## Appendix 3. Calculating the Population at Moderate Risk for Preeclampsia for USPSTF ${ }^{\text {a }}$

| Mutually exclusive risk factors |  |
| :--- | :---: |
| Nulliparity or personal history factors ${ }^{\text {b }}$ | $46 \%$ |
| Independent risk factors ${ }^{\text {c }}$ |  |
| Nulliparity or personal history and obese | $9.4 \%$ |
| Nulliparity or personal history and African American but not obese | $5.8 \%$ |
| Obese and African American and but no nulliparity or personal history | $1.8 \%$ |
| Nulliparity or personal history and age $\geq 35$ years but not obese or_African America | $4.4 \%$ |
| Obese and age $\geq 35$ years but not African America, nulliparous or with a personal <br> history | $1.2 \%$ |
| African American and age $\geq 35$ years but not obese, nulliparous or with a personal <br> history | $0.8 \%$ |
| Nulliparity or personal history and family history of preeclampsia but not obese, <br> African America or age $\geq 35$ years | $2.9 \%$ |
| Obese and family history of preeclampsia but not African America, age_ $\geq 35$ years or <br> nulliparous or with a personal history | $0.6 \%$ |
| African America and family history of preeclampsia but not age $\geq 35$ years, nulliparous <br> or with a personal history or obese | $0.4 \%$ |
| Age $\geq 35$ years and family history of preeclampsia but not nulliparous or with a <br> personal history, obese or African America | $0.3 \%$ |
| Cumulative probability of having $\geq 2$ moderate risk factors | $27.6 \%$ |
| $\geq 2$ moderate risk factors but no high risk factors ${ }^{\mathrm{d}}$ | $\mathbf{2 0 . 4 \%}$ |

${ }^{a}$ United States Preventive Services Task Force (USPSTF)
${ }^{\mathrm{b}}$ Assumed $40 \%$ nulliparous and of the $60 \%$ that are multiparous, $10 \%$ had pregnancies complicated by small for gestational age infant. Personal history factor is defined as prior small for gestational age, or prior adverse pregnancy outcome, or >10 year pregnancy interval.
${ }^{c}$ Probability obtained by calculating the product of the two factors and if necessary subtracting it from the probability of having multiple factors already accounted for
${ }^{\mathrm{d}}$ As a precaution, in the base case we assumed all high risk women also had moderate risk conditions and thus subtracted the high risk population from the moderate risk population.

[^0]
[^0]:    Werner EF, Hauspurg AK, Rouse DJ. A cost-benefit analysis of low-dose aspirin prophylaxis for the prevention of preeclampsia in the United States. Obstet Gynecol 2015;126.
    The authors provided this information as a supplement to their article.
    © Copyright 2015 American College of Obstetricians and Gynecologists.

