Aspirin in Pregnancy

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Introduction

Pre-eclampsia is one of the most common conditions affecting pregnancy, affecting up to 8% of pregnant women. 1 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%

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 2 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) Maternal Age 40 or more BMI 35 - 49.9 at booking Pregnancy interval of 10 years or more Family history of pre-eclampsia (either mother or father of this pregnancy) Twins or higher order pregnancy	Previous pregnancy affected by raised blood pressure Pre-existing hypertension / Antihypertensive medication Chronic Kidney disease Autoimmune disease (SLE/Lupus/Antiphospholipid syndrome) Diabetes (pre-pregnancy) BMI of 50 or more at booking

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

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	

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	

Re**cord of Supply:**

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

Midwife/Dr signature:
PRINT NAME **Date:**

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

Maternity Services

Checklist for Clinical Guidelines being Submitted for Approval

Title of Guideline:	Aspirin in pregnancy
Name(s) of Author:	Louise-Emma Shaw
Chair of Group or Committee approving submission:	Antenatal Forum
Brief outline giving reasons for document being submitted for ratification	PGD update. No clear guideline. New evidence suggesting change in dosage required.
Details of persons included in consultation process:	Louise-Emma Shaw
Name of Pharmacist (mandatory if drugs involved):	Anne Wilson
Issue / Version No:	2
Please list any policies/guidelines this document will supercede:	Aspirin in Pregnancy 2020
Date approved by Group:	April 2023
Next Review / Guideline Expiry:	April 2026
Please indicate key words you wish to be linked to document	Aspirin, pre-eclampsia
File Name: Used to locate where file is stores on hard drive	Aspirin, pregnancy