



Royal Berkshire  
NHS Foundation Trust

# Low dose aspirin (150mg) in pregnancy

To reduce the risk of pre-eclampsia and intra-uterine growth restriction

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**You have been asked to take low-dose aspirin during your pregnancy to reduce the risk of pre-eclampsia and having a baby smaller than expected.**

**This leaflet explains more about why we have asked you to take low-dose aspirin during your pregnancy. If you have any further questions or concerns, please do not hesitate to ask a doctor or midwife caring for you.**

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## **What is pre-eclampsia?**

Pre-eclampsia happens in between 2-8% of pregnancies. The common pre-eclampsia signs are raised blood pressure and protein in your urine. Usually, you will not notice these signs but they will be picked up during routine antenatal visits. You may also experience swelling of your hands, feet and face.

Pre-eclampsia commonly occurs towards the end of pregnancy and is mild. The symptom of high blood pressure can be treated with medication, but pre-eclampsia cannot be 'cured'. Pre-eclampsia will stop once the baby is born, usually at 37-38 weeks or as soon as possible after diagnosis if it is after this gestation.

In rarer cases (around five per 1,000 pregnancies) it leads to more severe disease. This may start earlier and affect the growth of the baby in the womb or the health of the woman or birthing person. In these cases the baby may need to be delivered earlier by induction.

## **Can pre-eclampsia be predicted?**

When the midwife sees you at your first visit, they will ask a series of questions to assess whether you are at risk of getting pre-eclampsia. There are some factors that put you at a high risk of getting pre-eclampsia and some that give you a moderate risk. If you have at least one high risk factor or two moderate risk factors the midwife will ask you to take low-dose aspirin for the rest of your pregnancy.

If you are 45 or older when you become pregnant, you will also be recommended to take aspirin, even if you have been pregnant before. Your doctor will also advise you to take aspirin for other reasons. For example, if the baby measures small on early scans, or if you have had very small babies due to poor placental function in previous pregnancies, or if you have been identified as having low PAPP-A.

## Why does aspirin help?

There is evidence that taking low-dose aspirin (150mg) every day protects against pre-eclampsia and in general against high blood pressure in pregnancy. Although it is recommended that you take aspirin for those reasons, it is an unlicensed use of the medicine but has been studied in pregnancy for over 30 years and does not cause any problems for your baby.

### **High risk factors** include:

- High blood pressure, before or during previous pregnancy.
- Problems in previous pregnancies
- Chronic kidney disease
- An auto-immune disease, such as antiphospholipid syndrome
- Type 1 or 2 Diabetes
- >45 years of age
- Low PAPP-A
- Previous small baby

If you have **one** of these, we recommend you take aspirin.

### **Moderate risk factors** include:

- This being your first pregnancy
- Being over 40
- Having a body mass index (BMI) of more than 35
- Expecting twins (or triplets etc.)
- Having a family history of pre-eclampsia
- More than 10 years from your last pregnancy

If you have **two** or more risk factors from this group, we recommend that you take aspirin.

## What happens next?

We will ask you to buy it from any chemist or supermarket. You do not need to speak to a pharmacist. Most packs will have an information sheet inside advising not to take in pregnancy unless advised to do so by a doctor: this is a legal requirement placed on the manufacturers to protect pregnant women or birthing people from accidentally taking any medication without being medically advised that it is safe and necessary. You should start taking low-dose aspirin at 12 weeks, unless you have been advised to take it earlier. Low-dose aspirin started earlier than this is safe and may bring increased benefits but this has not been proven.

We recommend that you take the low-dose aspirin with food and ideally at night. It does not matter if you occasionally miss a dose. You should continue to take the aspirin until you reach 36 weeks.

We will continue to monitor you throughout your pregnancy. We will offer to test your blood pressure and urine at your antenatal visits to check for signs of pre-eclampsia. How frequently we monitor you at appointments will depend on your individual health.

## Further information and references

- Investigation and Care of a Small-for-Gestational-Age Fetus and a Growth Restricted Fetus (Green-top Guideline No. 31) published 13 May 2024
- Hypertension in pregnancy: diagnosis and management NG133 published 25 June 2019: Updated 17 April 2023

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**Please ask if you need this information in another language or format.**

Consultant Obstetrician & Associate Specialist FM, November 2018  
Amended: April 2024. Next review due: January 2025