

Low-dose aspirin use for the prevention of morbidity and mortality from preeclampsia

Population



Asymptomatic pregnant women who are at high risk for preeclampsia.



Recommendation

Prescribe low-dose (81 mg) aspirin daily after 12 weeks of gestation.

RISK ASSESSMENT

Pregnant women are at high risk for preeclampsia if they have 1 or more of the following risk factors:

- History of preeclampsia, especially when accompanied by an adverse outcome
- Multifetal gestation
- Chronic hypertension
- Type 1 or 2 diabetes
- Renal disease
- Autoimmune disease (i.e. systemic lupus erythematosus, the antiphospholipid syndrome)

OTHER RELEVANT USPSTF RECOMMENDATIONS

The USPSTF recommends that all women planning or capable of pregnancy take a daily supplement containing 0.4 to 0.8 mg (400 to 800 µg) of folic acid. This recommendation is available at www.uspreventiveservicestaskforce.org/

PREVENTIVE MEDICATION

Low-dose aspirin (60 to 150 mg/daily) initiated between 12 and 28 weeks of gestation reduces the occurrence of preeclampsia, preterm birth, and intrauterine growth restriction in women at increased risk for preeclampsia. The aspirin can be continued until the delivery.

BALANCE OF BENEFITS AND HARMS

There is a substantial net benefit of daily low-dose aspirin use to reduce the risk for preeclampsia, preterm birth, and intrauterine growth restriction in women at high risk for preeclampsia. The harms of low-dose aspirin in pregnancy are considered to be no greater than small.



Texas Children's Health Plan

For a summary of the evidence systematically reviewed in making this recommendation, the full recommendation statement, and supporting documents, please go to <http://www.uspreventiveservicestaskforce.org/>