

## Appendix 2 – Multiple Pregnancy Pre-eclampsia Risk Assessment

### Multiple Pregnancy Pre-eclampsia Risk Assessment

Date.....

Twins: DCDA / MCDA/ MCMA

Triplets :.....

Addressograph:

### **ASPRIN IN MULTIPLE PREGNANCY**

Asprin is prescribed following a risk factor assessment when women have either one high risk factor OR two or more moderate risk factors to reduce the risk of developing pre-eclampsia.

Multiple Pregnancy is a MODERATE risk factor therefore if ONE other factor is present prescribe 150mg as per guideline

HIGH RISK FACTORS (One /single indicator)	<i>Tick</i>	MODERATE RISK FACTORS (Two or more indicators)	<i>Tick</i>
Hypertension /pre-eclampsia in Previous pregnancy		Multiple Pregnancy	√
Chronic Renal Disease		Primigravid	
Autoimmune disease- Antiphospholipid syndrome		Maternal age >40 years	
Diabetes-insulin and non insulin dependent		Family history of pre-eclampsia	
Chronic Hypertension		BMI>35 at booking	
		Pregnancy interval >10years	

1) Dose: The use of 150mg has been shown to reduce the risk of severe onset pre-eclampsia by almost 60-80% when compared to placebo and also reduction in IUGR.

2) Duration: Commence at booking visit and prior to 16 weeks gestation to maximise effect. Aim to continue to 36-37 weeks gestation to allow platelet function to recover. Discontinue if any adverse reactions to aspirin or earlier delivery anticipated.

3) Contraindications: Known bleeding disorders (e.g. Von Willebrand), history of aspirin allergy or long term use of NSAIDS.

References: NICE Guideline 107 (2011)  
TOG Vol 16 page 245-250 (2014)  
ASPRE Trial NEJM (2017)

Signature .....

**Print and File in**

**hand held notes**

**Print and Place in Maternal Hand Held Notes**