

Aspirin in pregnancy for the prevention of pre-eclampsia

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اگر به این بروشور به زبان دیگر یا در قالب دسترس پذیر نیاز دارید، لطفاً با یکی از کارکنان صحبت کنید تا آن را برای شما تهیه کند.

Jeśli niniejsza ulotka ma być dostępna w innym języku lub formacie, proszę skontaktować się z członkiem personelu, który ją dla Państwa przygotowuje.

Dacă aveți nevoie de această broșură într-o altă limbă sau într-un format accesibil, vă rog să discutați cu un membru al personalului să se ocupe de acest lucru pentru dumneavoastră

如果您需要本传单的其他语言版本或无障碍格式，请联系工作人员为您安排。

إذا احتجت إلى هذه النشرة بلغة أخرى، أو بتنسيق يسهل الوصول إليه، يرجى التحدث إلى أحد الموظفين لترتيب ذلك لك.

What is pre-eclampsia?

Pre-eclampsia affects around two to three in every 100 pregnant women. The usual signs of pre-eclampsia are raised blood pressure and protein in your urine. You may experience swelling of your hands, feet and face, headaches, flashes of light in your vision, pain in the upper abdomen and/or nausea and vomiting.

Pre-eclampsia usually occurs towards the end of pregnancy. 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 in every 1,000 pregnant women) it leads to more severe 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 earlier.

How can we predict pre-eclampsia?

If you have at least **one high risk factor or two moderate risk factors** the midwife or doctor will advise you to take a low-dose aspirin, in order to reduce the risk.

High risk factors include:

- high blood pressure, before or during pregnancy
- hypertension in previous pregnancies
- chronic kidney disease
- auto-immune disease, such as antiphospholipid syndrome or systemic lupus erythematosus
- type 1 or type 2 diabetes.

Moderate risk factors include:

- first pregnancy
- age above 40 years
- pregnancy interval of more than 10 years
- body mass index (BMI) of more than 35 kg/m²
- having a multiple pregnancy (twins, triplets)
- having a family history of pre-eclampsia.

If you have previously had stomach ulcers, bleeding disorders, inflammatory bowel disease or severe asthma, you must consult your doctor before taking aspirin.

Why does aspirin help?

There is evidence that taking low-dose aspirin (150mg) every evening protects against pre-eclampsia, and in general against high blood pressure in pregnancy. However, aspirin will not prevent all cases of pre-eclampsia.

What happens next?

You should start taking low-dose aspirin before 16 weeks gestation, ideally at around 12 weeks. Starting aspirin after 16 weeks may not help in the prevention of pre-eclampsia.

We recommend that you take 150mg of aspirin daily. It does not matter if you occasionally miss a dose. You should continue to take aspirin until you are 36 weeks pregnant.

Please discontinue the treatment if you have a skin rash, stomach pain or blood in your stool. You will be advised to contact your local obstetric team or your GP in these situations.

We will continue to monitor you throughout your pregnancy. We will test your blood pressure and urine at your routine antenatal visits, to check for signs of pre-eclampsia. If your individual risk is very high or if there are signs of high blood pressure, we will monitor you and your baby more frequently.

Please note that although this drug recommendation is common in UK clinical practice, aspirin does not have a UK marketing authorisation for the prevention of pre-eclampsia. Community pharmacies cannot legally sell aspirin as a pharmacy medicine for prevention of pre-eclampsia in pregnancy in England.

Aspirin for the prevention of pre-eclampsia must be prescribed.

If you have any further questions, please discuss with your midwife or obstetrician.

For urgent enquiries, please contact the delivery suite triage on 0151 290 4489.

Information based on:

Nice Guideline NG133 hypertension in pregnancy: diagnosis and management June 2019.

Rolnik et al, Aspirin vs Placebo in pregnancies at high risk for preterm pre-eclampsia. N Engl J Med. 2017 Aug 17; 377: 7; p613-622.



**Mersey and West Lancashire
Teaching Hospitals**
NHS Trust

Whiston Hospital
Warrington Road,
Prescot, Merseyside, L35 5DR
Telephone: 0151 426 1600

St Helens Hospital
Marshall Cross Road,
St Helens, Merseyside, WA9 3DA
Telephone: 01744 26633

www.MerseyWestLancs.nhs.uk