Preeclampsia risk screening tool

Patient name: _____ **Patient DOB:** _____

ACOG and SMFM recommend low dose aspirin (81 mg/day) prophylaxis for:

- Pregnant people at **high risk** of preeclampsia with **one or more** of the following risk factors (select all that apply):
  - ☐ History of preeclampsia, especially when accompanied by an adverse outcome
  - ☐ Multifetal gestation
  - ☐ Chronic hypertension
  - ☐ Pregestational type 1 or 2 diabetes
  - ☐ Kidney disease
  - ☐ Autoimmune disease (i.e., systemic lupus erythematous, antiphospholipid syndrome)
  - ☐ Combinations of multiple moderate-risk factors (see list below)
  - ☐ Black race (as a proxy for underlying racism), or lower income*

  These risk factors are consistently associated with the greatest risk for preeclampsia. Preeclampsia incidence would likely be at least 8% in a population of pregnant people having one of these risk factors. Low dose aspirin (81 mg/d) prophylaxis is recommended.

- Pregnant people with **more than one moderate-risk factor** (select all that apply):
  - ☐ Nulliparity
  - ☐ Obesity (i.e., body mass index > 30)
  - ☐ Family history of preeclampsia (i.e., mom or sister)
  - ☐ Black race (as a proxy for underlying racism)
  - ☐ Lower income
  - ☐ Age 35 years or older
  - ☐ Personal history factors (e.g., low birth weight or small for gestational age, previous adverse pregnancy outcome, >10-year pregnancy interval)
  - ☐ In vitro fertilization (IVF)

  These factors are independently associated with moderate risk for preeclampsia, some more consistently than others. A combination of multiple moderate-risk factors may place a pregnant person at higher risk for preeclampsia. Low dose aspirin (81 mg/d) prophylaxis is recommended.

- When recommended, low dose aspirin should be initiated between 12 weeks and 28 weeks of gestation (optimally before 16 weeks) and continued daily until delivery.

- Implementation considerations: Evidence supports the use of a risk-based approach to determine whether low dose aspirin should be offered to a pregnant person. It's therefore imperative that obstetrician–gynecologists and other obstetric clinicians implement adequate screening processes to determine the appropriate risk category for a pregnant person.

**The underlying risk to health is racism and not race. However, there are not yet adequate tools for measuring the known impact of racism on health. Therefore, in this document, Black race serves as a proxy for underlying racism. These factors are associated with increased risk due to environmental, social, structural, and historical inequities shaping health exposures, access to healthcare, and the unequal distribution of resources, not biological propensities.*

Reference (August 2024): ACOG's Low Dose Aspirin Use for the Prevention of Preeclampsia and Related Morbidity and Mortality. https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2021/12/low-dose-aspirin-use-for-the-prevention-of-preeclampsia-and-related-morbidity-and-mortality

Person completing screening: _____ **Date:** _____