

U.S. Preventive Services Task Force Posts Draft Recommendation Statement on Aspirin Use for the Prevention of Preeclampsia

Task Force recommends low-dose aspirin for pregnant people at increased risk

WASHINGTON, D.C. – February 23, 2021 – The U.S. Preventive Services Task Force (Task Force) today posted a draft recommendation statement on aspirin use to prevent preeclampsia and related morbidity and mortality. Based on the review of the evidence, the Task Force recommends the use of low-dose aspirin (81 mg/d) as preventive medication after 12 weeks of gestation in pregnant persons who are at high risk for preeclampsia. **This is a B recommendation.**

**Grade in this
recommendation:**

B: Recommended.

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Preeclampsia is one of the most serious health problems that can occur during pregnancy. It's a complex condition that occurs when a pregnant person has high blood pressure and there are signs or symptoms that other organs are not working properly, such as high levels of protein in the urine. Preeclampsia affects about 4% of pregnancies in the United States and can lead to severe complications for both the pregnant person and baby, including premature birth and death.

"The good news is that daily aspirin use can help prevent preeclampsia in high-risk pregnant people and protect their health and the health of their baby," says Task Force member Dr. Aaron Caughey, M.D., M.P.P., M.P.H., Ph.D. "Before taking aspirin, pregnant patients should talk to their clinician to determine their risk and discuss if taking aspirin is right for them."

The most important risk factor for developing preeclampsia is having preeclampsia during a previous pregnancy. Other risk factors include a high BMI before pregnancy, family history of preeclampsia, and older age during pregnancy. Racial disparities are also important to consider, given that Black pregnant people are developing and dying from preeclampsia at a significantly higher rate than other pregnant people.

"It is essential that the health community focus on why the disparities exist and what changes can be made to improve health outcomes for Black people and their babies," says Dr. Michael Silverstein, M.D., M.P.H. "The Task Force is committed to addressing this disparity and is calling for more research on how best to prevent preeclampsia in Black people who are pregnant."

The Task Force's draft recommendation statement and draft evidence review have been posted for public comment on the Task Force website at www.uspreventiveservicestaskforce.org. Comments can be submitted from February 23, 2021, to March 22, 2021, at www.uspreventiveservicestaskforce.org/tfcomment.htm.

The Task Force is an independent, volunteer panel of national experts in prevention and evidence-based medicine that works to improve the health of all Americans by making evidence-based recommendations about clinical preventive services such as screenings, counseling services, and preventive medications.

Dr. Caughey is a professor in and chair of the Department of Obstetrics and Gynecology and the associate dean for Women's Health Research and Policy at Oregon Health & Science University. He is

the founder and chair of the Oregon Perinatal Collaborative, funded by the Centers for Disease Control and Prevention, which aims to improve outcomes for women and infants through guidelines and policies, working with all the health systems in the state.

Dr. Silverstein is a professor of pediatrics, chief of the Division of General Academic Pediatrics, and vice chair of research for the Department of Pediatrics at the Boston University School of Medicine. He is also associate chief medical officer for research and population health at Boston Medical Center/Boston University School of Medicine.

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