

Research offers recommendations for use of aspirin to prevent preeclampsia

December 16 2015

To prevent preeclampsia, new research suggests that low-dose aspirin should be given prophylactically to all women at high risk (those with diabetes or chronic hypertension) and any woman with two or more moderate risk factors (including obesity, multiple gestation and advanced maternal age).

Preeclampsia, a potentially dangerous complication of pregnancy characterized by [high blood pressure](#) and a high level of protein in the urine or other end organ affects, complicates between three and seven percent of the births in the U.S. One in seven preterm births and one in 10 [maternal deaths](#) in the U.S. can be directly attributed to [preeclampsia](#). Currently, the only intervention that has been shown to reduce the risk of preeclampsia is the use of prophylactic low-dose aspirin.

Erika Werner, MD, of the Division of Maternal-Fetal Medicine at Women & Infants Hospital of Rhode Island, a Care New England hospital, and an assistant professor of obstetrics and gynecology at The Warren Alpert Medical School of Brown University; Dwight Rouse, MD, of Women & Infants' Division of Maternal-Fetal Medicine, principal investigator for the Eunice Kennedy Shriver National Institute of Child Health and Human Development Maternal-Fetal Medicine Units Network (MFMU), and a professor of obstetrics and gynecology at the Alpert Medical School; and Alisse Hausperg, MD, a chief resident at Women & Infants, have published research in the December 2015 edition of *Obstetrics & Gynecology*, now available online. The research is entitled 'A Cost-Benefit Analysis of Low-Dose Aspirin Prophylaxis for

the Prevention of Preeclampsia in the United States.'

The researchers developed a decision model to evaluate the risks, benefits and costs of four different approaches to aspirin prophylaxis—no prophylaxis, prophylaxis per recommendations of the American College of Obstetricians and Gynecologists (only for a narrow segment of pregnant women—namely, those with a history of preeclampsia necessitating delivery before 34 weeks gestation and those with preeclampsia in more than one prior pregnancy), prophylaxis per the U.S. Preventive Task Force recommendations, and universal prophylaxis for all women.

The researchers concluded, "Both the U.S. Preventive Task Force approach and universal prophylaxis would reduce morbidity, save lives, and lower health care costs in the United States to a much greater degree than the approach currently recommended by ACOG."

More information: [journals.lww.com/greenjournal/ ...
Dose_Aspirin.20.aspx](http://journals.lww.com/greenjournal/...Dose_Aspirin.20.aspx)

Provided by Care New England

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