Low-Dose Aspirin (LDA) Campaign to Reduce Preeclampsia and Related Preterm Birth
Funding for this project is generously supported by the March of Dimes
This slide set is considered an educational resource but does not define the standard of care in California or elsewhere. Readers are advised to adapt the guidelines and resources based on their local facility’s level of care and patient populations served and are also advised to not rely solely on the guidelines presented here.
Prevent Harms to Mothers and Infants From Preeclampsia

• Our goal is to reduce maternal and infant harms from preeclampsia by identifying mothers at risk of preeclampsia early in gestation and encouraging use of daily Low-Dose Aspirin (LDA) for the duration of the pregnancy.
• The reduction of harms can be substantial, decreased by 20 to 60%.
What is Preeclampsia?

• New hypertension in pregnancy with direct effects on both the mother and fetus
  • Often has protein in the urine and may lead to seizures and severe injuries to the liver, kidneys, heart and brain.
  • The fetus is sometimes delivered preterm (with possible long-term complications), undersized and admitted to the Neonatal Intensive Care Unit and in severe cases, even stillborn.
How can we prevent preeclampsia?
Many attempts to prevent preeclampsia have not worked.
Low-dose aspirin (LDA) is the only known way to reduce preeclampsia and mother/infant harms.
Recommended by national medical and patient organizations:

Daily use of Low-Dose Aspirin starting between 12-16 weeks of gestation has substantial benefits for both mother and infant.
LDA given to those at risk for preeclampsia

Reduces:

- Preeclampsia by 15%
- Preterm birth by 20%
- Fetal growth restriction by almost 20%
- Perinatal mortality by more than 20%

This translates to healthier moms and healthier babies.

US Preventative Task Force Recommendation, Journal of the American Medical Association (JAMA)
LDA in pregnancy can support healthy placenta development, preventing changes that can lead to high blood pressure.

Those taking aspirin are more likely to deliver at full term and less likely to have preeclampsia.
...but these recommendations have been slow to become widely used!

• Multiple studies find that less than 25% of eligible women are offered or take LDA.
• Women with chronic hypertension are the highest utilizing group but among them only ~50% take LDA.
• Among Black pregnant people who are eligible, only 10% received LDA.


US Preventative Task Force Recommendation, Journal of the American Medical Association (JAMA)
Let's start with background information.

Who is at increased risk of preeclampsia and should receive low-dose aspirin?
Risk factors for preeclampsia

Those with one high-risk factor should receive LDA:

• preeclampsia in a prior pregnancy
• multifetal gestation (twins plus)
• chronic hypertension
• type 1 or 2 diabetes mellitus
• renal disease
• autoimmune disease (lupus, etc.)
Risk factors for preeclampsia

Those with two or more moderate-risk factors should receive LDA:

- nulliparity (first birth)
- obesity (BMI>30 kg/m²)
- mother or sister with history of preeclampsia
- exposure to anti-Black racism
- financial hardship
- 35+ years old
- prior low birthweight or small-for-gestational age baby
- previous adverse pregnancy outcome
- 10+ years since last delivery
An example of a self-administered Checklist for Eligibility for Low-Dose Aspirin

There Are Very Few Reasons Not to Take LDA

• Contraindications:
  • Allergic to aspirin or other nonsteroidal anti-inflammatory drugs (NSAIDS)
  • Nasal polyps
  • Aspirin-induced acute bronchospasm

• May not be the right treatment if history of:
  • Gastrointestinal bleeding or stomach ulcers
  • Low platelets (<100,000) or conditions that cause impaired blood clotting
  • Gastric bypass surgery
  • First trimester bleeding
TO KEEP BABY AND YOU SAFE FROM PREECLAMPSIA

Let’s Do Aspirin!

What is preeclampsia?
Preeclampsia is a serious disease during pregnancy where high blood pressure and other complications can put baby and you at risk.

How can I prevent preeclampsia?
Low-dose aspirin, as recommended by your healthcare provider, is the only known effective solution to prevent preeclampsia.

How can low-dose aspirin keep baby safe?
Studies have shown that taking low-dose aspirin during pregnancy may help reduce your risk for serious problems, like preeclampsia and premature birth.

Ask your healthcare provider, "Am I at risk for preeclampsia?"
#LETSDOASPIRIN

Scan the QR Code to access the MARCH OF DIMES Health Action Sheet to prevent preeclampsia and premature birth.

Let’s Do Aspirin Campaign

Loma Linda University Riverside University Medical Center
Scripps Health Care
UC San Diego
Mercy San Juan

Funding support by MOD
This campaign is about how to increase LDA use

Key Elements of the Campaign

• Make it easier for providers to screen and prescribe LDA.
• Increase patient awareness of the benefits and lack of risk for LDA.
• Increase community awareness of the benefits of LDA to support women in their LDA decisions.
• Educational outreach to pharmacies/pharmacists for the benefits of LDA.
What you can do...

• Learn more yourself.
• Educate your patients, family, friends about LDA and about preeclampsia symptoms.
• Key messages to share when patients ask about LDA.
  • LDA is very safe to take, safely used in all races and ages
  • LDA can make pregnancies last longer and keep moms and babies safer
  • If taking LDA, it is important to take it daily
Frequently Asked Questions
Is Low-Dose Aspirin Safe in Pregnancy?

• Yes, LDA is safe!

• LDA: No higher rates of maternal harms
  • Abruption, hemorrhage not increased

• LDA: No higher rates of fetal harms
  • Congenital malformations, premature ductal closure, bleeding not increased

• The concerns for aspirin in pregnancy are related to full adult doses (2 x 325mg or 650mg) which have different biochemical effects. Even these effects are modest.
What is the Optimal Dose of LDA?

• No trial directly compares doses. Despite over 45 randomized trials there is still no consensus between 81mg (1 pill) vs 162mg (2 pills)
• Why? They had differing criteria:
  • Included different trials, different doses (50-150mg), different gestational ages to start, and most importantly had different inclusion criteria.
  • Use of historical risks versus biochemical tests or uterine doppler studies.
What is the Optimal Dose of LDA?

• The largest single trial (ASPIRE, NEJM 2017) included 1776 women at very high preeclampsia risk based on biochemical and biophysical tests; 150 mg showed benefit. However, in the US, we do not screen using biochemical or biophysical testing.

• 1 tablet (81 mg) daily is currently recommended by USPSTF, ACOG, and SMFM; but physicians can individualize dosage.
When should LDA be started and stopped?

• Greatest benefit is seen with start time 12 – 16 weeks (some studies found modest benefit seen up to a start time of 28 weeks).
• Most recommendations for those taking a single pill (81 mg) continue daily use until delivery.

US Preventative Task Force Recommendation, Journal of the American Medical Association (JAMA)

• If taking the higher dose (2 pills, 162 mg), in practice many recommend stopping at 36 weeks to avoid anesthesiologist worries over possible epidural complications.
Prevent Preeclampsia with Low-Dose Aspirin

Am I at risk for preeclampsia?

Ask your healthcare provider if aspirin is right for you.

#LETSDOASPIRING

For more information, scan the QR Code with your smartphone.

Questions?
Tools and Resources: Patients and Providers

- **CMQCC Hypertension/Preeclampsia Quality Improvement toolkit**: Supports hospitals in managing labor & delivery patients presenting with high blood pressures.

- **March of Dimes and Preeclampsia**: To help patients understand preeclampsia and the benefits of taking low dose aspirin during pregnancy.

- **Preeclampsia Foundation Patient Education Materials**: Guidelines for providers on what to consider when education patents on preeclampsia.

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**HEALTH ACTION SHEET**

**Low-dose aspirin to prevent preeclampsia and premature birth**

For some women, taking low-dose aspirin during pregnancy may help reduce your risk for serious problems for you and your baby, like preeclampsia and premature birth.

Preeclampsia is when you have high blood pressure and sign that some of your organs, like your liver and kidneys, may not be working right. Preeclampsia can happen after the 20th week of pregnancy or right after pregnancy.

If not treated, preeclampsia can cause serious problems for you and your baby, including premature birth (before 37 weeks of pregnancy). Babies born early may have more health problems than babies born on time.

If you’re at risk for preeclampsia, your provider may recommend you take low-dose aspirin.

- If your provider says it’s OK, take low-dose aspirin each day. You can buy it over the counter, or your provider can give you a prescription for it. It’s also called baby aspirin or low-dose aspirin.
- Take the aspirin exactly as your provider tells you to.
- Go to your prenatal care checkups, even if you’re feeling fine. You can have preeclampsia and not know it.
- If you have signs or symptoms of preeclampsia (like severe headaches, blurred vision or swelling in the hands or feet during or after pregnancy), call your provider right way.
- **TAKE ACTION**
  - Ask your provider about low-dose aspirin.
    - Tell your provider if you have any one of these risks for preeclampsia:
      - You’ve had preeclampsia before.
      - You’re pregnant with multiples.
      - You have high blood pressure, diabetes, kidney disease, or an autoimmune disease like lupus.
      - You’re more than 35 years of age.
      - You’ve had preeclampsia before, or it’s been more than 10 years since you had a baby.
      - You’re obese.
      - You’re African American.
    - You had complications in a previous pregnancy, like your baby had low birthweight.
    - You’re 35 or older.
    - You’re African American.

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**WATCH A VIDEO**

[marchofdimes.org/preeclampsia](marchofdimes.org/preeclampsia)