GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Caerdydd a'r Fro | Cardiff and Vale University Health Board

DIRECTORATE OF OBSTETRICS AND GYNAECOLOGY

Patient Group Directive for
The supply of aspirin 150mg to women considered at high risk of pre-eclampsia, small for gestational age baby or adverse pregnancy outcome

PGD comes into effect	1st October 2019
Review date	1st April 2022
Expiry date	1st October 2022
Name of Medicine	Aspirin 150mg tablets
Professionals to which PGD applies	Registered midwives employed within Cardiff & Vale University Health Board working as part of the countermeasures framework who have demonstrated competency
Clinical Director for Obstetrics	Nigel Davies
On behalf of Cardiff & Vale University Health Board Director for Pharmacy and Medicines Management	Mr Darrell Baker
Executive Medical Director	Dr Stuart Walker
Executive Nurse Director	Mrs Ruth Walker

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2 Reducing the risk of hypertensive disorders in pregnancy

Risk level	Risk factors	Recommendation
High	• Hypertensive disease during a previous pregnancy • Chronic kidney disease • Autoimmune disease such as systemic lupus erythematosus or antiphospholipid syndrome • Type 1 or type 2 diabetes • Chronic hypertension	Recommend 150mg aspirin PO at night if the woman has ≥1 of these high risk factors
Moderate	• Nulliparous • Are 40 years or older at booking • Pregnancy interval of more than 10 years • Body mass index (BMI) of 35kg/m2 or more at first visit • Family history of preeclampsia in a first degree relative • Multiple pregnancy • Low PAPP-A (<0.415MOM)	Consider 150mg aspirin PO at night if the woman has two or more of these moderate risk factors

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3 Reducing the risk of small for gestational age infant or adverse pregnancy outcome

Risk level	Risk factors	Recommendation
High	• **Previous still birth** • **Fetal growth restriction in a previous pregnancy:** defined as any of the following: • birthweight <3rd centile OR • early onset placental dysfunction necessitating delivery <34 weeks OR • Placental histology confirming placental dysfunction in a previous pregnancy	Consider 150mg aspirin PO at night if the woman has ≥1 of these high risk factors

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4 Criteria for Exclusion

Criteria for exclusion	Hypersensitivity/allergy to aspirin or other NSAID's Asthma precipitated by NSAID's Active or history of recurrent peptic ulcer, GI bleeding or cerebrovascular bleeding Bleeding disorder e.g.: von Willebrands Coagulation disorders such as haemophilia Patients suffering from gout Severe renal impairment Severe hepatic impairment
Seek further advice	Refer to a medical practitioner

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5 Description of Treatment

Description of treatment	
Name of medicine	Aspirin
Legal status of Medicine	GSL
Form	Enteric coated tablets
Strength	150mg
Dosage	150mg daily until 36 weeks
Total daily dose	150mg
Route of administration	Oral at night
Frequency of administration	Once daily
Duration of treatment	From 12 weeks gestation until 36 weeks
Total treatment quantity	An initial supply of 112 days treatment However further instalments of 28 days may be supplied under this PGD
Adverse reactions	Side effects are not common and are mainly gastro-intestinal e.g.: dyspepsia, nausea, vomiting, diarrhoea and GI bleeding Aspirin may induce asthma attacks Aspirin may be associated with an increased risk of bleeding Isolated cases of liver function disturbances and skin reactions have been reported.
Written & verbal advice for patient/carer	Verbal advice from midwife regarding reasons for treatment Patient information leaflet included in the aspirin pack
Follow up	Midwives to refer women to consultant ANC for review
Arrangements for referral for medical advice	See GP/Obstetrician
Records of administration for audit	The following to be recorded in patients notes Dose, frequency and the quantity of medicine supplied Date of supply to patient Batch number and expiry date Signature of person supplying the medication

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6 STAFF

Professional qualifications	Registered midwife
Training	Demonstrates evidence of competency Has completed PGD training Familiar with the BNF entries for this product Recognises the adverse drug reactions Recognition and treatment of anaphylaxis
Continuing education	Relevant update training Aware of any updates made to the product in the BNF

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7 Associated Documentation

Starts on next page.

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CARDIFF AND VALE UHB

DIRECTORATE OF OBSTETRICS AND GYNAECOLOGY

PATIENT GROUP DIRECTION FOR THE ADMINISTRATION OF ASPIRIN 150mg TABLETS DURING THE ANTENATAL PERIOD

COMPETENCY STATEMENT

Name of Registered Nurse/Midwife……..

Competency statement	*Met*	**Comments**
Any specific requirements for PGD		
Demonstrates understanding of the law in relation to PGD		
Demonstrates awareness of limitation of safe practice		
Demonstrates understanding of drugs covered by PGD and possible side effects		
Describes correct procedure for seeking medical/pharmaceutical advice		
Trained in the recognition and treatment of anaphylaxis		
Describes action to be taken in event of drug error or reaction		
Demonstrates correct documentation procedure		
Demonstrate the ability to review patient's allergy history		
Demonstrates the criteria for administration of Aspirin		

Name of Assessor……Designation……

Date……..

Review Date……

To be filed in individual nurse/midwife CPD record

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PATIENT GROUP DIRECTION FOR THE ADMINISTRATION OF ASPIRIN 150mg TABLETS DURING THE ANTENATAL PERIOD

The original Patient Group Direction (PGD) will be kept by the nominated Lead within the Health Board.

This Patient Group Direction is to be read, agreed and signed by all authorised to operate the PGD. The signed PGD with the signatures of those operating under the PGD will be kept by the nominated lead with the responsibility for the PGD within the department. A copy will be e-mailed to each member of staff and will also be available on the clinical portal for reference.

I confirm that I have read and understood the content of this Patent Group Direction and that I am willing and competent to work under it within my professional code.

Name of Authorized Individual	Signature of Authorized Individual	Name of Nominated Lead	Signature of nominated lead	Date

I confirm that I have read and understood the content of this Patent Group Direction and that I am willing and competent to work under it within my professional code.

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Name of Authorized Individual	Signature of Authorized Individual	Name of Nominated Lead	Signature of nominated lead	Date

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Patient Identifier label

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Date …….
Gestation…….

Moderate risk for pre-eclampsia	**Tick box**
Nulliparous	
Age 40 years or older at booking	
Pregnancy interval of > 10 years	
BMI of 35 or more at first visit	
Family history of preeclampsia in a first degree relative	
Multiple pregnancy	
Low PAPP-A (<0.415MOM)	

Advise 150mg aspirin PO at night, from 12 weeks to 36 weeks if the woman has **two or more** of these moderate risk factors

Criteria for exclusion/contraindications

- Hypersensitivity/allergy to aspirin or other NSAID's
- Asthma precipitated by NSAID's
- Active or history of recurrent peptic ulcer, GI bleeding or cerebrovascular bleeding
- Bleeding disorder e.g.: von Willebrands
- Coagulation disorders such as haemophilia
- Patients suffering from gout
- Severe renal impairment

High Risk for pre-eclampsia	**Tick box**
Hypertensive disease during a previous pregnancy	
Chronic kidney disease	
Autoimmune disease i.e. systemic lupus erythematosus, antiphospholipid syndrome	
Type 1 or type 2 diabetes	
Chronic hypertension	
High Risk for fetal growth restriction/ adverse outcome	**Tick box**
Previous still birth	
Fetal growth restriction in a previous pregnancy: defined as any of the following:	
• birthweight <3rd centile	
• early onset placental dysfunction necessitating delivery <34 weeks	
• Placental histology confirming placental dysfunction in a previous pregnancy	

Advise 150mg aspirin PO at night, from 12 weeks to 36 weeks if the woman has **one or more** of these high risk factors

No risk factors	Tick box
Aspirin not indicated	

Risk assessment completed by	
Date	Name: