## Preeclampsia Risk Assessment (Office Use)<sup>1</sup>

## High-Risk: Does the patient have **one** of the following conditions? ☐ History of preeclampsia ☐ Multifetal gestation (twins, triplets) ☐ Chronic hypertension ☐ Pregestational type 1 or 2 diabetes ☐ Kidney Disease ☐ Autoimmune Disease (systemic lupus erythematous, antiphospholipid syndrome) If yes, the patient is high-risk and should begin low-dose aspirin (81mg) therapy at 12 weeks. Therapy can be initiated anytime between 12-28 weeks gestational age. Educate patient to take 1 tablet before bed until delivery. Moderate-Risk: Does the patient have *more than one* of the following: ■ Nulliparity □ Obesity (BMI>30) ☐ Immediate family history of preeclampsia □ Black race □ Lower income ☐ Age 35 or older □ IVF pregnancy ☐ Personal history (low birth weight, small for gestational age, >=10 years since last pregnancy). If more than one box is checked, patient should begin low-dose aspirin (81mg) therapy at 12 weeks, or anytime between 12-28 weeks gestational age. Educate patient to take 1 tablet before bed until delivery. Low-Risk: □ Previous uncomplicated delivery Low-dose aspirin therapy is not applicable.

<sup>&</sup>lt;sup>2</sup> 02.23 - ASA preeclampsia Pentasa brand 02062023 updated NDCs.pdf (oklahoma.gov)





<sup>\*\*</sup> OK Medicaid will pay for 100 tablets of low-dose aspirin for a 100-day supply for the prevention of preeclampsia.<sup>2</sup>

<sup>&</sup>lt;sup>1</sup> <u>Recommendation: Aspirin Use to Prevent Preeclampsia and Related Morbidity and Mortality: Preventive</u> Medication | United States Preventive Services Taskforce (uspreventiveservicestaskforce.org)