| **Study, Year**  **Quality** | **N analyzed** | **Country** | **Race and ethnicity, %** | **Race and ethnicity analyses**  **reported in study** | **Incidence of preeclampsia**  **in control group, %** |
| --- | --- | --- | --- | --- | --- |
| Gallery, 199762  Fair | 108 | Australia | ***White, NonHispanic***  IG: 96.0  CG: 95.0 | No specific race and ethnicity subgroup analysis.  IG and CG were comparable in composition with regard to race, age, parity, and underlying condition at start of treatment. | NR |
| McParland, 199065  Fair | 100 | UK | ***White, NonHispanic***  IG: 73.0  CG: 65.0  ***Black***  IG: 17.0  CG: 23.0  ***Asian***  IG: 4.0  CG: 10.0  ***Other***  IG: 6.0  CG: 2.0 | No specific race and ethnicity subgroup analysis. | 19.2 |
| MFMU, 199857  Good | 2,503 | US | ***White, NonHispanic***  Diabetes: 53.0  HTN: 27.0  Multifetal gestations: 32.0  Previous PE: 25.0  ***Black***  Diabetes: 39.0  HTN: 61.0  Multifetal gestations: 50.0  Previous PE: 71.0  ***Hispanic***  Diabetes: 7.0  HTN: 12.0  Multifetal gestations: 18.0  Previous PE: 4.0 | PE incidence by race:  White (n=814)  IG: 18%  CG: 22%  RR: 0.8 (0.6,1.1)  Nonwhite (n=1,689)  IG: 18%  CG: 20%  RR: 0.9 (0.8,1.2)  Study authors concluded that aspirin was ineffective in preventing preeclampsia in all four risk groups, regardless of race. | 20.0 |
| Schiff, 198966  Good | *Mothers* 65  *Infants* 66 | Israel | ***White, NonHispanic***  100.0 (Jewish) | NA | 22.6 |
| Yu, 200371  Good | 554 | Brazil, Chile, South Africa, UK | ***White, NonHispanic***  IG: 66.3  CG: 58.3  ***Black***  IG: 24.3  CG: 30.9  ***Other***  IG: 9.4  CG: 10.8 | No specific race and ethnicity subgroup analysis.  Race/ethnicity similar in both IG and CG (p=0.14). | 18.7 |
| Davies, 199576  Fair  HARMS ONLY | 118 | UK | ***White (Caucasian)***  IG: 96.6  CG: 95.0 | No specific race and ethnicity subgroup analysis.  Study authors commented minimally on race in the discussion. Mentioned Sibai and Hauth studies, which have large proportions of black women in their study populations. Also mentioned the Davies study, which failed to demonstrate a significant benefit with prophylactic low-dose aspirin therapy in a group of nulliparous women at low risk when the only risk factor was high hemoglobin during the 2nd trimester. | 11.7 |
| Hauth, 199373  Good  HARMS ONLY | 604 | US (Alabama) | ***White, NonHispanic***  IG: 30.0  CG: 27.0  ***Black***  IG: 70.0  CG: 73.0 | Patients in IG and CG were of similar race (p=0.42).  Study authors stated, “First, although all the women in this study were medically at low risk, the fact that many were black and all were poor undoubtedly accounted for the relatively high background rate of preeclampsia. A middle-class white population would be expected to have a lower background risk of preeclampsia, and the effect of aspirin would probably be less dramatic.” | 5.6 |
| Sibai, 199372  Good  HARMS ONLY | *Mothers* 2,985  *Infants* 3,024 | US | ***White, NonHispanic***  IG: 17.5  CG: 18.5  ***Black***  IG: 50.4  CG: 49.2  ***White, Hispanic***  IG: 31.3  CG: 31.8 | No specific race and ethnicity subgroup analysis.  Demographic characteristics of IG and CG were similar at baseline. | 6.3 |
| Keim, 200678  Good  HARMS ONLY  *(Case-control study design)* | 3,129 | US | ***White, NonHispanic***  Cases: 62.0  Controls: 66.0  ***Black***  Cases: 32.0  Controls: 28.0  ***Other***  Cases: 6.0  Controls: 6.0 | Study authors stated that black women were more likely than white women to be aspirin users. | NR |
| Ayala, 201259  Good | 350 | Spain | NR\*  Composite of Mediterranean and Nordic types |  | 12.6 |
| Benigni, 198960  Fair | 33 | Italy | NR\*  Italian (includes small clusters of German-, French-, and Slovene-Italians in the north and Albanian- and Greek-Italians in the south) |  | NR |
| Caspi, 199461  Good | 47 | Israel | NR\*  Jewish 76.4% (of which Israel-born 67.1%, Europe/America-born 22.6%, Africa-born 5.9%, Asia-born 4.2%)  NonJewish 23.6% (mostly Arab)  (2004) |  | 8.7 |
| CLASP, 199458  Good | *Mothers* 9,309 (all)  7,974 (prophylactic arm only)    *Infants* 9,631 (all)  8,257 (prophylactic arm only) | Argentina, Australia, Belgium, Canada, Germany, Hong Kong, Israel, Malaysia, New Zealand, Russia, Spain, Sweden, Netherlands, United Arab Emirates, UK, USA | NR\*  Difficult to infer given that the study was conducted in multiple countries |  | 7.6 |
| Grab, 200063  Fair | 43 | Germany | NR\*  German 91.5% Turkish 2.4% Other 6.1% (made up largely of Greek, Italian, Polish, Russian, Serbo-Croatian, Spanish) |  | 9.5 |
| Hermida, 199764  Good | 100 | Spain | NR\*  Composite of Mediterranean and Nordic types |  | 14.0 |
| Vainio, 200267  Fair | 86 | Finland | NR\*  Finn 93.4%  Swede 5.6% Russian 0.5% Estonian 0.3% Roma (Gypsy) 0.1%  Sami 0.1%  (2006) |  | 23.3 |
| Viinikka, 199368  Fair | 197 | Finland | NR\*  Finn 93.4%  Swede 5.6%  Russian 0.5%  Estonian 0.3%  Roma (Gypsy) 0.1%  Sami 0.1%  (2006) |  | 11.0 |
| Villa, 201269  Fair | 121 | Finland | NR\*  Finn 93.4%  Swede 5.6% Russian 0.5% Estonian 0.3% Roma (Gypsy) 0.1%  Sami 0.1%  (2006) |  | 18.3 |
| Wallenburg, 198670  Good | 44 | The Netherlands | NR\*  Dutch 80.7%  EU 5%  Indonesian 2.4%  Turkish 2.2%  Surinamese 2%,  Moroccan 2%,  Caribbean 0.8%  Other 4.8%  (2008 est.) |  | 30.0 |
| Newnham, 199579  Good  HARMS ONLY | 59 | Australia | NR\*  White 92%  Asian 7%  Aboriginal and other 1% |  | NR |
| Rotchell, 199875  Good  HARMS ONLY | *Mothers* 3,641  *Infants* 3,675 | Barbados | NR\*  Black 93.0%  White 3.2%  Mixed 2.6%  East Indian 1.0%  Other 0.2%  (2000 census) |  | 2.5 |
| Subtil, 200374  Good  HARMS ONLY | *Mothers* 3,274  *Infants* 3,305 | France and Belgium | NR\*  France: Celtic and Latin with Teutonic, Slavic, North African, Indochinese, Basque minorities  Belgium:  Fleming 58% Walloon 31% Mixed or other 11% |  | 1.6 |
| Jensen, 201077  Good  HARMS ONLY  *(Cohort study design)* | 47,400 | Denmark | NR\*  Scandinavian, Inuit, Faroese, German, Turkish, Iranian, Somali |  | NR |

\* Race/ethnic data not reported in the study; data presented here are from or inferred from the CIA World Factbook (<https://www.cia.gov/library/publications/the-world-factbook/index.html>).

**Abbreviations:** HTN = hypertension; NR = not reported; PE = preeclampsia.