

Should I do Aspirin...

TO KEEP ME AND MY BABY SAFE?

Use this tool to speak to your provider about your risk for preeclampsia and use of low dose aspirin.

PLEASE MARK BELOW

YES NO

YES NO

YES NO

YES NO

YES NO

YES NO

HAVE YOU BEEN TOLD YOU HAVE ANY OF THE FOLLOWING?*

Preeclampsia ("toxemia") in a previous pregnancy

Twins or triplets in the current pregnancy

Hypertension (high blood pressure)

Diabetes mellitus (type 1 or type 2)

Kidney disease

Autoimmune disorder (lupus, rheumatoid arthritis, etc.)

YES NO

YES NO

YES NO

YES NO

YES NO

YES NO

Did your mother/sister have preeclampsia ("toxemia") while pregnant?

Are you 35 years old or older?

Do you identify as Black or are of African or Afro-Caribbean ancestry? **

Will this be your first child?

Was this pregnancy conceived with in vitro fertilization (IVF)?

Do you experience financial hardship? ***

IF YOU HAVE PREVIOUS CHILDREN:

YES NO

YES NO

YES NO

Is your youngest child 10 years or older?

Any previous child weighing less than 5.5 lbs (2.5 kg) at birth?

Did you experience any complications in a previous pregnancy?

*Each of these items will be associated with a Yes/No.

**Individuals who identify as Black experience more stress due to heightened exposure to racism.

*** Individuals who experience financial hardship may experience increased stress and reduced access to care.

WHAT DO YOU THINK OR KNOW ABOUT ASPIRIN
USE IN PREGNANCY?



WHAT WORRIES YOU ABOUT USING ASPIRIN
WHILE PREGNANT?

