

## Low Dose Aspirin

Patient Name \_\_\_\_\_

Culinary ID# \_\_\_\_\_

High Risk Factor Questions	Yes	No
1. Is there a history of preeclampsia in a prior pregnancy?		
2. Is the current pregnancy multiple gestation?		
3. Is chronic hypertension present?		
4. Is pre-gestation diabetes present?		
5. Is renal disease present?		
6. Is autoimmune disease or are antiphospholipid antibodies present? (antiphospholipid syndrome, lupus, etc.)		

**Do not use Aspirin if any of the following contraindications exist.**

**If no High Risk Factors are present, evaluate Moderate Risk Factors.**

Moderate Risk Factor Questions	Yes	No
1. Is the patient of advanced maternal age, 35 years and over?		
2. Is the patient nulliparous?		
3. Is the patient African American?		
4. Is the patient obese, BMI >30 (based upon pre-pregnancy weight)?		
5. Is this pregnancy the result of in vitro fertilization?		
6. Has it been over 10 years since the last delivered pregnancy?		
7. Did a previous pregnancy have intrauterine growth restriction?		
8. Is there a family history of preeclampsia in a first degree relative?		
9. Does the patient have low socio-economic status? (i.e. Medicaid, some cash only patients)		

**If the answers to THREE (3) High Risk Factor Questions are YES, the patient may be a candidate for Aspirin treatment, if no contraindications exist. Move to section B - Exclusion Criteria**

## B. Exclusion Criteria

**Do not use Aspirin if any of the following contraindications exist.**

Contraindications to the use of Aspirin	Yes	No
1. Allergy to Aspirin		
2. Bleeding disorder		
3. Platelet disorder		
4. Recent vaginal bleeding		
5. Reye's Syndrome		
6. Inadequate vitamin K		
7. G6PD deficiency		
If ANY contraindication is present, do not use Aspirin		

**17-Hydroxyprogesterone caproate (17P)**

Patient Name \_\_\_\_\_

Culinary ID# \_\_\_\_\_

**A. Inclusion Criteria**

Inclusion Criteria	Yes	No
1. Is there a history of previous singleton preterm delivery from 20-36 6/7 weeks gestation?		
2. Was the previous preterm delivery from spontaneous labor or PPROM?		

If the answer to BOTH Inclusion Criteria questions are YES, the patient may be a candidate for weekly 17P treatment, if no contraindications exist. Move to section **B - Exclusion Criteria**

**B. Exclusion Criteria**

**Do not use 17P if any of the following contraindications exist.**

Contraindications to the use of 17P	Yes	No
1. Current pregnancy is multiple (2 or more) gestation		
2. Current pregnancy is more than 20 6/7 weeks gestation		
3. Current or history of thrombosis or thromboembolic disorders		
4. Known or suspected breast cancer, other hormone sensitive cancer or a history of these conditions		
5. Undiagnosed abnormal vaginal bleeding unrelated to pregnancy		
6. Cholestatic jaundice of pregnancy		
7. Liver tumors, benign or malignant or active liver disease		
8. Uncontrolled hypertension		
9. Allergy to hydroxyprogesterone caproate, castor oil or any of the other ingredients in 17P (Makena)		
10. Any other contraindications to 17P: (list here)		

If ANY contraindication is present, do not use 17P treatment