

## 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