INTRODUCTION
Though preeclampsia (PE) screening for cardiovascular disease (CVD) has been recommended, few studies have examined short-term effects of preeclampsia on blood pressure (BP), especially in African Americans (AA). The study objective was to examine the association between PE, epigenomics (DNA methylation (DNAm)) and later BP in AA women (N=250).

METHODS
We used regression and linear mixed effects models to examine 1) the effects of PE on BP 3-5 years after birth and 2) epigenetic associations (DNAm) of PE with BP. PE was self-reported, BP taken per JNC-7 guidelines, and 850K Illumina EPIC BeadChip was used.

RESULTS
Women with a history of PE had significantly higher BP than those who did not report this complication (5.39±2.48 mmHg, p = 0.031), after adjustment for obesity, smoking, and age. Epigenome-wide analysis revealed no significant sites after multiple testing correction.

SUMMARY AND CONCLUSIONS
We observed a small, but clinically significant increase in BP in women who reported high BP in pregnancy, 3-5 years after pregnancy. This presents an opportunity to focus screening and prevention efforts, as well as to expand research to be inclusive of this high-risk population. Future studies on the epigenomic mechanisms linking PE and later CVD in this population are warranted in the context of the lifecourse. This is especially important as AA women bear high burdens of both adverse reproductive outcomes and CVD, a cycle of which cannot be separated.

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