

Low-Dose Aspirin Use During Pregnancy

Reference: ACOG Committee Opinion, No. 742, July 2018

Recommendations

The American College of Obstetricians and Gynecologists (ACOG) and the Society for Maternal–Fetal Medicine make the following recommendations:

- **Low-dose aspirin (81 mg/day) prophylaxis is recommended in women at high risk of preeclampsia and should be initiated between 12 weeks and 28 weeks of gestation (optimally before 16 weeks) and continued daily until delivery.**
- Low-dose aspirin prophylaxis should be considered for women with more than one of several moderate risk factors for preeclampsia.
- Low-dose aspirin prophylaxis is not recommended solely for the indication of prior unexplained stillbirth, in the absence of risk factors for preeclampsia.
- Low-dose aspirin prophylaxis is not recommended for prevention of fetal growth restriction, in the absence of risk factors for preeclampsia.
- Low-dose aspirin prophylaxis is not recommended for the prevention of spontaneous preterm birth, in the absence of risk factors for preeclampsia.
- Low-dose aspirin prophylaxis is not recommended for the prevention of early pregnancy loss.

Table 1. Clinical Risk Assessment for Preeclampsia*

Risk Level	Risk Factors	Recommendation
High [†]	<ul style="list-style-type: none">• History of preeclampsia, especially when accompanied by an adverse outcome• Multifetal gestation• Chronic hypertension• Type 1 or 2 diabetes• Renal disease• Autoimmune disease (systemic lupus erythematosus, antiphospholipid syndrome)	Recommend low-dose aspirin if the patient has one or more of these high-risk factors
Moderate [‡]	<ul style="list-style-type: none">• Nulliparity• Obesity (body mass index greater than 30)• Family history of preeclampsia (mother or sister)• Sociodemographic characteristics (African American race, low socioeconomic status)• Age 35 years or older• Personal history factors (eg, low birthweight or small for gestational age, previous adverse pregnancy outcome, more than 10-year pregnancy interval)	Consider low-dose aspirin if the patient has more than one of these moderate-risk factors [‡]
Low	<ul style="list-style-type: none">• Previous uncomplicated full-term delivery	Do not recommend low-dose aspirin

*Includes only risk factors that can be obtained from the patient's medical history. Clinical measures, such as uterine artery Doppler ultrasonography, are not included.

[†]Single risk factors that are consistently associated with the greatest risk of preeclampsia. The preeclampsia incidence rate would be approximately 8% or more in a pregnant woman with one or more of these risk factors.

[‡]A combination of multiple moderate-risk factors may be used by clinicians to identify women at high risk of preeclampsia. These risk factors are independently associated with moderate risk of preeclampsia, some more consistently than others.

[§]Moderate-risk factors vary in their association with increased risk of preeclampsia.

Modified from LeFevre, ML. U.S. Preventive Services Task Force. Low-dose aspirin use for the prevention of morbidity and mortality from preeclampsia: U.S. Preventive Services Task Force Recommendation Statement. *Ann Intern Med* 2014;161:819–26.