

## Low-dose Aspirin for Preeclampsia

The U.S. Preventive Services Task Force (Task Force) has issued a **final** recommendation statement on *Low-dose Aspirin for the Prevention of Morbidity and Mortality from Preeclampsia*.

This final recommendation statement applies to pregnant women who are at high risk for developing preeclampsia, who do not have signs or symptoms of the condition, and who can safely take aspirin.

The final recommendation statement summarizes what the Task Force learned about the potential benefits and harms of low-dose aspirin to prevent morbidity (illness) and mortality (death) from preeclampsia: Women at high risk for the condition should take low-dose aspirin (81 mg) daily after 12 weeks of pregnancy.

This fact sheet explains this recommendation and what it might mean for you.

### What is preeclampsia?

**Preeclampsia is a condition that occurs during pregnancy. It is marked by a rise in blood pressure and excess protein in the urine after 20 weeks of pregnancy. Preeclampsia can cause serious health problems for the pregnant woman and her baby.**

### Facts About Preeclampsia

Preeclampsia is one of the leading causes of health problems for pregnant women and their babies. However, most women are not at high risk for preeclampsia. It affects about 4 percent of all deliveries in the United States.

For pregnant women, preeclampsia can lead to severe bleeding, seizures, stroke, and even death.

For the baby, preeclampsia can lead to:

- Premature birth (birth before 37 weeks of pregnancy).
- Intrauterine growth restriction (when the baby grows slower than expected in the womb).
- Small for gestational age (when the baby is born smaller than expected).
- Placental abruption (when the placenta partly or completely separates from the mother's uterus before birth).
- Death.

Delivering the baby is the only cure for preeclampsia, but early delivery can put the baby at risk for health problems.

Certain factors put women at high risk for preeclampsia. Preeclampsia during a previous pregnancy is the strongest risk factor, particularly for women who experienced pregnancy complications. Women who are pregnant with more than one baby, have chronic high blood pressure, diabetes, kidney disease, or an autoimmune disease are also at high risk. A clinician providing prenatal care can help a woman determine her risk for preeclampsia and help her decide if taking aspirin is right for her.

## 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 in women at high risk for the condition. They found that, for these women, taking low-dose aspirin every day between 12 and 28 weeks of pregnancy reduced the risk of preeclampsia, premature birth, and intrauterine growth restriction. In the United States, low-dose aspirin is available in 81 mg tablets.

The Task Force also found that taking low-dose aspirin during pregnancy has few to no harms. However, the evidence about the harms of taking aspirin during pregnancy is limited. As a result, there may be harms that we do not yet know about.

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

Here is the Task Force's final recommendation on using low-dose aspirin to prevent preeclampsia. It is based on the quality and strength of the evidence about the potential benefits and harms of aspirin for this purpose. It also is 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 recommends a medication (**Grade B**), it is because it has more potential benefits than potential harms. The Notes explain key ideas.

Visit the Task Force Web site to read the full [final recommendation statement](#). The statement explains the evidence the Task Force reviewed and how it decided on the grade. An [evidence document](#) provides more detail about the studies the Task Force reviewed.

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

### Notes

**1 mg**  
Milligrams.  
**preventive**  
To reduce the chances that preeclampsia will develop.  
**gestation**  
Pregnancy.

## Should You Take Low-dose Aspirin to Prevent Preeclampsia?

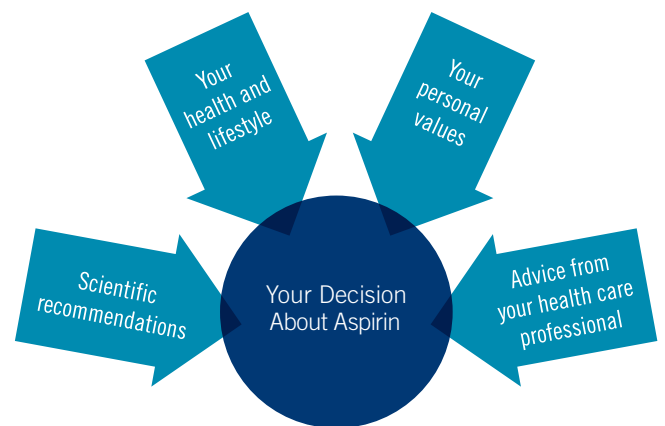
Getting the best health care means making smart decisions about using preventive medications, screening tests, and counseling services. Many people don't get the medications, tests, or counseling they need. Others get medications, tests, or counseling they don't need or that may be harmful to them.

Task Force recommendations can help you learn about preventive medications, screening tests, and counseling services. These medications and services can keep you healthy and prevent disease. The Task Force recommendations do not cover diagnosis (tests to find out why you are sick) or treatment of disease.

Task Force recommendations also apply to some groups of people, but not others. For example, this recommendation does not apply to women who are not pregnant or to pregnant women who cannot safely take aspirin.

### Making a decision about taking low-dose aspirin

Preeclampsia is a serious condition, but most pregnant women are not at high risk for developing the condition. When considering whether you should take low-dose aspirin to prevent preeclampsia, talk with your primary care or prenatal clinician about your risk for developing this condition. Be comfortable that all your questions have been answered. Consider your own health and lifestyle and think about your personal beliefs and preferences for health care. And consider scientific recommendations, like this one from the Task Force. Use this information to become fully informed and to decide whether taking low-dose aspirin is right for you.



Also, consider talking with your clinician even before you become pregnant about steps you can take to improve your health. These steps include achieving and maintaining a healthy weight, quitting smoking, and managing any chronic conditions, such as diabetes or high blood pressure. These steps can help ensure that you have a healthy pregnancy and a healthy baby.

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

The Task Force is an independent 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, or 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 Web site](#).

### 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



**Preeclampsia and Eclampsia: Condition Information** (*Eunice Kennedy Shriver* National Institute of Child Health and Human Development)



**Your Guide to Lowering High Blood Pressure: Pregnancy** (National Heart, Lung, and Blood Institute)