**Q&A Function**

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| Question | Answer |
| Would one think that it would be beneficial for any autoimmune disorder that can impact the placenta? Pemphigoid gestationis was seen this year – and it can cause placental aging. | Yes, autoimmune disorders in general are listed as high-risk factors. |
| Is there another medication for those who are allergic to ASA?? | LDA is the only medication that studies have shown to prevent preeclampsia and the risk of developing preeclampsia in those who are at increased risk. Several agents, such as, Vitamin C, E, folic acid, co-Enzyme Q, calcium, selenium, relaxation therapy, etc., have been evaluated and did not show they prevented preeclampsia and the risk of developing preeclampsia. |
| 1st trimester bleeding is relatively common; when can these women begin LDA? | The patient should work with their Perinatal provider to determine if the cause of their 1st trimester bleeding has made LDA contraindicated for them or not. Per ACOG “The decision to continue low-dose aspirin in the presence of obstetric bleeding or risk factors for obstetric bleeding should be considered on a case-by-case basis”  *https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2018/07/low-dose-aspirin-use-during-pregnancy* |
| Is all this data available online? | Yes |
| Does it matter if it is ER? | What is ER? Extended Release? I don’t believe it matters as studies do not differentiate between durations of action. |
| Why the 150 mg dose in this study instead of 81 mg? | This was a UK/European trial, and the manufacturer only supplies dosages of 75mg and 300mg |
| Can you please go over the guidelines for how long once initiated a project pregnant patient should continue using aspirin? I think I heard stopping a few months before delivery? | Recommendation is to take ASA daily continually until delivery. If taken at the higher dose (162mg/day) expert’s opinion is to stop by 36 weeks |
| Should LDA be stopped at 36 weeks? | In practice, the patient can stop at 36 weeks because pregnancy would be considered full-term at ~37 weeks but the recommendation from ACOG is to continue until delivery. |
| Can you upload a link to the checklist for eligibility for the use of LDA? | <https://www.sciencedirect.com/science/article/pii/S0002937823002776?via%3Dihub#tbl1> |
| Does enteric coated aspirin help the same as non-coated? | Clinical trials and guidelines do not differentiate between formulations. At lower doses (e.g. 81mg) only COX-1 is inhibited, and aspirin delivers preventive effect, so dosage is the key factor |
| What’s the best way of holding conversations with patients without them feel like being ‘targeted’? | Yes, the December Webinar would be helpful (“LDA Campaign Webinar Series – Discussing Risk Respectfully)  [**Discussing Risk Respectfully: LDA Webinar**](https://youtu.be/qJYzFQLMzdI) |
| Are these available to folks in other states? | <https://www.cmqcc.org/qi-initiatives/low-dose-aspirin-prevent-preeclampsia> |