

## LOW-DOSE ASPIRIN THERAPY GUIDELINE

Use of low-dose aspirin (81 mg daily) is **recommended** for women at **high risk** of preeclampsia, based on the presence of one of the following risk factors:

- History of preeclampsia, especially when accompanied by an adverse outcome
- Multifetal gestation
- Chronic hypertension
- Diabetes (type 1 or type 2)
- Renal disease
- Autoimmune disease (e.g. lupus, antiphospholipid syndrome)

Use of low-dose aspirin (81 mg daily) should be **considered** for women with more than one **moderate risk** factors for preeclampsia, including:

- Nulliparity
- Obesity (BMI > 30)
- Family history of preeclampsia (mother or sister)
- Sociodemographic characteristics (African American, low socioeconomic status)
- Advanced maternal age (35 years or older)
- Personal history factors (prior small for gestational age fetus, previous adverse pregnancy outcome, more than 10-year interpregnancy interval)

Low-dose aspirin should be initiated between 12 and 28 weeks of gestation (ideally prior to 16 weeks for maximum benefit) and continued daily until delivery.

Current evidence does not support use of aspirin for prevention of early pregnancy loss, growth restriction, or stillbirth, in the absence of risk factors for preeclampsia.

### [Reference:](#)

ACOG Committee Opinion: Low-Dose Aspirin Use During Pregnancy, July 2018.

U.S. Preventive Services Task Force recommendation statement: Low-dose aspirin use for the prevention of morbidity and mortality from preeclampsia, September 2014.