

## Preeclampsia Risk Factors

What is your height \_\_\_\_\_? Weight before pregnancy \_\_\_\_\_?

Have you been told you have or had any of the following:

- Preeclampsia (“toxemia”) in a previous pregnancy
- Twins or triplets in the current pregnancy
- Hypertension (high blood pressure)
- Diabetes (type 1 or type 2)
- Kidney disease
- Autoimmune disorder (lupus, rheumatoid arthritis, anticardiolipin syndrome, etc.)
- Antiphospholipid syndrome
- Did your mother or sister have preeclampsia (“toxemia”) during a pregnancy?
- Are you 35 years old or more?
- Was this pregnancy conceived by IVF (in vitro fertilization)?
- Did you weigh less than 6 pounds (2.5 kg) at birth?
- Are you of African or Afro-Caribbean ancestry?
- Will this be your first child?

If you have previous children,

- Is your youngest child 10 years old or more?
- Have you had a child that weighed less than 6 pounds (2.5 kg) at birth?
- Are you taking low-dose aspirin (81 mg daily)?

Signed by Patient \_\_\_\_\_ Date: \_\_\_\_\_

### Office Use Only:

- |                                                                                                                |                                              |                                  |
|----------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------|
| <input type="checkbox"/> BMI $\geq 30$                                                                         | <input type="checkbox"/> $< 30$ _____ (init) | GA _____ wks                     |
| <input type="checkbox"/> 1 <sup>st</sup> trimester PAPP A $< 0.4$                                              |                                              | <input type="checkbox"/> Rec ASA |
| <input type="checkbox"/> 2 <sup>nd</sup> trimester HCG $> 0.3$ , Inhibin-A $> 2.0$ , AFP $> 2.0$ , uE3 $< 0.5$ |                                              | <input type="checkbox"/> No Rec  |
| <input type="checkbox"/> Uterine artery Doppler                                                                |                                              | <input type="checkbox"/> US      |
| <input type="checkbox"/> PLGF, SFLT, other analytes                                                            |                                              | <input type="checkbox"/> E&M     |

Signed by Obstetrix \_\_\_\_\_ Date \_\_\_\_\_



### **Instructions for Using Preeclampsia Risk Factor Checklist**

#### **Instructions for MAs:**

Use Table below to find out if patient is obese.

If obese, put a check-mark in the BMI>30 box in the Office Use Only section.

If not obese, put a check-mark in the BMI<30 box.

Initial the form whichever box is checked.

Feet	In	Inches	Obese if this weight or more
4	6	54	124
4	7	55	129
4	8	56	134
4	9	57	139
4	10	58	144
4	11	59	149
5	0	60	154
5	1	61	159
5	2	62	164
5	3	63	169
5	4	64	175
5	5	65	180
5	6	66	186
5	7	67	192
5	8	68	197
5	9	69	203
5	10	70	209
5	11	71	215
6	0	72	221
6	1	73	227
6	2	74	234
6	3	75	240
6	4	76	247

#### **For MDs:**

MD will sign all forms

Enter GA in completed weeks

Check Rec ASA if recommending LDA, otherwise check No Rec.

Check encounter type US, E&M or check both.