Low-dose aspirin in pregnancy to prevent pre-eclampsia and intra-uterine growth restriction

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 nurse caring for you.

What is pre-eclampsia?

Pre-eclampsia affects around two to eight in every 100 pregnant women. The usual pre-eclampsia symptoms 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 usually occurs towards the end of pregnancy and is mild. The high blood pressure can be treated with medication, but pre-eclampsia itself is not cured until the baby is delivered (usually at 37-38 weeks).

In rarer cases (around five per 1,000 pregnant women) 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 mother. In these cases the baby may need to be delivered (induced) earlier.

Can pre-eclampsia be predicted?

When the midwife sees you at your first visit, she 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.

High risk factors include:

- High blood pressure, before or during pregnancy.
- Problems in previous pregnancies
- Chronic kidney disease.
- An auto-immune disease, such as antiphospholipid syndrome.
- Diabetes.

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

Moderate risk factors for developing pre-eclampsia include:

- This being your first pregnancy.
- Being over 40.
- Having a body mass index (BMI) of more than 35 (i.e. being obese).

- Expecting twins (or triplets etc.)
- Having a family history of pre-eclampsia.

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

Sometimes, your doctor will 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.

Why does aspirin help?

There is evidence that taking low-dose aspirin (75mg) 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 thirty years and does not cause any problems for your baby.

What happens next?

We will ask you to see your GP to get a prescription for aspirin, or to buy it from any chemist or supermarket. 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 from accidentally taking any medication without being medically advised that it is safe and necessary. You should start taking low-dose aspirin when 16 weeks pregnant, ideally at 12 weeks. 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. It does not matter if you occasionally miss a dose. You should continue to take the aspirin through the whole of your pregnancy. **Please note we do not recommend taking high-dose aspirin (more than 75mg) during pregnancy.**

We will continue to monitor you throughout your pregnancy. We will 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

- Green–top Guideline No. 31 - 2nd Edition | February 2013 | Minor revisions – January 2014.

References

- Hypertension in pregnancy: diagnosis and management Clinical guideline [CG107] Published date: August 2010 last updated: January 2011

This document can be made available in other languages and formats upon request.

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