**EP01.05. Adjusting the risk of Pre-eclampsia throughout pregnancy in a high risk population under Aspirin prophylaxis.** Natacha Oliveira, Leonor C.Ferreira, Marta E. Brito, Jader Cruz; Centro de Diagnóstico Pré-natal, Centro Hospitalar Universitário Lisboa Central, Lisboa, Portugal.

**Objectives**
We aimed to analyse the risk for Pre-eclampsia (PE) in high risk women under Aspirin (ASA), by analysing the blood pressure and uterine arteries at 20-23\textsuperscript{6} weeks (w), 28-31\textsuperscript{6}w, and 36-38\textsuperscript{6}w of pregnancy.

**Methods**
This is a preliminary analysis of a cohort study including 125 singleton pregnancies at risk for PE before 37w (\(>1:100\) at first trimester scan based on the FMF algorithm. \(\geq100\)mg of ASA was taken between 16-36w. Systolic (SBP), diastolic (DBP), mean arterial blood pressure (MAP) in mmHg and Z-score of the median pulsatility index of the uterine arteries in IU were evaluated at 20-23\textsuperscript{6}, 28-31\textsuperscript{6} and 36-38\textsuperscript{6}w. A ROC curve was used to evaluate the respective cutoffs and its correlation with PE development in patients who consistently screened positive for PE.

**Results**
Among the 125 patients under ASA, 15 (12\%) developed PE of which 2 (1.6\%) occurred <37w.

**Conclusion**
By reassessing the risk of PE throughout pregnancy it’s possible to identify patients whose ASA will be effective in prevention of PE and in those cases reduce the medical surveillance. Patients in whom ASA won’t be enough can be correctly identified and benefit from a more personalized medical care.