Aspirin Acceptance Rate and Perceived Preeclampsia Risk after the Implementation of Universal Screening for Preeclampsia at SFHMC

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Introduction
Preeclampsia is a serious complication of pregnancy associated with 2%-8% of pregnancies worldwide and 15% of preterm births in the United States.

The United States Preventative Task Force (USPTF) and the American College of Obstetricians and Gynecologists (ACOG) recommend low-dose aspirin (LDA) 81 mg daily for patients at moderate to high risk, to decrease their risk of preeclampsia and adverse maternal and fetal outcomes.

We found no published data on acceptance of LDA for preeclampsia prevention.

OBJECTIVES
1. To determine the acceptance rate of LDA after the implementation of universal screening for preeclampsia in the ultrasound unit.
2. To assess accuracy of self-perception of risk for developing preeclampsia among women found to be at moderate to high risk for developing preeclampsia.

Methods
Retrospective cohort study of all women with a viable pregnancy presenting for their nuchal translucency first-trimester ultrasound at the Prenatal Diagnosis unit at Saint Francis Hospital and Medical Center between December 1, 2017 and December 31, 2019.

Women were universally screened for clinical risks of preeclampsia using a self-administered questionnaire developed from the USPTF risk-assessment recommendation.

· Those found to be a moderate or high risk for preeclampsia were recommended to take LDA.
· During their anatomy ultrasound (~20 weeks of gestation), patients completed a follow-up questionnaire assessing aspirin compliance and their perceived risk for developing preeclampsia.

Descriptive statistics was used to calculate frequencies.

Discussion
Compliance with LDA recommendation was good even though most patients underestimated their risk for developing preeclampsia.

Less than one-fourth of patients taking LDA assessed their risk correctly.

Simple interventions may improve patient acceptance of aspirin recommendations and standardize care for all patients.

Further investigation is needed to determine why moderate to high-risk patients do not comply with these recommendations.

References

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