

Aspirin in Pregnancy Guideline

Specialty: Maternity Services
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Aspirin in Pregnancy

Introduction

Pre-eclampsia is one of the most common conditions affecting pregnancy, affecting up to 8% of pregnant women. One in 200 women will develop severe pre-eclampsia, which is a common cause of both fetal and maternal mortality and morbidity. Aspirin has repeatedly been shown to reduce the incidence and severity of pre-eclampsia, and therefore has important ramifications to improving the health of pregnant women and reducing the rates of both stillbirth and prematurity. The degree of reduction of pre-eclampsia has been shown to be affected by both the time of starting aspirin and the dosage, but in ideal situations can reduce the incidence of pre-eclampsia by 75%, and delivery under 34 weeks gestation because of pre-eclampsia by over 80%. It can also improve outcomes related to placental disease such as fetal growth restriction.

Risk Assessment

All women should have a risk assessment for pre-eclampsia completed at booking (and verified when the woman attends her dating scan), and the assessment proforma completed and filed in the maternity records (see appendix 1). Aspirin is most beneficial when started before 16 weeks gestation, and there is likely to be little benefit from starting beyond this gestation. Women with two moderate risk factors OR 1 high risk factor (see Table 1) should commence aspirin at 12 weeks unless there is a contraindication to aspirin (see Table 2).

Moderate Risk Factors	High Risk Factors
First Ongoing Pregnancy (exclude early miscarriage and ectopic pregnancies)	Previous pregnancy affected by raised blood pressure
Maternal Age 40 or more	Pre-existing hypertension / Antihypertensive medication
BMI 35 - 49.9 at booking	Chronic Kidney disease
Pregnancy interval of 10 years or more	Autoimmune disease (SLE/Lupus/Antiphospholipid syndrome)
Family history of pre-eclampsia (either mother or father of this pregnancy)	Diabetes (pre-pregnancy)
Twins or higher order pregnancy	BMI of 50 or more at booking
Previous Preterm Labour	Previous Baby <3 rd Centile
Previous baby <10 th centile	

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Table 1: Risk Factors for pre-eclampsia

Contraindications to Aspirin
Known allergy to Aspirin
Known Active gastric ulcer
Known Asthma that is triggered by Aspirin or Ibuprofen

Table 2: Reasons to not give aspirin

Advice for women

The benefit of taking in Aspirin in pregnancy must be explained to women. Aspirin is best taken at night and does not need to be dissolved in water. Aspirin does not cross through the placenta to the baby. Aspirin can have some minor side effects such as indigestion but does not increase the risk of bleeding. Women should continue to take Aspirin until they go into labour or admitted for Induction of Labour or a planned caesarean section. If women have any concerns they are asked to discuss these with their midwife or doctor.

The first 28 days supply will be provided by the antenatal clinic, and thereafter women are advised to obtain supplies over the counter or from their GP.

References

BNF Online (accessed 18/3/20) <https://www.bnf.org/products/bnf-online/>

Hypertension in pregnancy. NICE Guideline NG133. June 2019

Mone F, McAuliffe FM. Low-dose aspirin and calcium supplementation for the prevention of pre-eclampsia. *The Obstetrician & Gynaecologist* 2014: <http://dx.doi.org/10.1111/tog.12111>

The fetal Medicine Foundation www.fetalmedicine.org/research/randomised-trials/preventionofpreeclampsia (accessed 3/3/20)

Management of superobesity and women with previous bariatric surgery. Swansea Bay University Health Board Guideline 2019 (Accessed via WISDOM)

Rolnik, D., Wright, D., et al. Aspirin versus placebo in pregnancies at high risk for preterm pre-eclampsia. *New England J of Med* 2017

All Wales Preterm Birth Guidance April 2023 Wisdom

**Moderate and high risk of pre-eclampsia
(NICE (2010) The management of hypertension in pregnancy)**

Name:	Hospital number;
Date of birth:	
Address:	

Estimated date of delivery:

By USS / LMP (delete as appropriate)

Current gestation:

MODERATE RISK	Tick	HIGH RISK	Tick
First Ongoing Pregnancy (excluding miscarriage etc)		Previous hypertensive disease in pregnancy	
Age 40 or more at booking		Chronic Kidney Disease	
Pregnancy Interval >10 years		Pre-existing Diabetes	
BMI 35-49.9 at booking		Autoimmune disorders (Systemic Lupus erythematosus or phospholipid syndrome)	
Family history of pre-eclampsia (either parent)		Pre-existing hypertension	
Twins or higher multiple pregnancy		BMI 50 or more at booking	
Previous baby <10 th centile		Low PAPP-A	
Previous Pre-term Labour		Previous baby < 3 rd centile	

TWO moderate or ONE high risk factors requires administration of aspirin 150mg from 12 weeks gestation.

Reasons to Not give Aspirin	Tick
Known Allergy to aspirin	
Asthma triggered by Aspirin OR Ibuprofen	
Active Stomach ulcers	

Record of Supply:

Drug	Dose	Quantity supplied	Batch number	Expiry date
Aspirin	150mg daily			

Midwife's signature:

Date:

File one copy in hand held maternity record / Store second copy for audit.

Maternity Services

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