


# Clinical Tools



**COULD YOU BENEFIT FROM TAKING LOW-DOSE ASPIRIN DURING PREGNANCY?**

Please read and check the boxes below to find out if you could benefit from low-dose aspirin:


- Have you had preeclampsia before (also known as toxemia)?
- Are pregnant with twins or triplets?
- Do you have high blood pressure (also known as hypertension)?
- Do you have diabetes type 1 or type 2?
- Do you have problems with your kidneys?
- Do you have an autoimmune disease like rheumatoid arthritis or lupus?
- Do you have a condition called antiphospholipid or anticardiolipin syndrome?
- Did your mom or sister have preeclampsia before (also known as toxemia)?
- Are you aged 35 or older?
- Did you weigh less than 5.5 pounds (2.5 kg) when you were born?
- Do you have black, African, or Afro-Caribbean ancestry?
- Is this going to be the first time you've had a baby?
- Is your youngest child 10 years old, or older?
- Have you had a baby that weighed less than 5.5 pounds (2.5 kg) when it was born?

If you checked one or more boxes, talk to your provider to see if low-dose aspirin could help you.

**Why Aspirin?**

Some pregnant people can develop a condition called preeclampsia. Preeclampsia is a sudden rise in blood pressure that happens after the 20th week of pregnancy. Preeclampsia can increase your risk of having your baby too early (before 37 weeks). It can also harm your health by damaging your kidneys and liver and can cause seizures or death. Low-dose, or baby aspirin, has shown it can decrease the chances you might develop preeclampsia and it lowers the risk of having your baby too early. It's thought aspirin works by improving blood flow in the placenta, so a pregnant individual can better control their blood pressure.

If you and your provider decide aspirin is right for you, you will take one low-dose aspirin as soon as you are 12 weeks pregnant, or you can start taking it any time between 12 to 28 weeks of pregnancy. It's best to take aspirin every day, before bed, until your baby is born. Your doctor can write you a prescription for low-dose aspirin or you can buy it over the counter at your local pharmacy.



For patient use:  
Complete at first prenatal visit  
with intake paperwork.

### Preeclampsia Risk Assessment (Office Use)<sup>1</sup>

**High-Risk:**

Does the patient have one of the following conditions?

- History of preeclampsia
- Multifetal gestation (twins, triplets)
- Chronic hypertension
- Pregestational type 1 or 2 diabetes
- Kidney Disease
- Autoimmune Disease (systemic lupus erythematosus, antiphospholipid syndrome)

If yes, the patient is high-risk and should begin low-dose aspirin (81mg) therapy at 12 weeks. Therapy can be initiated anytime between 12-28 weeks gestational age. Educate patient to take 1 tablet before bed until delivery.

**Moderate-Risk:**

Does the patient have more than one of the following:

- Nulliparity
- Obesity (BMI>30)
- Immediate family history of preeclampsia
- Black race
- Lower income
- Age 35 or older
- IVF pregnancy
- Personal history (low birth weight, small for gestational age, >=10 years since last pregnancy).

If more than one box is checked, patient should begin low-dose aspirin (81mg) therapy at 12 weeks, or anytime between 12-28 weeks gestational age. Educate patient to take 1 tablet before bed until delivery.


**Low-Risk:**

- Previous uncomplicated delivery

Low-dose aspirin therapy is not applicable.

**\*\* OK Medicaid will pay for 100 tablets of low-dose aspirin for a 100-day supply for the prevention of preeclampsia.<sup>2</sup>**

<sup>1</sup> Recommendation: Aspirin Use to Prevent Preeclampsia and Related Morbidity and Mortality. Preventive Medication | United States Preventive Services Taskforce ([uspreventiveservices.org](https://preventiveservices.org))  
<sup>2</sup> 02-23 - ASA preeclampsia Pentasa brand\_02062023\_updated NDCs.pdf ([oklahoma.gov](https://oklahoma.gov))



For clinician use:  
Scan as media to patient's profile

### Low-Dose Aspirin (81mg) in Pregnancy Decision Tree

Patient is here for first prenatal appointment or is between 12-28 weeks gestation.

Use screening criteria to identify high or moderate risk factors for preeclampsia.

Does patient have one high-risk factor or more than one moderate-risk factor?

Who is at risk?	
Any one of the following high-risk factors:	More than one of the following moderate-risk factors:
<input type="checkbox"/> History of preeclampsia	<input type="checkbox"/> Nulliparity
<input type="checkbox"/> Multifetal gestation	<input type="checkbox"/> Obesity (BMI>30)
<input type="checkbox"/> Chronic hypertension	<input type="checkbox"/> Family history of preeclampsia
<input type="checkbox"/> Pregestational diabetes (type 1 or 2)	<input type="checkbox"/> Black race
<input type="checkbox"/> Kidney disease	<input type="checkbox"/> Lower income
<input type="checkbox"/> Autoimmune disease (systemic lupus erythematosus, antiphospholipid syndrome)	<input type="checkbox"/> Age 35 or older
<input type="checkbox"/> IVF	<input type="checkbox"/> Personal history factors (low birth weight, small for gestational age, > 10-year pregnancy interval, previous adverse pregnancy outcome)
<input type="checkbox"/> Any combination of 2 or more moderate risk factors.	

Source: ACOG Practice Advisory December 2021

Patient is less than 12 weeks gestation:

- Provide and review education materials with the patient.
- Instruct patient to begin taking low-dose aspirin nightly beginning at 12 weeks up to delivery.



Patient is between 12-28 weeks gestation:

- Provide and review education materials with patient.
- Instruct patient to begin a low-dose aspirin regimen today, taken nightly up to delivery.

**Complete med-rec at each appointment. Identify barriers to adoption and address patient concerns. Reinforce adherence.**

**Low-dose aspirin (81mg) dispensing options:**

- Provide patient a bottle of low-dose aspirin day of initial recommendation to ensure compliance.
- E-scribe a prescription and indicate diagnosis of pregnancy on problems list.
  - o Medicaid patients can receive 100 tablets for a 100-day supply for the prevention of preeclampsia.

For provider use:  
Clarify who is, and who is not eligible for prophylactic LDA use.