

REDUCING PRECLAMPSIA RISK DURING PREGNANCY: A FACT SHEET FOR PHARMACISTS

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In Oklahoma, gestational hypertension and/or preeclampsia occur in 1 out of 11 pregnancies in individuals aged 20-44. It is most common in those living with chronic health conditions, obese, age ≥ 35 , black race, pregnant with multiples, or have a family history of preeclampsia.

A low-dose aspirin (81mg) regimen is recommended for those at risk of developing preeclampsia. Aspirin therapy should be initiated between 12-28 weeks gestational age and discontinued at birth (ACOG). Take one tablet at bedtime daily.

OK Medicaid will now pay for low-dose aspirin in pregnant individuals for the prevention of preeclampsia without a PA. May be filled for 100 tablets for a 100-day supply.

Who is at risk of developing preeclampsia during pregnancy?

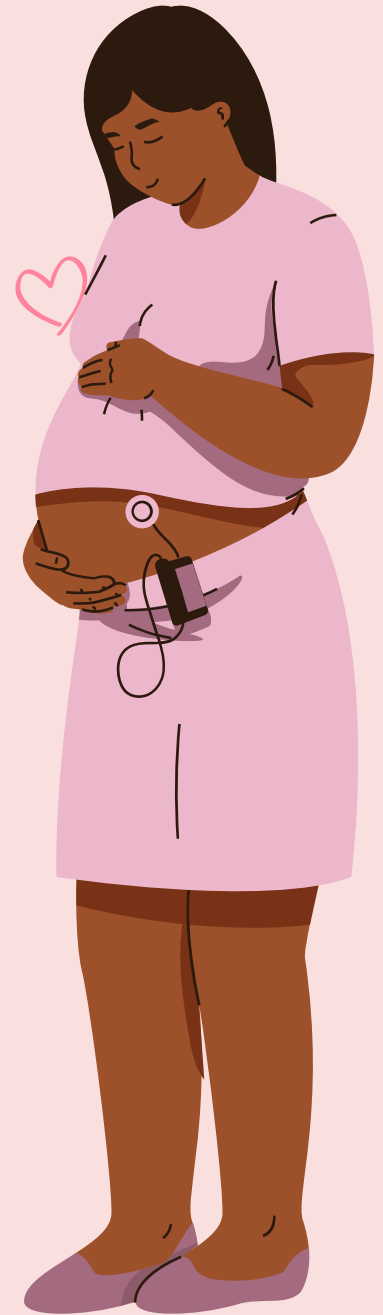
Patient has **any one** of the following high-risk factors:

- History of preeclampsia
- Multifetal gestation
- Chronic hypertension
- Pregestational type 1 or 2 diabetes
- Kidney Disease
- Autoimmune disease
- Combinations of moderate risk factors

Source: ACOG Practice Advisory
December 2021

Patient has **more than one** of the following moderate-risk factors:

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



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