

Aspirin Prescription for High-risk Obstetric Population at Outpatient; A Quality Improvement Project

Authors
Dr. Islam Elkhateb^{1,2}, Dr. Wael Ragab¹, Dr. Ahmed Hassan¹, Kenzy Elessawy³, Dr. Abeer Alzaydai¹

Affiliations
¹ Department of Obstetrics and Gynecology, Adan Hospital – Kuwait Ministry of Health, Ahmadi, Kuwait
² Department of Obstetrics and Gynecology, Cairo University Students’ Hospital, Cairo, Egypt
³ School of Medicine, Newgiza University, Giza, Egypt

INTRODUCTION

- Preeclampsia complicates 3-5% of pregnancies, characterized by hypertension, proteinuria, and end-organ dysfunction after 20 weeks.
- Low-dose aspirin reduces preeclampsia and related outcomes (preterm birth, growth restriction) by 10-70% in moderate to high-risk patients.
- Aspirin has an excellent maternal and fetal safety profile, making it a reasonable preventive strategy.
- A pilot study showed that only 40% of eligible patients received aspirin prescriptions.

OBJECTIVE

- Increase aspirin prescription rates for moderate- and high-risk obstetric populations.

METHODOLOGY

- **Design:** Quality improvement project based on a cross-sectional analysis.
- **Interventions included:**
 - Labels with obstetric population risk assessment and eligible patient scores were placed in each room of the outpatient department. Topic discussed in morning meetings. Covered in biweekly department scientific meetings. A message sent to the Obstetrics and Gynecology department team.

Only 40% of patients who are candidates for aspirin prescriptions actually receive it at Adnan Hospital. This audit cycle aims to increase aspirin prescription rates for the moderate- and high-risk obstetric population to reduce adverse obstetric events



RESULTS

- Re-audit of aspirin subscription rates planned for May 2025.

CONCLUSION

- Clinical audit as a quality improvement process improves patient outcomes and care.
- The project aims to increase aspirin prescription rates, reducing adverse obstetric events.
- Potential for broader implementation to improve obstetric outcomes and patient care.

Aspirin Prescription for Moderate- and High-Risk Obstetric Population in Outpatient Clinic*

Prescribe 75 mg to 150 mg of aspirin daily from 12 weeks until the birth of the baby to women with **any of the following high-risk factors**:

- Chronic HTN
- Pre-gestational DM
- Chronic kidney disease
- Autoimmune disease (ex: SLE, APS)
- Hypertensive disease in previous pregnancy (previous Gest HTN/ PET)

Prescribe 75 mg to 150 mg of aspirin daily from 12 weeks until the birth of the baby to women with **more than one moderate risk**:

- 1st pregnancy (PG)
- 2 (multi-foetal gestation; twins, triplets, and more).
- ≥ 35 kg/m2 BMI at first ANC visit
- ≥40 years old
- ≥10 years pregnancy interval
- Family history of pre-eclampsia

* Hypertension in pregnancy: diagnosis and management. NICE guideline 133. Last updated 17 April 2023



Royal College of
Obstetricians &
Gynaecologists