

Table. Clinical Risk Assessment for Preeclampsia*

Risk Level	Risk Factors	Recommendation
High†	History of preeclampsia, especially when accompanied by an adverse outcome Multifetal gestation Chronic hypertension Type 1 or 2 diabetes Renal disease Autoimmune disease (i.e., systemic lupus erythematosus, the antiphospholipid syndrome)	Recommend low-dose aspirin if the patient has ≥1 of these high-risk factors
Moderate‡	Nulliparity Obesity (body mass index >30 kg/m ²) Family history of preeclampsia (mother or sister) Sociodemographic characteristics (African American race, low socioeconomic status) Age ≥35 y Personal history factors (e.g., low birthweight or small for gestational age, previous adverse pregnancy outcome, >10-y pregnancy interval)	Consider low-dose aspirin if the patient has several of these moderate-risk factors§
Low	Previous uncomplicated full-term delivery	Do not recommend low-dose aspirin

* Includes only risk factors that can be obtained from the patient medical history. Clinical measures, such as uterine artery Doppler ultrasonography, are not included.

† Single risk factors that are consistently associated with the greatest risk for preeclampsia. The preeclampsia incidence rate would be approximately ≥8% in a pregnant woman with ≥1 of these risk factors (1, 5).

‡ A combination of multiple moderate-risk factors may be used by clinicians to identify women at high risk for preeclampsia. These risk factors are independently associated with moderate risk for preeclampsia, some more consistently than others (1).

§ Moderate-risk factors vary in their association with increased risk for preeclampsia.