



Maitri Health Care for Women

Obstetrics, Gynecology and Midwifery

Low-dose Aspirin use in pregnancy

- Based on an assessment of your personal risk factors, you have been asked by your provider to take low-dose aspirin during your pregnancy to reduce the risk of preeclampsia. Based on the table below, you have risk factors that place you at higher risk for preeclampsia. Taking aspirin will reduce your risk of preeclampsia.
- Daily low-dose aspirin use in pregnancy is considered safe and is associated with a low likelihood of serious maternal, or fetal complications, or both, related to use. The American College of Obstetricians and Gynecologists and the Society for Maternal-Fetal Medicine support the USPSTF guideline criteria for prevention of preeclampsia.
- Low-dose aspirin prophylaxis is recommended in women at high risk of preeclampsia and should be **started at 12 weeks** and continued daily until delivery. **Once a day, take two 81mg tablets (two low dose-aspirin) for a total of 162mg.**
- It is important to take this daily, can be taken with and without food and can be taken with your prenatal vitamin. If you have missed a dose, you do not need to double up the next day.
- If you have any questions call Maitri triage nurses at 802-862-7338 option #2

Risk Level^a	Risk Factors	Recommendation
High ^b	<ul style="list-style-type: none">● History of preeclampsia, especially when accompanied by an adverse outcome● Multifetal gestation, ie twins● Chronic hypertension● Pregestational type 1 or 2 diabetes● Kidney disease● Autoimmune disease (ie, systemic lupus erythematosus, antiphospholipid syndrome)● Combinations of multiple moderate-risk factors	Recommend low-dose aspirin if the patient has ≥ 1 of these high-risk factors

<p>Moderate c</p>	<ul style="list-style-type: none"> ● Nulliparity (first baby) ● Obesity (ie, body mass index >30) ● Family history of preeclampsia (ie, mother or sister) ● Black persons (due to social, rather than biological, factors)d ● Lower incomee ● Age 35 years or older ● Personal history factors (eg, low birth weight or small for gestational age, previous adverse pregnancy outcome, >10-year pregnancy interval) ● In vitro conception 	<p>Recommend low-dose aspirin if the patient has ≥ 2 moderate-risk factors</p> <p>Consider low-dose aspirin if the patient has 1 of these moderate-risk factors</p>
<p>Low</p>	<p>Previous uncomplicated full-term delivery</p>	<p>Do not recommend low-dose aspirin</p>

- a Includes only risk factors that can be obtained from the patient medical history.
- b Includes single risk factors that are consistently associated with the greatest risk for preeclampsia. Preeclampsia incidence would likely be at least 8% in a population of pregnant individuals having 1 of these risk factors.
- c These factors are independently associated with moderate risk for preeclampsia, some more consistently than others. A combination of multiple moderate-risk factors may place a pregnant person at higher risk for preeclampsia.
- d These factors are associated with increased risk due to environmental, social, and historical inequities shaping health exposures, access to health care, and the unequal distribution of resources, not biological propensities.