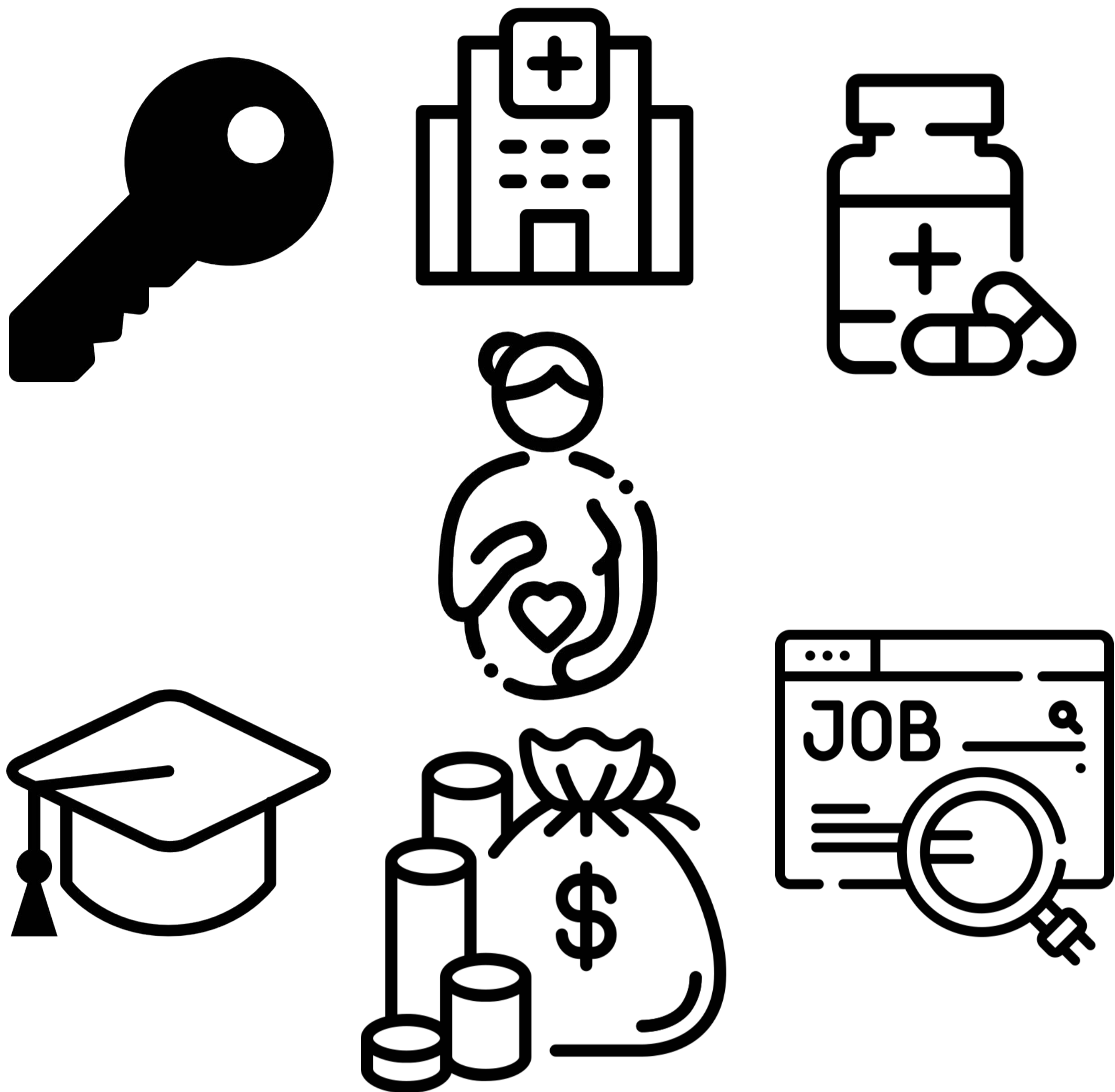


# Vaginal Bleeding in Pregnancy and Cardiovascular Risk in Women

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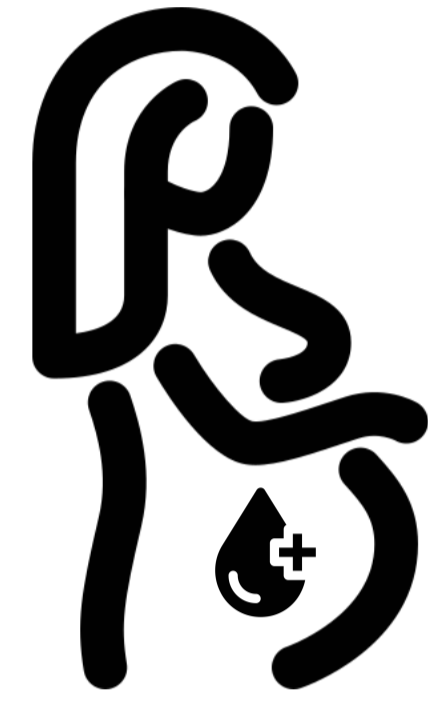
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## DATA SOURCES



## POPULATION (1979-2017)

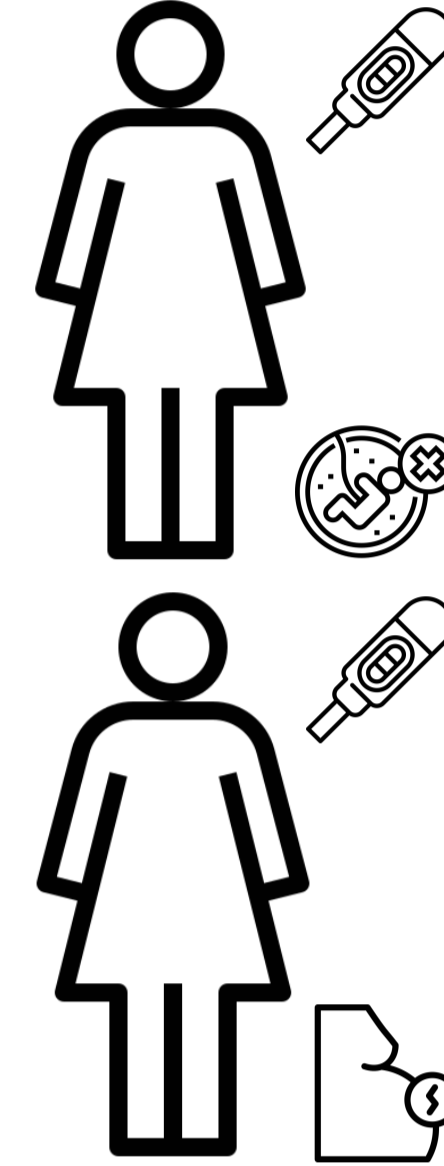
Vaginal bleeding within 20 gestational weeks of a pregnancy ending in a childbirth (69,230 childbirths among 65,395 women)



vs



Vaginal bleeding-affected childbirths (2,179,940 pregnancies among 1,172,715 women)



Pregnancies ending in a termination (578,355 pregnancies among 417,765 women)

Pregnancies ending in a miscarriage (258,430 among 219,680 women)

## FOLLOW-UP until the earliest of



Dec 31, 2018

Department of Clinical Epidemiology, Aarhus University is involved in studies with institutional funding from regulators and from various pharmaceutical companies, as research grants to and administered by Aarhus University. None of these studies is related to the current study. ED, EHP, HTS, and VE are salaried employees of Aarhus University.

FIGURE 1. Exposure to vaginal bleeding within 20 gestational weeks and women's risk of diabetes and cardiovascular diseases



Cox proportional hazards regression models were adjusted for the following: women's pre-pregnancy morbidity, drug utilization, socioeconomics, and reproductive history. Follow-up started at the date of the diagnostic or procedure record in the Danish National Patient Registry associated with the childbirth, vaginal bleeding, termination, or miscarriage. The follow-up was carried out until the earliest of the outcome of interest, death, emigration, or data end in Dec 2018.

## CONCLUSION

In comparison with vaginal bleeding-unaffected childbirths, vaginal bleeding affected-childbirths were associated with 1.2 to 1.3-fold **increased hazards** of diabetes type 1 and type 2, hypertension; ischaemic heart disease, including myocardial infarction; atrial fibrillation or flutter; heart failure; artery bypass grafting; ischaemic and haemorrhagic stroke.

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