

Taking aspirin during pregnancy to reduce the risk of pre-eclampsia

This leaflet explains more about why you have been asked to take aspirin during your pregnancy to reduce the risk of pre-eclampsia. If you have any further questions or concerns, please do not hesitate to ask a pharmacist or midwife caring for you.

What is pre-eclampsia?

Pre-eclampsia affects around two to eight in every 100 pregnant women. The usual symptoms of pre-eclampsia are raised blood pressure and protein levels in your urine. Usually, you will not notice these signs, but they will be picked up during routine antenatal visits. Pre-eclampsia usually occurs towards the end of pregnancy and in a mild form. The high blood pressure can be treated with medication, but pre-eclampsia itself is not cured until the baby is delivered. In rarer cases (around five per 1,000 pregnant women) it leads to a more severe form of the disease. This may start earlier and affect the growth of the baby in the womb or the health of the mother. In these cases, the baby may need to be delivered (induced) earlier.

Can pre-eclampsia be predicted?

There are some factors that put you at a higher risk of getting pre-eclampsia and some that can give you a moderate risk level. If you have at least one high risk factor or two moderate risk factors, you will be asked to take aspirin 150mg a day from 12 weeks until birth.

| High risk factors | | Moderate risk factors | |
|---|--|---|--|
| Hypertensive disease during a previous pregnancy | | Nulliparity (never previously given birth) | |
| Chronic Kidney Disease | | Age 40 years or older | |
| Autoimmune Disease such as SLE or Antiphospholipid syndrome | | 10 years or more since previous pregnancy | |
| Type 1 or Type 2 diabetes | | BMI of 35kg/m ² or more at booking | |
| Chronic hypertension | | Family history of pre-eclampsia | |
| | | Multiple pregnancy (expecting twins or more) | |

Sometimes, your doctor may advise you to take aspirin for other reasons. For example, if your blood test as part of the scan at 11–14 weeks shows low levels of a placental protein called PAPP-A, or if you have sickle cell disease (inherited health conditions that affect the red blood cells).

Why does aspirin help?

There is evidence that taking low dose aspirin (150mg) every day protects against pre-eclampsia and in general, against high blood pressure in pregnancy. Although it is recommended that you take aspirin for those reasons, it is an 'off-label' use of the medicine. This means that the drug manufacturer has not extended the licence to include using it in this way. It does not mean that it cannot be used safely to treat your condition. Its use in pregnancy is in accordance with guidance published by the Royal College of Obstetricians (RCOG) and the National Institute for Clinical Excellence (NICE). There is no evidence that taking low dose aspirin in pregnancy will harm your baby.

For more information on taking aspirin in pregnancy visit:

<https://www.medicinesinpregnancy.org/Medicine--pregnancy/Aspirin/>

What happens next?

You should start taking aspirin when you are 12 weeks pregnant. Aspirin started earlier than this is safe and may bring increased benefits, but this has not been proven. You should continue to take the aspirin throughout the whole of your pregnancy.

We recommend that you take aspirin in the evening, with food. It does not matter if you occasionally miss a dose. A missed dose should be skipped, do not take two doses in one day, as it is not recommended to take high-dose aspirin during pregnancy.

You will continue to be monitored throughout your pregnancy. Your blood pressure and urine will be tested at your antenatal visits to check for signs of pre-eclampsia. How frequently you are monitored at your appointments will depend on your individual health condition.

When to contact a healthcare professional

If you have previously had stomach ulcers, bleeding disorders or asthma, please consult your GP before taking aspirin.

COVID-19 can be associated with thrombocytopenia (low blood platelet count). When aspirin is being taken to protect against pre-eclampsia, it should be stopped for the duration of the infection as this may increase the bleeding risk in women with thrombocytopenia. Contact your midwife, consultant or GP if you have symptoms of COVID-19.

Other symptoms of pre-eclampsia may include severe headache, vision problems such as blurring or flashing, pain just below the ribs, vomiting, sudden swelling of the face, hands or feet – if you notice any of these symptoms seek medical advice immediately by calling your midwife, GP surgery or NHS 111.

For more information on pre-eclampsia visit:

www.nhs.uk/conditions/pre-eclampsia/treatment/

Adapted with permission from a leaflet produced by Northern Devon Healthcare NHS Trust