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)

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. 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.

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/