



**LOW-DOSE ASPIRIN USE FOR THE PREVENTION OF MORBIDITY AND MORTALITY FROM PREECLAMPSIA
CLINICAL SUMMARY OF U.S. PREVENTIVE SERVICES TASK FORCE RECOMMENDATION**

Population	Asymptomatic pregnant women who are at high risk for preeclampsia
Recommendation	Prescribe low-dose (81 mg/d) aspirin after 12 weeks of gestation. Grade: B

Risk Assessment	<p>Pregnant women are at high risk for preeclampsia if they have 1 or more of the following risk factors:</p> <ul style="list-style-type: none"> • 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	<p>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.</p> <p>The harms of low-dose aspirin in pregnancy are considered to be no greater than small.</p>
Balance of Benefits and Harms	<p>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.</p>
Other Relevant USPSTF Recommendations	<p>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/.</p>

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/>.