

## Help prevent pre-eclampsia with prenatal aspirin

Pre-eclampsia is one of four types of hypertensive disorders of pregnancy. It is defined as the development of hypertension with either proteinuria or end-organ dysfunction with onset after 20 weeks of gestation in a previously normotensive woman.

### Pre-eclampsia facts:

- The exact incidence of pre-eclampsia is unknown.
- Pre-eclampsia is reported to affect 2% to 8% of pregnancies with rates increasing globally (*ACOG Practice Bulletin 222 (2020)*).
- Pre-eclampsia is one of the leading causes of maternal morbidity and mortality, accounting for approximately 658 pregnancy-related deaths in the United States in 2018.
- Non-Hispanic Black women experience mortality rates 5.5 to 6.5 times that of non-Hispanic white women (*CDC National Vital Statistics Report Vol 69 Number 2 Maternal Mortality in the United States, 2018*).

With the definitive etiology remaining unknown, the causation theory involves ischemic placental disease. After decades of research, daily low-dose aspirin has emerged as an effective prevention. Its anti-inflammatory and anti-platelet properties are key to counteracting the changes in platelet and vessel wall function that result in pre-eclampsia. Safety and efficacy of the use of aspirin in pregnancy has also been confirmed in the literature and supported by the **U.S. Preventive Services Task Force** in 2014.

The U.S. Preventive Services Task Force has recently recommended the use of daily aspirin in pregnant women with certain risk factors. The American College of Obstetricians and Gynecologists and the Society for Maternal-Fetal Medicine have endorsed the recommendation of a daily 81 mg aspirin for women at high risk of developing pre-eclampsia starting at 12 to 28 weeks of pregnancy (*ACOG Comm Op #743, July 2018*).

Close surveillance of blood pressure in pregnancy through in-office and at-home monitoring, plus decreasing stress, are other potentially effective interventions.

Anthem Blue Cross recognizes the opportunity to collaborate with our obstetrical care providers to improve women's health and pregnancy outcomes by these interventions. We hope all obstetrical care providers will join us in promoting early identification of at-risk pregnant women, close surveillance of blood pressure, reduction of stress, and administration of prenatal aspirin in eligible candidates.

### Tips for providers:

- Prescriptions for prenatal aspirin may avoid out-of-pocket costs for members.
- Education on normal blood pressure range during pregnancy empowers members to partner with you in their prenatal care.

If you have any questions about this information or our obstetric case management program, please contact Provider Services at <**Provider Services phone number**> or your Physician Medical Group or Independent Practice Association, depending on whether the patient is a capitated or fee-for-service member.

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