

Information Leaflet



Liverpool Women's
NHS Foundation Trust

Low Dose Aspirin in Pregnancy to prevent Pre-Eclampsia

You have been asked to take 150mg of Aspirin during your pregnancy to reduce the risk of Pre-Eclampsia.

This leaflet explains why we have asked you to take Aspirin during your pregnancy.

What is Pre-Eclampsia?

Pre-Eclampsia is a condition found only in pregnancy that causes:

- Raised blood pressure (Hypertension)
- Protein in the urine (Proteinuria)

It affects around 2 to 10 of every 100 pregnant women. Most women will have a mild form, with some having more severe cases.

Women will often have no symptoms, and it is diagnosed at routine antenatal appointments with your midwife. Some women will experience headaches, blurred vision and swelling of the hands, feet and face.

These symptoms can be managed with medications that bring your blood pressure down, however the only cure for pre-eclampsia is when your baby is delivered.

What is the risk of Pre-Eclampsia?

If pre-eclampsia is not treated then there is a risk that it may affect the growth of the baby inside the womb, as well as a risk to the health of the mother. In these cases, you may be advised to have baby delivered earlier.

Who gets Pre-Eclampsia?

Any woman can develop pre-eclampsia during pregnancy. However, some women are at increased risk for a variety of reasons. The risk factors are divided into Moderate Risk Factors and High-Risk Factors.

Moderate Risk Factors:

- First pregnancy
- BMI >35
- Age >40 years
- Multiple pregnancy (twins/triplets etc)
- Family history of pre-eclampsia (Sister/Mother)
- >10 years since previous pregnancy
- If you have a British and Minority Ethnic Origin (BAME)

High Risk Factors:

- Previous hypertensive disease in previous pregnancy
- Pre-existing chronic or essential hypertension
- Chronic kidney disease
- Systemic Lupus Erythematosus or Antiphospholipid antibody syndrome (Autoimmune disease)
- Diabetes
- Previous fetal growth restriction (birthweight less than the 3rd centile) at any gestation
- Low PAPP-A on 1st trimester combined (0.41MoM)

Why have I been asked to take Aspirin?

You have been asked to take Aspirin because your doctor feels that you are at risk of developing pre-eclampsia based on the previously mentioned risk factors. Research suggests that taking Aspirin during pregnancy reduces your risk of developing pre-eclampsia before 37 weeks by two thirds. However, aspirin will not prevent all cases of pre-eclampsia.

Is Aspirin safe to take during pregnancy?

Yes, it is.

Research has shown that Aspirin does not cause harm to the development of the baby during pregnancy. There is also no increased risk of bleeding when taking Aspirin during pregnancy, either to you or the baby.

Although it is advised for you to take Aspirin, it is an unlicensed use of the medication, therefore needs to be prescribed by a doctor.

Are there any side effects?

Like all medications, aspirin can cause side effects, although not everyone gets them.

Common Side effects

- Mild indigestion – taking aspirin with or just after food is less likely to upset your stomach. If you also take indigestion remedies, take them at least two hours before or after you take your aspirin.

Rare Side effects

- Allergic reaction – as with all medications there is a chance you may have an allergy to this. If you experience wheezing, swelling of the lips, rashes, stomach pains or vomiting blood please seek medical assistance immediately.

Can I take low dose aspirin?

Although low dose aspirin has its benefits in those at risk, it is not suitable for everyone.

Please tell your midwife / obstetrician or GP if you have any of the below.

- Bleeding disorders – In some bleeding disorders aspirin may be contra-indicated, if there is uncertainty this can be discussed with the haematology team
- Severe asthma
- Allergy to aspirin / NASID's – you may have previously been told to avoid this type of medication.

What happens next?

We recommend you take 150mg (2x75mg tablets) of Aspirin every night from the 12th week of pregnancy. You should start taking this before 16 weeks gestation, starting aspirin after this gestation may not help in the prevention of pre-eclampsia. It is best to take in the evening either with or just after food. Please do not worry if you forget to take a tablet, just take one when you remember, however make sure you only take 150mg once a day. We will ask your GP to provide a prescription for Aspirin and we will continue to monitor your blood pressure and urine protein throughout your pregnancy. You can stop taking the aspirin at 36 weeks. If you think you may be in labour, you can stop taking your aspirin until this is confirmed. It will not increase your risk of bleeding during your labour.

Further information

If you have any further questions about taking Aspirin during pregnancy, or about pre-eclampsia, then please speak to your community midwife, GP or contact the Antenatal Clinic at Liverpool Women's Hospital.

Best Use of Medicines in Pregnancy website: www.medicinesinpregnancy.org NHS website: www.nhs.uk/medicines/low-dose-aspirin

NHS website: www.nhs.uk/medicines/low-dose-aspirin

NICE Guideline, Hypertension in pregnancy: diagnosis and management
<https://www.nice.org.uk/guidance/ng133/resources/%20hypertension-in-pregnancy-diagnosis-and-managementpdf-66141717671365>

This leaflet can be changed into different languages and formats using the tools on the website. Please note when translating information into different languages via the website, some information may need clarifying for accuracy with a member of staff. This leaflet can be formally translated on request via our Patient Experience Team, although response times to have information translated can vary. To request formal translation services or if you would like to make any suggestions or comments about the content of this leaflet, please contact the Patient Experience Team on 0151 702 4353 or by email at pals@lwh.nhs.uk

Liverpool Women's NHS Foundation Trust
Crown Street
Liverpool
L8 7SS

Tel: 0151 708 9988
Issue Date: 05/07/2021
Reference: Mat_2024-321-v2
Review Date: 09/12/2027
© Liverpool Women's NHS Foundation Trust