



EYEBROW

Can Low-Dose Aspirin Help Prevent Preeclampsia? New Research Says Yes

Each year, about 1 in 25 pregnancies in the United States is affected by this dangerous condition, marked by high blood pressure and other complications.

A PREECLAMPSIA DIAGNOSIS can turn what should be one of life's most joyful times into one of the most daunting. Most often developing after 20 weeks, preeclampsia can escalate quickly sometimes leading to seizures, premature delivery, or even life-threatening outcomes.

Not long ago, preeclampsia felt like a condition without clear answers. But recent research has revealed a surprisingly simple tool for prevention: low-dose aspirin. Aspirin helps by improving blood flow to the placenta, reducing inflammation, and lowering the likelihood of clotting, all of which play a role in the development of preeclampsia.

That's why March of Dimes recently launched "Low Dose, Big Benefits," a campaign spreading awareness that

just 81 mg of aspirin, started early in pregnancy, has been shown to reduce the risk of preeclampsia and related complications like preterm birth. In the United States, preterm birth remains the leading cause of infant mortality. By sharing research with patients and providers, March of Dimes hopes to make aspirin a routine part of prenatal care for women who need it most.

For many women, especially those considered high-risk, this small daily

pill can offer meaningful protection. But who falls into that higher-risk category? Women who are pregnant with multiples, with chronic hypertension, diabetes, kidney disease, or a higher body mass index, as well as women who have had preeclampsia before. Black women are also at greater risk, facing both higher rates of preeclampsia and more severe outcomes. For these patients, aspirin can be a low-cost, low-risk tool to reduce their risk of complications, but researchers are asking whether the standard dose is always enough.

"As a mother I have personally experienced the complications and lasting impact that preeclampsia and preterm birth can have," says Rupsa C. Boelig, MD, MS, an associate professor of obstetrics and gynecology at Thomas Jefferson University's Sidney Kimmel Medical College. "And as a maternal fetal medicine physician I see patients every day who struggle to overcome complications related to preeclampsia and preterm birth."

Dr. Boelig is leading a clinical trial to see whether women with diabetes or higher BMI may benefit from a stronger dose of aspirin daily. If her research confirms that a higher dose is more effective, it could directly change how physicians counsel high-risk patients and allow for more personalized treatment plans.

"These are conditions that once started we do not have a treatment for, thus prevention is critical to reducing the burden these pregnancy complications place on our communities," notes Dr. Boelig.

With support from the March of Dimes, her research can continue to zero in on how aspirin dosing can be a simple but powerful way to protect more women and their babies.

For expectant families the research doesn't just provide a solution, it also provides hope. A simple conversation with your doctor about whether low-dose aspirin is right for you could lower your risk of one of pregnancy's most dangerous complications. Health experts stress that women should never begin aspirin therapy on their own, but

