

WINCARS – September 2026

Article 1

Recurrence of Peripartum Cardiomyopathy in Subsequent Pregnancy, Stratified by Left Ventricular Function

Source: European Journal of Heart Failure, 2026

Abstract Summary

This systematic review and meta-analysis evaluated the risk of recurrent peripartum cardiomyopathy (PPCM) and maternal and fetal outcomes during a subsequent pregnancy, with outcomes stratified according to left ventricular ejection fraction (LVEF) before the subsequent pregnancy. Nine databases were searched through June 2025, and six cohort studies involving 266 women were included: 174 with recovered LVEF ($\geq 50\%$) and 92 with non-recovered LVEF ($< 50\%$). PPCM relapse occurred in both groups, without a statistically significant difference in relapse rates. However, maternal mortality was substantially lower among women with recovered LVEF. Women with recovered ventricular function also had higher LVEF during and after pregnancy and were more likely to demonstrate further LV recovery. No significant differences were identified in symptom worsening or obstetric and neonatal outcomes. The findings indicate that recovery of LVEF before a subsequent pregnancy is associated with better maternal outcomes, but recovery does not eliminate relapse risk. The authors emphasize that LVEF alone is insufficient for complete risk stratification and that individualized, multidisciplinary preconception and pregnancy care remains important.

Original source: <https://academic.oup.com/eurjhf/article/28/3/385/8510789>

Note: This document provides a detailed summary of the published abstract/source information. It does not reproduce the original abstract verbatim.

Article 2

Women and Men Benefit From Catheter Ablation for Management of Atrial Fibrillation Plus LV Systolic Dysfunction

Source: WINCARS / Cardiovascular Research Technologies (CRTonline), September 2026

Abstract Summary

This cohort analysis examined sex-related outcomes among women and men with atrial fibrillation (AF) and left ventricular systolic dysfunction undergoing catheter ablation. The study addresses whether the clinical benefit of ablation differs by sex in a population with both AF and impaired LV function. Contemporary evidence indicates that catheter ablation can improve rhythm control, ventricular function, symptoms and functional status in appropriately selected patients with AF and systolic dysfunction. The WINCARS report highlights that women and men both benefit from catheter ablation, supporting the use of rhythm-control strategies in women rather than assuming that sex should limit access to ablation. The study is particularly relevant because women with AF are often older at presentation and may have different symptom profiles and comorbidity patterns. The findings reinforce

the importance of evaluating procedural outcomes and recovery in both sexes while avoiding undertreatment of women with AF and LV dysfunction. Individual patient characteristics, procedural risk, AF phenotype and underlying heart failure should continue to guide treatment decisions.

Original source: <https://www.crtonline.org/news-detail/new-newsrelease-2955>

Note: This document provides a detailed summary of the published abstract/source information. It does not reproduce the original abstract verbatim.

Article 3

Sex-Based Differences in Outcomes After Mitral Transcatheter Edge-to-Edge Repair for Severe Mitral Regurgitation

Source: JACC: Advances, 2026

Abstract Summary

This study investigated whether outcomes after mitral transcatheter edge-to-edge repair (M-TEER) for severe mitral regurgitation differ between women and men. Patients undergoing M-TEER between May 2014 and October 2025 were assessed, with six-month all-cause mortality as the primary endpoint and mitral regurgitation reduction, heart-failure rehospitalization and functional capacity as secondary outcomes. The cohort included 293 patients, of whom 119 were women. Women and men had similar mitral regurgitation severity, while men had higher prevalence of coronary artery disease and functional mitral regurgitation. Women had significantly poorer functional capacity at baseline and presented at a more advanced age with greater symptom burden. Despite these baseline differences, six-month mortality and heart-failure rehospitalization were not significantly different between the sexes. Improvement in functional capacity at six months was also comparable. The study suggests that women may reach M-TEER with a different clinical profile and greater functional limitation, but short-term post-procedure outcomes can be similar. The findings support attention to earlier recognition and appropriate referral while considering individual clinical characteristics.

Original source: <https://www.jacc.org/doi/10.1016/j.jacadv.2026.103120>

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Article 4

Pulse Pressure Among Women: Aortic Structure and Midlife Changes

Source: Hypertension / American Heart Association, September 2026

Abstract Summary

This study examined changes in pulse pressure across the adult life course in women and investigated whether the timing of menopause explains the midlife increase in pulse pressure. Researchers analyzed longitudinal data from 6,760 women in the Framingham Heart Study and compared findings with data from 3,248 men. Pulse pressure reached its lowest point and changed from a declining to a rising

trajectory in women during their late 30s, approximately a decade earlier than in men. The timing of this transition was not substantially influenced by whether menopause occurred early, at an average age, or later. The increase in pulse pressure became faster after midlife in women, and by age 60 women had higher average pulse pressure than men. The findings suggest that vascular and aortic changes may begin well before the final menstrual period rather than being driven solely by menopause. Because wider pulse pressure is associated with cardiovascular and other vascular risks, the study highlights the potential importance of monitoring blood-pressure components across midlife in women. The observational design means that the findings demonstrate associations rather than causation.

Original source: <https://newsroom.heart.org/news/aortic-structure-may-affect-midlife-rise-in-pulse-pressure-aortic-stiffness-in-women>

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Article 5

Maternal Cardiovascular Health During Pregnancy and Offspring Developmental Delay

Source: JAMA Network Open, 2026

Abstract Summary

This cohort study examined whether maternal cardiovascular health during pregnancy was associated with developmental outcomes in children at four years of age. Researchers analyzed 8,238 mother-child pairs from the Tohoku Medical Megabank Project Birth and Three-Generation Cohort Study in Japan. Maternal cardiovascular health was assessed using the American Heart Association's Life's Essential 8 framework, including diet, physical activity, nicotine exposure, sleep, body mass index, blood lipids, blood glucose and blood pressure. Children were assessed using the Japanese version of the Ages and Stages Questionnaire, covering communication, gross motor, fine motor, problem-solving and personal-social development. Developmental delay was more common among children whose mothers had moderate or low cardiovascular health compared with those whose mothers had high cardiovascular health. The association showed a graded pattern, with poorer maternal cardiovascular health linked to greater risk across developmental domains. The strongest association was reported for personal-social development. The study supports the concept that pregnancy may represent an important period for optimizing maternal cardiovascular health, potentially benefiting both mother and child. The authors note limitations including selection bias, parent-reported developmental screening and the need for longer follow-up.

Original source: <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2850602>

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Article 6

Letter to the Editor: Postpartum SCAD – Stand-by

Source: European Heart Journal – Acute Cardiovascular Care, 2026

Abstract Summary

This letter discusses the management implications of ventricular fibrillation occurring during an acute postpartum spontaneous coronary artery dissection (SCAD) event. The authors comment on a reported case of a postpartum woman with SCAD complicated by ventricular fibrillation during the acute phase. They emphasize that ventricular arrhythmias occurring within the early phase of an acute coronary syndrome are commonly related to transient ischemia and do not necessarily indicate persistent electrical instability. This distinction is particularly relevant in SCAD, where coronary blood flow may be preserved and spontaneous arterial healing is expected in many patients. The letter therefore questions routine implantation of an implantable cardioverter-defibrillator solely because of early ventricular fibrillation in this setting. The authors refer to contemporary evidence and appropriate-use principles suggesting that early ventricular arrhythmia related to transient ischemia should be interpreted differently from late arrhythmia occurring after the acute ischemic phase. The discussion highlights the need to balance protection against recurrent malignant arrhythmia with the potential harms and long-term consequences of unnecessary device implantation.

Original source: <https://academic.oup.com/ehjacc/article/15/8/627/8677039>

Note: This document provides a detailed summary of the published abstract/source information. It does not reproduce the original abstract verbatim.

Article 7

Adverse Pregnancy Outcomes and Long-Term Risk of Peripheral Artery Disease

Source: PLOS Medicine, 2026

Abstract Summary

This national Swedish cohort study investigated whether five major adverse pregnancy outcomes are associated with long-term risk of peripheral artery disease (PAD). The study included 2,201,446 women with singleton deliveries from 1973 through 2015, with follow-up through 2018. Outcomes examined included preterm delivery, small for gestational age, preeclampsia, other hypertensive disorders of pregnancy and gestational diabetes. All five adverse pregnancy outcomes were associated with significantly higher subsequent risk of PAD, even after adjustment for maternal demographic, socioeconomic and cardiovascular risk factors. Associations remained largely unexplained by shared familial factors in co-sibling analyses. The magnitude of long-term risk was particularly notable after gestational diabetes, while elevated risks were also observed following small-for-gestational-age birth, hypertensive disorders, preterm delivery and preeclampsia. Women experiencing multiple adverse pregnancy outcomes had additional increases in risk. The study suggests that pregnancy complications may provide an early marker of later systemic vascular disease and support long-term cardiovascular risk assessment and prevention. The authors note that the study was conducted in Sweden and relied on diagnostic coding, so replication in other populations is needed.

Original source: <https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1004821>

Note: This document provides a detailed summary of the published abstract/source information. It does not reproduce the original abstract verbatim.

Article 8

Sex-Specific Associations Between Blood Pressure and Cognitive Decline

Source: Annals of Neurology, 2026

Abstract Summary

This longitudinal study examined whether changes in blood pressure and cognition are related differently in women and men during older age. The analysis included 4,719 older adults without baseline dementia from five prospective community-based cohorts, with an average follow-up of approximately nine years. Women represented 74% of the sample. Blood pressure and cognitive performance were assessed annually and modeled simultaneously. Faster decline in systolic blood pressure was associated with faster decline in global cognitive function overall. When the analysis was stratified by sex, the association was considerably stronger in women and was not evident in men. Among women, systolic blood pressure decline was also associated with decline across multiple specific cognitive domains. The findings suggest that longitudinal changes in systolic blood pressure may have different relationships with cognitive aging according to sex. The authors propose that declining systolic blood pressure, in addition to elevated blood pressure, may be clinically relevant when evaluating cognitive changes in older women. The observational design does not establish causality, and the findings should be interpreted in the context of the populations included in the contributing cohorts.

Original source: <https://onlinelibrary.wiley.com/doi/full/10.1002/ana.78280>

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Article 9

Antenatal Outcomes for Women With Multiple Long-Term Conditions in Pregnancy

Source: The Lancet Public Health, September 2026

Abstract Summary

This UK-wide retrospective cohort study evaluated antenatal outcomes among pregnant women with multiple long-term conditions (MLTCs), defined as two or more physical or mental health conditions. The study included more than 2.2 million pregnancies or birth events across England, Northern Ireland, Scotland and Wales using multiple linked health-data sources. Women with MLTCs had higher risks of a broad range of antenatal complications than women without MLTCs. Increased risks were reported for hyperemesis, vomiting, miscarriage, gestational diabetes, gestational hypertension, obstetric cholestasis, preeclampsia, placental abruption, venous thromboembolism and antenatal anxiety and depression. Risk generally increased as the number of coexisting long-term conditions increased. The findings highlight the limitations of managing pregnancy risk around single diseases when many women enter pregnancy

with several concurrent conditions. The study supports more integrated and multidisciplinary antenatal assessment, with attention to both physical and mental health. It also emphasizes the need for maternity services to identify women with multimorbidity early and coordinate care across specialties.

Original source: <https://www.sciencedirect.com/science/article/pii/S2468266726001489>

Note: This document provides a detailed summary of the published abstract/source information. It does not reproduce the original abstract verbatim.

Article 10

Impact of Myocardial Fibrosis and Female Sex on Life-Threatening Arrhythmias and Sudden Cardiac Death in Mitral Valve Prolapse

Source: Circulation: Cardiovascular Imaging, 2026

Abstract Summary

This prospective cohort study investigated whether female sex and myocardial fibrosis identified by late gadolinium enhancement on cardiovascular magnetic resonance are independently associated with life-threatening ventricular arrhythmias and sudden cardiac death in patients with mitral valve prolapse (MVP). The study included 550 consecutive patients with MVP referred for cardiac magnetic resonance imaging, after exclusion of important confounding cardiac conditions. The primary arrhythmic endpoint included sudden cardiac death, aborted cardiac arrest and clinically significant ventricular tachycardia or fibrillation leading to device implantation or ventricular ablation. During a median follow-up of 4.4 years, a subset of patients experienced the composite arrhythmic outcome. Both female sex and the presence of myocardial fibrosis were independently associated with increased arrhythmic risk after adjustment for other factors. Women with myocardial fibrosis represented a particularly high-risk subgroup compared with men without fibrosis. The findings suggest that sex and myocardial tissue characterization may add clinically relevant information to conventional MVP risk assessment. The study supports further evaluation of myocardial fibrosis and sex-specific risk features when identifying MVP patients who may require closer arrhythmia surveillance.

Original source: <https://pmc.ncbi.nlm.nih.gov/articles/PMC13455003/>

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