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Summary

MAJOR ADVERSE CARDIOVASCULAR EVENTS DURING PREGNANCY AND POSTPARTUM IN WOMEN WITH INFLAMMATORY BOWEL DISEASE: A POPULATION-BASED COHORT AND CASE-CONTROL STUDY

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In a Swiss nationwide study of 658,776 deliveries, women with IBD had no increased risk of major cardiovascular events during pregnancy or the immediate postpartum period, but faced a 2.21-fold higher risk of MACE during long-term follow-up after delivery, driven primarily by stroke.

KEY POINTS

- Among 1,831 women with IBD and 656,945 comparators, the weighted hazard ratio for MACE during long-term follow-up (median 3.4 years) was 2.21 (95% CI 1.05-4.64, p=0.04), with 9 events in the IBD group versus 1,398 in the non-IBD group.
- The increased long-term MACE risk was primarily driven by stroke (HR 3.06, 95% CI 1.02-9.16), while no significant associations were observed for myocardial infarction, heart failure, or mortality.
- IBD was not associated with increased MACE risk during the pregnancy period (OR 0.73, 95% CI 0.10-5.26, p=0.76) or at delivery hospitalization (OR 1.62, 95% CI 0.30-8.73, p=0.58).
- Most MACE events occurred beyond 3 months after delivery in both groups (89% in IBD, 84% in non-IBD women).
- The findings support consideration of long-term cardiovascular risk assessment in women with IBD after pregnancy.

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