

## Low-Dose Aspirin to Prevent Preeclampsia

Preeclampsia is a pregnancy condition involving high blood pressure, abnormal kidney function, and other problems. It can lead to serious complications for both mother and child.

You have the following HIGH RISK FACTORS for developing preeclampsia

- History of preeclampsia in prior pregnancy
- High blood pressure
- Diabetes
- Multi-fetal pregnancy (twins, triplets, etc)
- Kidney disease
- Autoimmune disorder (lupus, rheumatoid arthritis, etc)
- Antiphospholipid syndrome

You have the following MODERATE RISK FACTORS for developing preeclampsia:

- Age 35 years or more
- Obesity, body mass index (BMI) 30 or more
- Carrying first child
- In Vitro Fertilization (IVF)
- Mother or sister who had preeclampsia during pregnancy
- African or Afro-Caribbean ancestry
- Certain abnormal results on 1<sup>st</sup> or 2<sup>nd</sup> trimester genetic screening test
- You weighed less than 6 pounds at birth
- Previous child weighed less than 6 pounds at birth
- More than 10 years since most recent pregnancy

In women with risk factors, low-dose aspirin reduces the chance of developing preeclampsia by about 25% if started early in pregnancy, before signs of preeclampsia develop. This is a **preventive** medication, *not a treatment* for the disease.

Both the American College of Obstetricians and Gynecologists (ACOG) and the United States Preventive Services Task Force (USPSTF) recommend low-dose aspirin for women with risk factors to reduce the risk of developing preeclampsia.

**We recommend that you take low dose aspirin to reduce your risk of developing preeclampsia.**

**What dose:** 81 mg, once a day, enteric-coated tablet, any brand. Higher doses are not helpful.

**When to start:** After 12 weeks of pregnancy. Starting closer to 12 weeks may be more beneficial than starting after 16 weeks. We do not start aspirin after 28 weeks.

**Side effects:** DO NOT TAKE aspirin if you have aspirin allergy. Aspirin is a “blood thinner” in higher doses, so there is a theoretical concern that it may increase risk of bleeding. However, in clinical trials involving over 20,000 pregnant women, *low-dose* aspirin did not cause bleeding problems in mothers or babies.

**When to stop:** Low-dose aspirin is usually continued until delivery. We will often recommend stopping if you have significant bleeding during pregnancy or if you develop preeclampsia.

Sources cited:

USPSTF Recommendation Statement: Low-dose aspirin use for prevention of morbidity and mortality from preeclampsia. *Annals of Internal Medicine* 161:819-826, 2014.

ACOG Practice Advisory: Low-dose aspirin and prevention of preeclampsia, updated recommendations. July 11, 2016. Available online at [acog.org](http://acog.org)