

# STEPS TO IMPLEMENT LOW DOSE ASPIRIN TO PREVENT PRETERM PREECLAMPSIA



## 1. ASSESS RISK

Determine if a pregnant person is at risk for preeclampsia when obtaining the patient medical history.



## 2. RECOMMEND LOW DOSE ASPIRIN

Risk Level	Risk Factors	Recommendation
High	<ul style="list-style-type: none"> <li>History of pre-eclampsia ,especially when accompanied by an adverse outcome</li> <li>Multi-fetal gestation</li> <li>Chronic hypertension</li> <li>Type 1 or 2 diabetes disease</li> <li>Renal disease</li> <li>Autoimmune disease (ie, systemic lupus erythematosus, antiphospholipid syndrome)</li> <li>Combinations of multiple moderate-risk factors</li> </ul>	Recommend low-dose aspirin if the patient has $\geq 1$ of these high-risk factors
Moderate	<ul style="list-style-type: none"> <li>Nulliparity</li> <li>Obesity (ie, body mass index <math>&gt;30</math>)</li> <li>Family history of preeclampsia (ie, mother or sister)</li> <li>Black persons (due to social, rather than biological, factors)</li> <li>Lower income</li> <li>Age 35 years or older</li> <li>Personal history factors (eg, low birth weight or small for gestational age, previous adverse pregnancy outcome, <math>&gt;10</math>-year pregnancy interval)</li> <li>In vitro conception</li> </ul>	<p>Recommend low-dose aspirin if the patient has <math>\geq 2</math> moderate-risk factors</p> <p>Consider low-dose aspirin if the patient has 1 of these moderate-risk factors</p>
Low	Previous uncomplicated full-term delivery	Do not recommend low-dose aspirin



## 3. PRESCRIBE

If patient is at high risk for preeclampsia, prescribe low-dose aspirin (81 mg/d) after 12 weeks of gestation.



## 4. CREATE A FOLLOW UP PLAN

Create a plan to regularly follow up on patient.



## 5. DOCUMENT ACTION TAKEN

Document action taken in patient's record if a recommendation for Low Dose Aspirin is made.