Background
Preeclampsia affects 2%-8% of all pregnancies worldwide and accounts for 15% of preterm births in the United States. The US Preventative Service Task Force (USPSTF) has concluded that the use of low dose aspirin in patients at increased risk for preeclampsia is associated with a 24% reduction in preeclampsia and a 14% reduction in preterm birth.

Low-dose aspirin (81 mg/day), started at 12 to 28 weeks gestation – continued through pregnancy*

**MUST**¹ be started in pregnant women with:
- Any history of preeclampsia, especially when accompanied by a preterm delivery <34 wks
- History of Preeclampsia in more than one prior pregnancy
- Chronic hypertension

**STRONGLY**³ RECOMMENDED in pregnant women with:
- Multifetal gestation
- Type 1 or Type 2 diabetes
- Renal Disease
- Autoimmune disease

**MAY BE CONSIDERED**² in pregnant women with more than one of the following:
- Nulliparity
- Obesity (BMI>30Kg/m2)
- Family history (mother/sister) with preeclampsia,
- African American,
- Low socioeconomic status,
- Age>34,
- History of low birth weight or small for gestational age off spring
- >10 year inter-pregnancy interval

*Should not be given to women with aspirin allergy or other contraindication to aspirin therapy

References


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