

This fact sheet explains the U.S. Preventive Services Task Force's (Task Force) draft recommendation statement on aspirin use for the prevention of morbidity and mortality from preeclampsia. It also tells you how you can send comments about the draft recommendation to the Task Force. Comments may be submitted from February 23, 2021 to March 22, 2021. The Task Force welcomes your comments.

Aspirin Use for the Prevention of Morbidity and Mortality From Preeclampsia

The Task Force issued a **draft recommendation statement** on *Aspirin Use for the Prevention of Morbidity and Mortality From Preeclampsia*.

The Task Force recommends the use of low-dose aspirin

after 12 weeks of pregnancy to help prevent preeclampsia in pregnant people who are at high risk. This recommendation does not apply to people who have a history of complications related to taking aspirin.

What is preeclampsia?

Preeclampsia is a condition that occurs in pregnancy. It is when a pregnant person has high blood pressure and signs or symptoms that other organs are not working properly, such as high levels of protein in the urine.

Facts About Preeclampsia

Preeclampsia is one of the most serious health problems that can occur during pregnancy. It affects about 4 percent of pregnancies in the United States and can lead to serious health problems for both the pregnant person and baby.

For pregnant people, preeclampsia can lead to severe bleeding, seizures, strokes, and even death. For the baby, preeclampsia can lead to problems such as premature birth (babies born before 37 weeks) and low birth weight.

The most important risk factor for developing preeclampsia is having preeclampsia during a previous pregnancy. Other risk factors include a high BMI before pregnancy, family history of preeclampsia, and older age during pregnancy. In addition, Black pregnant people develop and die from preeclampsia at a significantly higher rate than other pregnant people. This may be due to differences in access to prenatal care, receiving care in a timely manner, or having other diseases and conditions, such as hypertension, diabetes, and obesity. Healthcare providers can help their patients understand their risk for preeclampsia.

Facts About Using Low-Dose Aspirin to Prevent Preeclampsia

Low-dose aspirin is also known as baby aspirin. It commonly consists of a pill with a dose of 81mg. When taken daily after 12 weeks, low-dose aspirin is safe for both pregnant people and their babies. Low-dose aspirin is available over the counter, but pregnant people should talk to their healthcare provider before taking the medication.

Potential Benefits and Harms of Using Low-Dose Aspirin to Prevent Preeclampsia

The Task Force reviewed studies on the benefits and harms of using low-dose aspirin to prevent preeclampsia. The evidence shows that daily low-dose aspirin can help prevent preeclampsia in high-risk pregnant people and protect their health and the health of their baby.

The Task Force found that taking low dose aspirin during pregnancy is unlikely to cause harms.

Before taking aspirin, pregnant people should talk to their healthcare provider to determine their risk and discuss if taking aspirin is right for them.

The Draft Recommendation on Using Low-dose Aspirin to Prevent Preeclampsia: What Does It Mean?

Here is the Task Force's draft recommendation on aspirin use for the prevention of morbidity and mortality from preeclampsia. It is based on the quality and strength of the evidence about the potential benefits and harms of medication for this purpose. It is also based on the size of the potential benefits and harms. Task Force recommendation grades are explained in the box at the end of this fact sheet.

When the Task Force issues a **B Grade**, it recommends the use of a preventive medication because it has more potential benefits than potential harms.

Before you send comments to the Task Force, you may want to read the [draft recommendation statement](#). The recommendation statement explains the evidence the Task Force reviewed and how it decided on the grade. An [evidence document](#) provides more detail about the scientific studies the Task Force reviewed.

1 The USPSTF recommends the use of low-dose aspirin (81 *mg/d*) as *preventive* medication after 12 weeks of *gestation* in persons who are at high risk for preeclampsia.
(B Grade)

Notes

1 *mg/d*
milligrams per day; the measure of the amount of aspirin in each pill a person takes daily (dose)

preventive
to reduce the chances that preeclampsia will develop

gestation
pregnancy

What is the U.S. Preventive Services Task Force?





The Task Force is an independent, non-federal, volunteer group of national experts in prevention and evidence-based medicine. The Task Force works to improve the health of all Americans by making evidence-based recommendations about clinical preventive services, such as screenings, counseling services, and preventive medicines. The recommendations apply to people with no signs or symptoms of the disease being discussed.

To develop a recommendation statement, Task Force members consider the best available science and research on a topic. For each topic, the Task Force posts draft documents for public comment, including a [draft recommendation statement](#). All comments are reviewed and considered in developing the final recommendation statement. To learn more, visit the [Task Force website](#).

USPSTF Recommendation Grades

Grade	Definition
A	Recommended.
B	Recommended.
C	Recommendation depends on the patient's situation.
D	Not recommended.
I statement	There is not enough evidence to make a recommendation.

Click Here to Learn More About Preeclampsia

-  **Preventing Preeclampsia: Questions for the doctor**
(MyHealthfinder)
-  **Preeclampsia**
(MedlinePlus)
-  **High Blood Pressure During Pregnancy**
(Centers for Disease Control and Prevention)
-  **Preeclampsia and Eclampsia**
(National Institutes of Health)

[Click Here](#) to Comment on the Draft Recommendation



The Task Force welcomes comments on this draft recommendation.



Comments must be received between February 23, 2021 and March 22, 2021.



All comments will be considered for use in writing final recommendations.