

Approaches compared for aspirin prophylaxis for preeclampsia

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(HealthDay)—The best approaches to low-dose aspirin prophylaxis for the prevention of preeclampsia seem to be the U.S. Preventive Services Task Force (USPSTF) recommendations and universal prophylaxis, according to a study published online Nov. 5 in *Obstetrics & Gynecology*.

Erika F. Werner, M.D., from the Alpert Medical School of Brown University in Providence, R.I., and colleagues created a decision model to examine four approaches to aspirin prophylaxis for the [prevention](#) of preeclampsia in the United States.

The researchers found that the estimated rate of [preeclampsia](#) would be 4.18 percent without prophylaxis, compared to 4.17, 3.83, and 3.81 percent with the American College of Obstetricians and Gynecologists (the College) approach, the USPSTF approach, and with universal

prophylaxis, respectively. Assuming four million births per year, the USPSTF approach would save \$377.4 million in direct medical care costs annually, while universal prophylaxis would save \$365 million compared with no prophylaxis. In 79 percent of probabilistic simulations, the USPSTF approach was the most cost beneficial. The universal approach was the most cost-effective in more than 99 percent of simulations, assuming a willingness to pay of \$100,000 per neonatal quality-adjusted life-year gained.

"Both the USPSTF approach and universal prophylaxis would reduce morbidity, save lives, and lower health care costs in the United States to a much greater degree than the approach currently recommended by the College," the authors write.

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