Maine Medical PARTNERS Women's Health

A department of Maine Medical Center

LOW-DOSE ASPIRIN THERAPY GUIDELINE

Use of low-dose aspirin (81 mg daily) is **recommended** for pregnant patients 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
- Pregestational diabetes (type 1 or type 2)
- Renal disease
- Autoimmune disease (e.g. lupus, antiphospholipid syndrome)

Use of low-dose aspirin (81 mg daily) is **recommended** for pregnant patients with more than one **moderate risk** factor for preeclampsia, including:

- Nulliparity
- Obesity (BMI > 30)
- Family history of preeclampsia (mother or sister)
- Black race (as a proxy for underlying racism)
- Lower income
- Age 35 years or older
- Personal history factors (prior small for gestational age fetus, previous adverse pregnancy outcome, more than 10-year interpregnancy interval)
- In vitro fertilization

When recommended, 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-SMFM Practice Advisory: Low-Dose Aspirin Use for the Prevention of Preeclamspia and Related Morbidity and Mortality, December 2021 (Reaffirmed October 2022).