

Low Dose Aspirin in Pregnancy

Guideline information

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Classification: Clinical

Supersedes: Version 1

Local Safety Standard for Invasive Procedures (LOCSSIP) reference: N/A

National Safety Standards for Invasive Procedures (NatSSIPs) standards: N/A

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Approval information

Approved by: Maternity Written Control Documentation Group

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Summary of document:

Guideline developed to use 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 identity does not align with the sex that they were assigned at birth.

To be read in conjunction with:

[Hypertension in Pregnancy Guideline 621](#). - opens in new tab

[Fetal growth Surveillance Guideline. 669](#). - opens in new tab

Patient information:

Owning group:

Obstetric Written Control Documentation Group 27/02/2025

Reviews and updates:

1.0 – New Guideline

2.0 – review 27.2.2025

Keywords

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

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: Ensure that women who are highest at risk of pregnancy complications related to placental dysfunction, particularly pre-eclampsia are identified and offered aspirin as appropriate.

Objectives

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

- Identify women who are at risk of pregnancy complications related to placental dysfunction, particularly pre-eclampsia.
- Provide information and offering aspirin to those women at risk.

Introduction

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.

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

It is important for Aspirin to be commenced as soon as possible after viability has been confirmed at the first trimester dating/antenatal screening scan in all cases (at approx. 12 weeks). Current evidence suggests that commencement after 16 weeks is not effective. There is also evidence that taking aspirin at night is more effective.

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 Handheld 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 preeclampsia 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

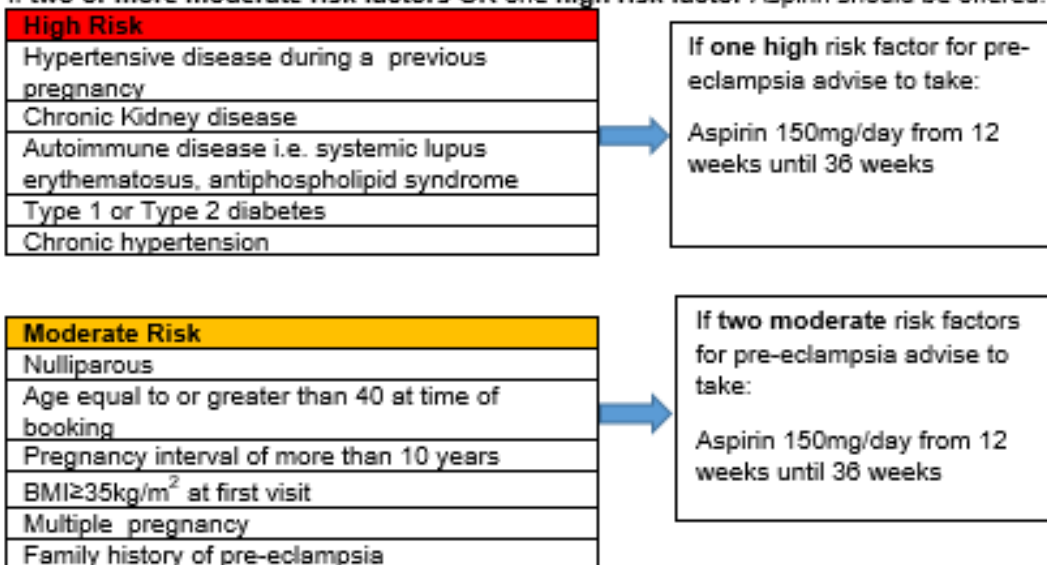
Aspirin is prescribed following a risk factor assessment.

Women with one high risk factor, or two or more moderate risk factors, to commence 150mg of aspirin from 12 weeks until 36 weeks. This reduces the risk of PET.

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

Risk Factors identified at time of booking

Assess woman’s risk status for needing Aspirin (150mg/day) from 12 weeks to 38 weeks gestation
 If two or more moderate risk factors OR one high risk factor Aspirin should be offered.



Risk factor identified in pregnancy

High Risk	Action
Low PAPP-A MoM <0.415	Aspirin 150mg/day from 12 weeks until 36 weeks

(See Fetal growth surveillance guideline 669.)

Administration of aspirin for Risk factors identified at booking and in pregnancy –Midwife role & responsibilities.

Under the Patient Group Direction (PGD) or Patient Specific Direction (PSD).

[Patient Group Directions](#) –open in new tab

- 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.
- The midwife will assess the woman's suitability for Aspirin prior to supplying. Any contraindications identified should be discussed with a consultant obstetrician.
- 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.

Administration – GP role & responsibilities

- All women identified as meeting criteria for Aspirin administration at booking and in pregnancy should be referred to the GP for Aspirin 150mg OD to be prescribed from 24 weeks to 36 weeks gestation.
- 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 (see appendix 1)
- 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

[621 – HDUHB Hypertension in Pregnancy Guideline](#) –opens in new tab

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-andmanagement-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/MBRRACEUK%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 updated 2024

<https://www.rcog.org.uk/guidance/browse-all-guidance/green-top-guidelines/small-for-gestational-age-fetus-and-a-growth-restricted-fetus-investigation-and-care-green-top-guideline-no-31/>

Appendix 1. Letter Template



Ein cyf/ Our ref:

Gofynnwch am/ Please ask for:

Rhif Ffôn /Tel:

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 Aspirin in pregnancy have been identified

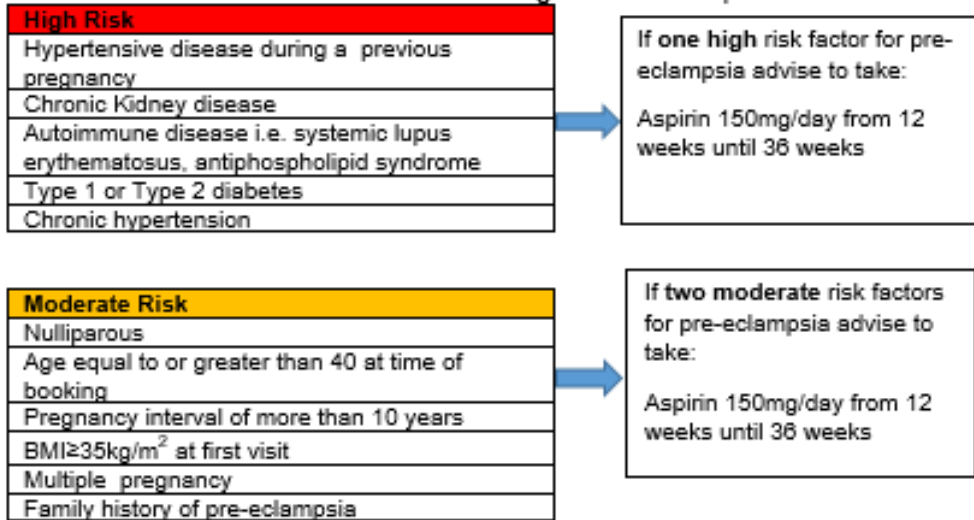
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Many Thanks

Antenatal Clinic Midwife/Consultant Obstetrician

Appendix 2. Booking Risk Assessment Aspirin sticker

Assess woman's risk status for needing Aspirin (150mg/day) from 12 weeks to 38 weeks gestation
 If two or more moderate risk factors OR one high risk factor Aspirin should be offered.



ASPIRIN REQUIRED	Yes or No	Signature
Date commenced		
Risk Assessed by Community Midwife at booking		
Risk Assessed by Clinic Midwife at dating scan		
Risk Assessed by Obstetrician (if applicable)		