

**REVIEW OF ASPIRIN FOR PREECLAMPSIA PROPHYLAXIS:
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Background: The USPSTF found that aspirin (ASA) reduced preeclampsia, IUGR, and preterm birth. In 2014, they recommended 81mg for high risk pregnancies.

Objective: Compare preeclampsia outcomes in high risk pregnancies prior to the USPSTF recommendation to those after; also assess the implementation of ASA use in the practices under review; and the 81mg dosage, which hasn't been studied.

Methods: A retrospective chart review of deliveries during April, August, and December from 2014 and 2015. Data was collected on ASA use, preeclampsia, and USPSTF risk factors for preeclampsia.

Results: 608 charts met inclusion criteria, 298 in 2014 and 310 in 2015. There was a significant difference in ASA, but no change in preeclampsia. ASA use was significant for patients with CHTN, renal and autoimmune disease, and a history of preeclampsia.

Conclusion: ASA use did increase, but preeclampsia incidence did not change. The ASA group was small, thus effectiveness of the 81mg dosing could not be assessed.