

# Low Dose Aspirin in Pregnancy

## Guideline information

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Clinical

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N/A

Local Safety Standard for Invasive Procedures (LOCSSIP) reference:

N/A

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## Approval information

Approved by: Obstetric Written Control Documentation Group

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31/05/2026

Summary of document:

Guideline developed to used in conjunction with Patient Group Direction (PGD) or Patient Specific Direction (PSD) For the supply of: Aspirin tablets for individuals at high risk of pre-eclampsia in Antenatal Clinic.

Scope:

This guideline is intended for use when any woman or birthing person is identified in accordance with the NICE guidance and meets the requirement for Low Dose Aspirin in Pregnancy. It is for use by Obstetricians, Midwives and GP's.

The guidance below uses the term 'woman' (pronouns she or her) to describe individuals whose sex assigned at birth was female, whether they identify as female, male or non-binary. It is important to acknowledge it is not only people who identify as women for whom it is necessary to access women's health and reproductive services. Therefore, this should include people who do not identify themselves as women but who are pregnant or have recently given birth. Obstetric and Midwifery services and delivery of care must therefore be appropriate, inclusive and sensitive to the needs of those individuals whose gender identify does not align with the sex that they were assigned at birth.

To be read in conjunction with:

Hywel Dda University Health Board -

Hypertension in Pregnancy Guideline Diagnosing and managing hypertension during the antenatal, intrapartum, and postnatal periods – Obstetric Policy and Guideline Group (2021).

Patient information:

Include links to [Patient Information Library](#)

Owning group:

Obstetric Written Control Documentation Group

31/05/2023

Reviews and updates:

1.0 – New Guideline

Keywords

Blood Pressure, Pre-eclampsia, Pregnancy, Fetal Growth Restriction (FGR) Placental Dysfunction

Key points:

Aspirin reduces the risk of pregnancy complications related to placental dysfunction, particularly pre-eclampsia

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## Scope

This guideline is intended for use when any woman is identified in accordance with the NICE guidance and meets the requirement for Low Dose Aspirin in Pregnancy. It is for use by Obstetricians, Midwives and GP's.

## Aim

The aim of this document is to:

- Aspirin reduces the risk of pregnancy complications related to placental dysfunction, particularly pre-eclampsia. Following the publication of *Hypertension in pregnancy: diagnosis and management*, NICE guideline NG133 (2019), *Saving Babies Lives*, Version Two (2019) and *MBRRACE-UK - Saving Lives, Improving Mothers' Care* (2021), Aspirin is to be prescribed for those women at highest risk of fetal growth restriction (FGR) as well as those at highest risk of PET.

This guideline will achieve:

- Prevention of PET
- Prevention of FGR secondary to placental dysfunction.

It is important for Aspirin to be commenced as soon as possible in all cases for there to be any benefit. Current evidence suggests that commencement after 16 weeks is completely ineffectual. There is also evidence that taking aspirin at night is more effective.

## Objectives

The aim of this document will be achieved by the following objectives:

### Booking Assessment

- The Community Midwife should identify at booking those women who meet the criteria for taking Aspirin during pregnancy.
- All women should have a full medical, obstetric, family and social history taken at the booking consultation and this should be documented in the All Wales Maternity Hand Held Records.
- All women should be risk assessed against the criteria for commencement of Aspirin in pregnancy (NICE Hypertension in Pregnancy, 2019). This should be documented in the health records.

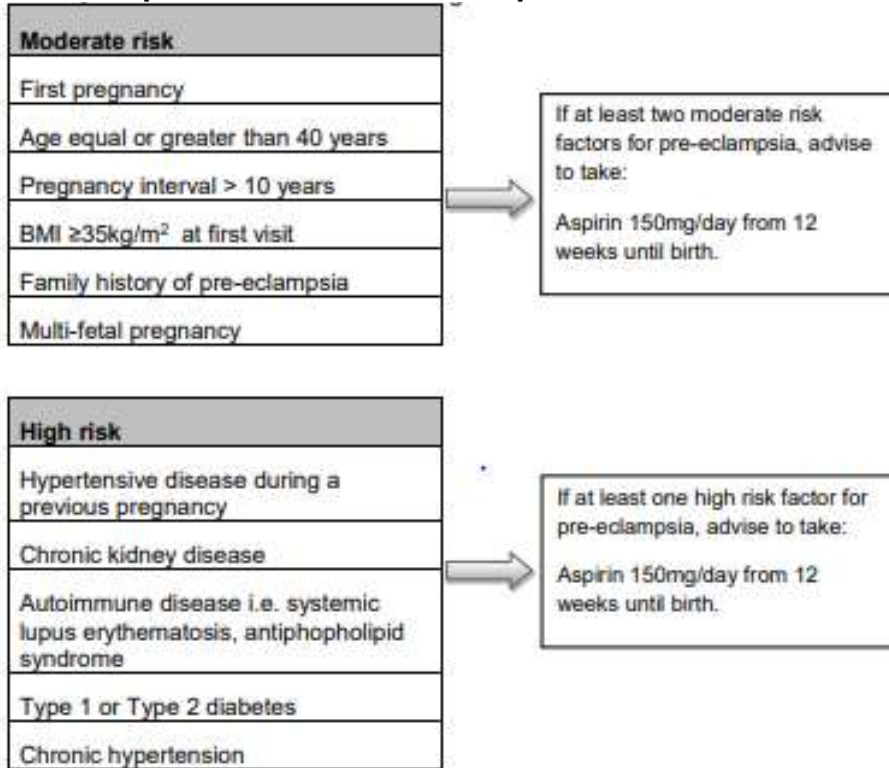
### Pre-eclampsia

- All women who meet the criteria for taking Aspirin in pregnancy should be informed about pre-eclampsia and its symptoms.
- All women who meet the criteria should be given an explanation of the condition and its symptoms and this should be documented in the health records.
- All women should be aware of the contact numbers to ring if they experience any symptoms of pre-eclampsia.
- All women who meet the criteria should be provided with the patient information leaflet "Low Dose Aspirin in Pregnancy to prevent Pre-Eclampsia".

## Low Dose Aspirin for prevention of PET

Aspirin is prescribed following a risk factor assessment. Women with one high risk factor, or two or more moderate risk factors, to commence 150mg of aspirin from 12 weeks until the birth of the baby. This reduces the risk of PET by 17%.

**NOTE: Aspirin is not indicated for previous SGA of unknown cause or caused by smoking.**



### Administration – Midwife role & responsibilities

- Under the Patient Group Direction (PGD) or Patient Specific Direction (PSD) For the supply of: Aspirin tablets for individuals at high risk of pre-eclampsia in Ante Natal Clinic all women identified as meeting criteria for Aspirin administration will be given a 3-month supply of Aspirin 150mg OD. This will be supplied by a registered midwife from a stock stored in the obstetric antenatal clinic on confirmation of a viable pregnancy following a dating scan on/around 12 weeks gestation.
- The midwife will assess the woman's suitability for Aspirin prior to supplying. Any contraindications identified should be discussed with a consultant obstetrician.

### Administration – GP role & responsibilities

- All women identified as meeting criteria for Aspirin administration should be referred to the GP for Aspirin 150mg OD to be prescribed from 24 weeks to birth.
- The GP will receive a letter from the woman's named midwife for every woman who meets the criteria, identifying their risk factors and this should be documented in the health records,
- The GP should assess the woman's suitability for Aspirin prior to prescribing.

## Contraindications to Aspirin

- Active peptic ulcer
- Known bleeding disorders (e.g Von Willebrand)
- Severe asthma
- Known allergy to Aspirin

## References

Hywel Dda University Health Board - Hypertension in Pregnancy Guideline Diagnosing and managing hypertension during the antenatal, intrapartum, and postnatal periods – Obstetric Policy and Guideline Group (2021).

NHS England. Saving Babies' Lives, Version 2. September 2020.  
Electronic BNF <https://bnf.nice.org.uk/>

NICE Medicines practice guideline “Patient Group Directions” <https://www.nice.org.uk/guidance/mpg2>

Hypertension in pregnancy: diagnosis and management  
<https://www.nice.org.uk/guidance/ng133/resources/hypertension-in-pregnancy-diagnosis-and-management-pdf-66141717671365>

Maternal, Newborn and Infant Clinical Outcome Review Programme Saving Lives, Improving Mothers' Care Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2015-17 MBRRACE Report  
<https://www.npeu.ox.ac.uk/assets/downloads/mbrance-uk/reports/MBRRACE-UK%20Maternal%20Report%202019%20-%20WEB%20VERSION.pdf>

Royal College of Obstetricians and Gynaecologists The Investigation and Management of the Small-for-Gestational-Age Fetus Green-top Guideline No. 31 2nd Edition | February 2013 | Minor revisions – January 2014 [https://www.rcog.org.uk/globalassets/documents/guidelines/gtg\\_31.pdf](https://www.rcog.org.uk/globalassets/documents/guidelines/gtg_31.pdf)

# Appendix 1 – Letter Template



Ein cyf/Our ref:

Gofynnwch am/Please ask for:

Rhif Ffôn /Tel:

Ffacs/Facsimile:

E-bost/E-mail:

Dyddiad/Date:

Date:.....

GP surgery.....

We are caring for your patient..... DOB.....

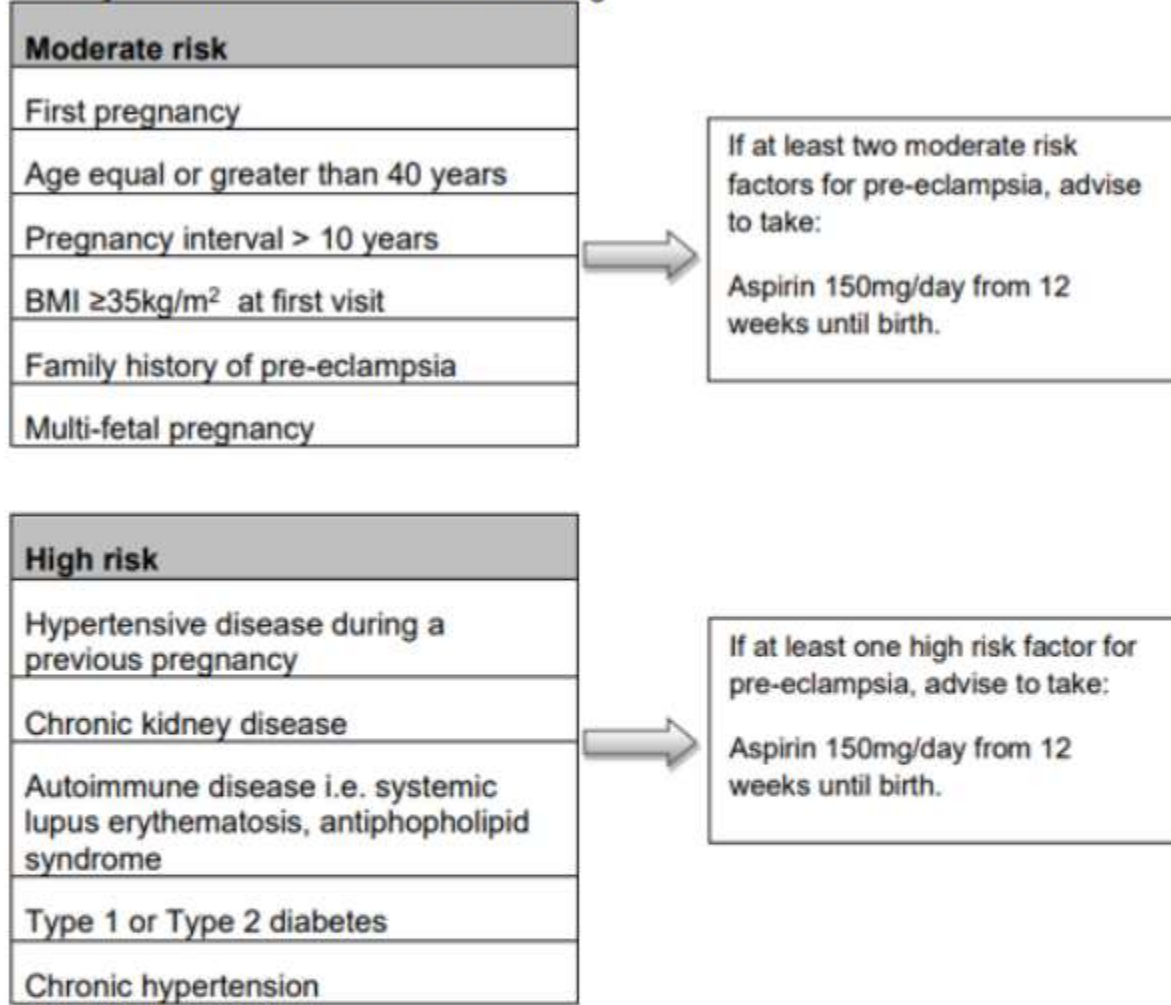
They are ..... weeks pregnant and requires a repeat prescription for three months supply aspirin tablets, 150mg OD. The initial 3 months supply has been supplied by the midwifery and obstetric team. The following risk factors for low dose Asprin in pregnancy have been identified .....

Many Thanks

Antenatal Clinic Midwife/Consultant Obstetrician

## Appendix 2 – Booking assessment sticker

At booking, commence patients on low dose aspirin (150mg/day) from 12 weeks to delivery if  $\geq 2$  moderate risk factors or 1 high risk factor



<b>ASPIRIN REQUIRED:</b>	<b>YES      or      NO</b>
<b>DATE COMMENCED:</b>	
<b>RISK ASSESSED BY:</b>	



## Appendix 3 – Information Leaflet



### **Low Dose Aspirin in Pregnancy to prevent Pre-Eclampsia Information Leaflet**

You have been asked to take 150mg of Aspirin during your pregnancy to reduce the risk of Pre-Eclampsia. This leaflet explains why we have asked you to take Aspirin during your pregnancy.

#### **What is Pre-Eclampsia?**

**Pre-Eclampsia is a condition found only in pregnancy that causes:**

- Raised blood pressure (Hypertension)
- Protein in the urine (Proteinuria)

It affects around 2 to 10 of every 100 pregnant women and birthing people. Most women/birthing people will have a mild form, with some having more severe cases. Women/birthing people will often have no symptoms and it is diagnosed at routine antenatal appointments with your midwife. Some women/birthing people will experience headaches, blurred vision and swelling of the hands, feet and face. These symptoms can be managed with medications that bring your blood pressure down, however the only cure for pre-eclampsia is for your baby to be born.

#### **What is the risk of Pre-Eclampsia?**

If pre-eclampsia is not treated then there is a risk that it may affect the growth of your baby inside the womb, as well as a risk to the health of the mother/ parent. In these cases, the baby may need to be induced or born earlier.

#### **Who gets Pre-Eclampsia?**

Any woman/ birthing person can develop pre-eclampsia during pregnancy. However, some women /birthing people are at increased risk for a variety of reasons.

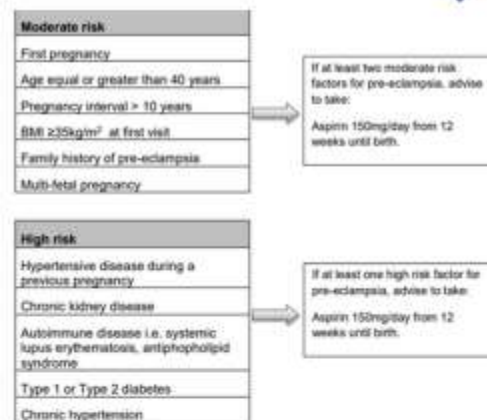


## The risk factors are divided into Moderate Risk Factors and High Risk Factors.



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board



You have been asked to take Aspirin because your care provider feels that you are at risk of developing pre-eclampsia based on the above risk factors. Research suggests that taking Aspirin during pregnancy reduces your risk of developing preeclampsia before 37 weeks by two thirds.

### Is Aspirin safe to take during pregnancy? Yes it is!

Research has shown that Aspirin does not cause harm to the development of the baby during pregnancy. There is also no increased risk of bleeding when taking Aspirin during pregnancy, either to you or the baby. Although it is advised for you to take Aspirin, it is an unlicensed use of the medication.

### What happens next?

We recommend you take 150mg (two 75mg tablets) of Aspirin every night from the 12th week of pregnancy until the birth of your baby. Antenatal clinic will provide your first 3-month supply of Aspirin, we will then ask your GP to provide a prescription for Aspirin for the rest of your pregnancy. Your midwife will continue to monitor you for symptoms of pre-eclampsia throughout your pregnancy.

### Any further questions about taking Aspirin during pregnancy, or about pre-eclampsia?

Please speak to your community midwife, GP or contact the Antenatal Clinic at the hospital where you have booked to have your baby.



## Taflen Wybodaeth Asbirin Dos Isel yn ystod Beichiogrwydd i Atal Cyneclampsia



Gofynnwyd i chi gymryd 150mg o Asbirin yn ystod eich beichiogrwydd i leihau'r risg o Gyneclampsia. Mae'r daflen hon yn esbonio pam rydym wedi gofyn i chi gymryd Asbirin yn ystod eich beichiogrwydd.

### **Beth yw Cyneclampsia?**

**Mae Cyneclampsia yn gyflwr a geir yn ystod beichiogrwydd yn unig sy'n achosi:**

- Pwysedd gwaed uwch (Gorbwysedd)
- Protein yn yr wrin (Proteinwria)

Mae'n effeithio ar tua 2 i 10 o bob 100 o fenywod beichiog a phobl sy'n geni. Bydd ffurf ysgafn ar y rhan fwyaf o fenywod/pobl geni, gyda rhai yn cael achosion mwy difrifol. Yn aml ni fydd gan fenywod/pobl sy'n geni unrhyw symptomau a chaiff ei ddiagnosio mewn apwyntiadau cynenedigol arferol gyda'ch bydwaig. Bydd rhai menywod/pobl geni yn profi cur pen, golwg aneglur a chwyddo yn y dwylo, y traed a'r wyneb. Gellir rheoli'r symptomau hyn gyda meddyginiaethau sy'n dod â'ch pwysedd gwaed i lawr, fodd bynnag yr unig iachâd ar gyfer cyneclampsia yw i'ch babi gael ei eni.

### **Beth yw'r risg o Gyneclampsia?**

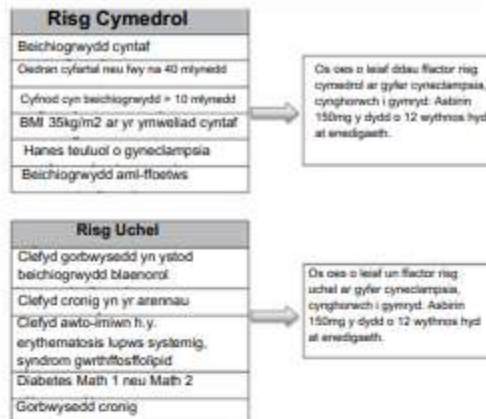
Os na chaiff cyneclampsia ei drin, yna mae perygl y gallai effeithio ar dyfiant eich babi y tu mewn i'r groth, yn ogystal â risg i iechyd y fam/rhiant. Yn yr achosion hyn, efallai y bydd angen prysuro neu eni'r babi yn gynharach.

### **Pwy sy'n cael Cyneclampsia?**

Gall unrhyw fenyw/person geni ddatblygu cyneclampsia yn ystod beichiogrwydd. Fodd bynnag, mae rhai menywod/pobl geni mewn mwy o berygl am amrywiaeth o resymau.



## Rhennir y ffactorau risg yn Ffactorau Risg Cymedrol a Ffactorau Risg Uchel.



Gofynnwyd i chi gymryd Asbirin oherwydd bod eich darparwr gofal yn teimlo eich bod mewn perygl o ddatblygu cyneclampsia yn seiliedig ar y ffactorau risg uchod. Mae ymchwil yn awgrymu bod cymryd Asbirin yn ystod beichiogrwydd yn lleihau eich risg o ddatblygu cyneclampsia cyn 37 wythnos o ddwy ran o dair.

### **A ydy Asbirin yn ddiogel i'w gymryd yn ystod beichiogrwydd? Ydy!**

Mae ymchwil wedi dangos nad yw Asbirin yn achosi niwed i ddatblygiad y babi yn ystod beichiogrwydd. Nid oes ychwaith risg uwch o waedu wrth gymryd Aspirin yn ystod beichiogrwydd, naill ai i chi neu'r babi. Er y cynghorir i chi gymryd Asbirin, mae'n ddefnydd didrwydded o'r feddyginiaeth.

### **Beth sy'n digwydd nesaf?**

Rydym yn argymhell eich bod yn cymryd 150mg (dwy dabled 75mg) o Asbirin bob nos o 12fed wythnos y beichiogrwydd hyd at enedigaeth eich babi. Bydd clinig cynenedigol yn darparu eich cyflenwad 3 mis cyntaf o Asbirin, yna byddwn yn gofyn i'ch meddyg teulu ddarparu presgripsiwn ar gyfer Asbirin am weddiill eich beichiogrwydd. Bydd eich bydwraig yn parhau i'ch monitro am symptomau cyneclampsia drwy gydol eich beichiogrwydd.

### **Unrhyw gwestiynau pellach am gymryd Asbirin yn ystod beichiogrwydd, neu am gyneclampsia?**

Siaradwch â'ch bydwraig gymunedol, eich meddyg teulu neu cysylltwch â'r Clinig Cyn Geni yn yr ysbyty lle rydych wedi trefnu i gael eich babi.