

Elevated Risks of Cardiovascular Disease in Pregnant Women

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ABOUT THE STUDY

Cardiovascular Disease (CVD) refers to any ailment that affects the heart or blood vessels. It is commonly connected with the formation of fatty deposits in the artery walls (atherosclerosis) and a higher risk of blood clots. The immune response is crucial in the onset and development of a wide range of cardiovascular illnesses including pro- and anti-inflammatory cytokines. Interleukin-35 (IL-35), a cytokine of the interleukin-12 family, is a new anti-inflammation and immunosuppressive cytokine that regulates immunological homeostasis and maintains inflammatory suppression. The significance of IL-35 in Cardiovascular Diseases (CVDs) has sparked widespread curiosity. A variety of experimental and clinical data suggests that IL-35 may play a pivotal role in preventing cardiovascular illnesses, particularly atherosclerosis and myocarditis.

The particular molecular processes behind IL-35's protective benefits remain unknown, tailored therapy utilising IL-35 may offer a viable and effective option for the prevention and treatment of cardiovascular disorders.

The aortic valve is a form of heart valve disorder. The valve between both the lower left chamber of the heart (left ventricle) and the major artery to the body (aorta) does not function correctly in aortic valve disease. The aortic valve aids in the proper flow of blood through the heart. Aortic dissection throughout pregnancy is uncommon, yet it can be fatal to both the fetus and the mother. Marfan syndrome is a significant risk factor for aortic dissection during pregnancy. Cardio-obstetrics arose in response to increased rates of maternal morbidity and death from Cardiovascular Disease (CVD) during pregnancy.

Women of reproductive age who have or are at risk for CVD should get adequate counselling about the maternal and foetal risks of pregnancy, as well as medical optimization and contraceptive guidance. A multidisciplinary cardio-obstetrics

group should provide optimal pregnancy monitoring, labour and delivery planning, and attentive follow-up during postpartum period, when CVD problems are still frequent. The hemodynamic changes that occur during pregnancy and labour and delivery should be examined in light of the patient's specific heart illness. The fourth trimester is the 12-week period following birth and is critical for addressing contraceptive, psychological health, cardiac risk factors, and identifying any potential postpartum problems. Women who have had a negative pregnancy result are at an elevated risk of long-term Cardiovascular and must receive proper education.

Conservative medical therapy is the primary treatment for type B aortic dissection, with the objectives of cardiac stabilisation, minimising the amount of the dissection, and lowering the risk of rupture. However, even straightforward type B aortic dissection in pregnant women may necessitate early and vigorous obstetric intervention to enhance foetal and maternal prognoses. Substantial evidence suggests that Post-Traumatic Stress Disorder (PTSD) is related with an elevated risk of Cardiovascular Disease (CVD), with PTSD-CVD relationship differing by socioeconomic position. However, there is insufficient evidence for differentiated relationship. The method of searching for unusual a cardiovascular disease symptom which rules in historical health examination records based on their hazard ratio efficiency and then diagnosing the problem using current medical data information. Furthermore, both medical professionals and patients benefit from early detection of symptoms and treatment planning.

CONCLUSION

The unusual symptoms that are proved by its utility risk of cardiovascular disease can support the medical professionals' judgement better than the typical symptoms since it is frequently hard to be recognised at a glance.

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