

Appendix A. Low-Dose Aspirin for the Prevention of Morbidity and Mortality from Preeclampsia

1. Women at elevated risk for preeclampsia should receive a recommendation for low-dose aspirin (81mg/day). This recommendation should be based on the presence of one or more “high risk” factors or two or more “moderate risk” factors.
 - Initiate at 12-16 weeks of gestation; may be initiated up to 28 weeks of gestation in patients with delayed entry to prenatal care
2. Definitions (adapted from U.S. Preventive Services Task Force):

High risk factors:

 - History of preeclampsia
 - Multifetal gestation
 - Chronic hypertension
 - Type I diabetes
 - Type II diabetes
 - Renal disease
 - Autoimmune disease

Moderate risk factors:

 - Nulliparity
 - African American race
 - Age 35 or older
 - Low socioeconomic status
 - >10 year interpregnancy interval
 - BMI >30
 - Mother or sister with history of preeclampsia
 - Prior low birthweight or adverse pregnancy outcome
3. U.S. Preventive Services Task Force recommends treatment for women at high risk and consideration of treatment for women with “several” moderate risk factors.
 - Number needed to treat to prevent preeclampsia = 42
 - Number needed to treat to prevent IUGR = 71
 - Number needed to treat to prevent preterm birth = 65

Reference:

LeFevre ML. Low-Dose Aspirin for the Prevention of Morbidity and Mortality from Preeclampsia: US Preventive Services Task Force Recommendation Statement. *Annals of Internal Medicine*, December 2014.