



## LOW DOSE ASPIRIN INITIATIVE: REDUCING RATES OF PREECLAMPSIA AND PRETERM BIRTH

**BACKGROUND:** Preeclampsia is one of the leading causes of severe maternal morbidity and mortality in the United States. It leads to a significant number of medically indicated preterm births, particularly those that are early preterm. Additionally, there is increasing evidence that people who have suffered from preeclampsia during pregnancy have a higher risk for hypertension and cardiovascular disease later in life.

*Use of low dose aspirin during pregnancy significantly reduces the rate of early preeclampsia.* Current guidelines recommend initiating low dose aspirin in people who have been identified as more likely to develop preeclampsia based on risk factors. Despite recommendations from ACOG, USPSTF and SMFM, the adoption of low dose aspirin therapy has been low with most studies suggesting that fewer than 50% of those identified as high risk for preeclampsia are compliant with low dose aspirin.

Low-dose aspirin significantly reduces rates of preeclampsia (**15%**), perinatal mortality (**21%**), preterm birth (**20%**), and fetal growth restriction (**18%**)

### Why is compliance with this recommendation so low?

- Low rates of providers recommending low dose aspirin
- Recommendation of an over-the-counter medication has less impact
- Hesitancy to take aspirin even when it is recommended
- Different dosages being recommended by different providers creates confusion
- Patient care gaps including differing recommendations among providers, lack of ready access to aspirin, lack of appropriate informational materials

### What should prenatal care provider practices consider?

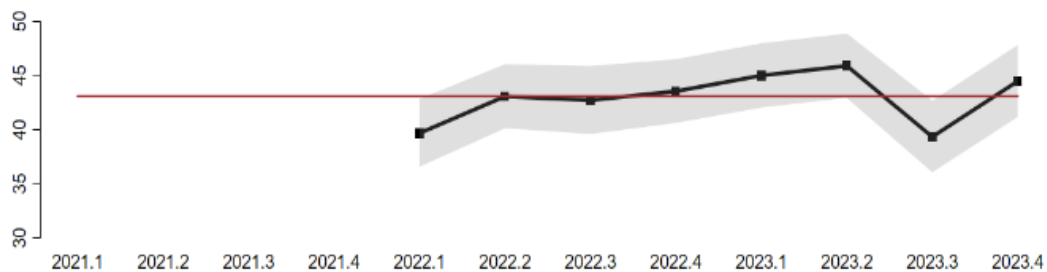
- The current protocol for prescribing aspirin
- Standardizing the current recommended dosage—current recommendations are for 81 mg aspirin daily, but many studies suggest more benefit with 150 mg

- Universal screening of every pregnant patient for preeclampsia risk factors
- Providing appropriate education to every patient taking into consideration language, education level and health literacy
- Follow-up on the recommendation at every prenatal visit

**Strategies to improve the rates of aspirin therapy in patients at high risk for preeclampsia:**

- Educate entire health care team about the most current guidelines—physicians, midwives, nurses, pharmacists and doulas
- Involve patients in the decision-making process through screening, education and discussion
- Public awareness campaigns—the state of Oklahoma has set an excellent example for this, using billboards, direct letter writing campaigns to prenatal care providers, newsletters to providers and community visibility through social media, billboards and community events

**METRIC TRACKED BY OB COAP PARTICIPANTS:** OB COAP participants follow their own performance, benchmarked comparison across the QI Collaborative and trends over time for the following metric:



**Low dose aspirin recommended for all pregnant people at increased risk for preeclampsia** - i.e. those with any of the following: history of preeclampsia in previous pregnancy, multifetal gestation, chronic hypertension, pregestational type 1 or 2 diabetes, kidney disease, autoimmune diseases such as systemic lupus erythematosus, antiphospholipid syndrome.

**FOR MORE INFORMATION VISIT:** <https://www.qualityhealth.org/obcoap/>