# LOW-DOSE ASPIRIN USE FOR THE PREVENTION OF MORBIDITY AND MORTALITY FROM PREECLAMPSIA

## CLINICAL SUMMARY OF U.S. PREVENTIVE SERVICES TASK FORCE RECOMMENDATION

<table>
<thead>
<tr>
<th>Population</th>
<th>Asymptomatic pregnant women who are at high risk for preeclampsia</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Recommendation</strong></td>
<td>Prescribe low-dose (81 mg/d) aspirin after 12 weeks of gestation.</td>
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<tr>
<td><strong>Grade:</strong></td>
<td>B</td>
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</tbody>
</table>

### 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)

### Preventive Medication

Low-dose aspirin (60 to 150 mg/d) 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 harms of low-dose aspirin in pregnancy are considered to be no greater than small.

### 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.

### 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 [http://www.uspreventiveservicestaskforce.org/](http://www.uspreventiveservicestaskforce.org/).

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/](http://www.uspreventiveservicestaskforce.org/).