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

   - 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: