

Aspirin in Pregnancy

An information guide for parents

Aspirin in Pregnancy

Taking aspirin in pregnancy can help reduce the risk of pre-eclampsia and help your baby grow to its full potential

Why have I been given this information sheet?

You have been given this leaflet as you have been advised to take 150 mg of Aspirin during your pregnancy. You are advised to take it at night with food.

When should I start taking aspirin?

You should start taking aspirin from 12 weeks pregnant until birth. If you are already over 12 weeks pregnant, start taking the aspirin as soon as possible.

Why should I take aspirin?

Research has shown that aspirin can help to reduce the risk of pre-eclampsia in women who are at risk, and it also reduce the risk of having a small baby if you have had a small baby before. Small babies are more at risk being born premature and are more likely to be admitted to the special care baby unit. Small babies also have an increased risk of still birth and neonatal death.

Aspirin helps to improve the blood flow to the baby during the early stages of pregnancy and this can help the baby grow to its full potential.

What is pre-eclampsia?

Pre-eclampsia occurs if you develop high blood pressure in the presence of additional factors – including increased protein levels in your urine and /or abnormal blood tests.

It may make you feel unwell with:

- *Headaches*
- *Changes in your vision*
- *Pain in your upper abdomen*
- *Vomiting*
- *Excessive swelling.*

Not all of these symptoms need to be present to develop preeclampsia.

If you have any of these symptoms please contact Fetal assessment Unit or Triage

Who should take Aspirin?

When the midwife completed your pregnancy booking questionnaire, it was identified that you are at risk of pre-eclampsia or of having a small baby.

The reason for prescribing aspirin to you is documented on the table below:

One risk factor: prescribe 150mg once/day.

(High)

- 1- Previous SGA/FGR
- 2- Previous SB
- 3- Current Smoker (any amount any CO level)
- 4- Drug misuse
- 5- Women age 40 and above at booking
- 6- Maternal medical condition
 - Chronic Kidney Condition
 - Autoimmune Diseases (SLE, APLS)
 - Hypertensive disease
 - Congenital heart disease
 - Type 1 and 2 diabetes
- 7- Previous PET
- 8- PAPP-A less than 0.410 MoM
- 9- Echogenic bowel

2 or more risk factors: prescribe 150mg once/day.

(Moderate)

- 1- BMI 35 and above
- 2- Multiple pregnancy
- 3- First Pregnancy
- 4- Interpregnancy interval more than 10 yrs
- 5- Family history of PET
- 6- IVF

- **Aspirin should be started less than 16 weeks, at time of booking appointment if CMW identifies any of the above then liaise with GP for prescription.**
- **Document this on referral.**

Side effects

Taking low dose aspirin can cause mild indigestion. This is a common side effect and is known to affect more than 1 in 100 people. If you take your aspirin either with or just after food, it will be less likely to upset your stomach. Avoid taking aspirin on an empty stomach. If you also take indigestion remedies, take them at least two hours before or after you take your aspirin.

There is no evidence to suggest low dose aspirin causes any increase in bleeding during pregnancy or at the time of birth. If you have any questions or concerns about taking low dose aspirin please speak to your obstetrician, GP or midwife.

Please read the information leaflet included with your aspirin for more information about the rarer complications.

Allergies Please tell your obstetrician and GP if you are allergic to aspirin (or other NSAIDS (Non-steroidal anti-inflammatory drugs) for example Ibuprofen or you have severe asthma, chronic kidney problems, stomach ulcers or have been previously advised not to take aspirin or other NSAIDs.

As with any medicine, you should seek urgent medical assistance if you experience serious side effects such as wheezing, swelling of the lips, face or body, rashes or other indications of an allergic reaction.

Aspirin is not licenced for use in pregnancy.

Aspirin is not normally taken in pregnancy and its use during pregnancy is 'un-licensed'. This means that the manufacturers have not gained a licence to use it in this way.

However, experts in maternity have looked at the benefits of taking aspirin when certain risk factors as described above, are present and recommend that it is prescribed by the doctor or midwife looking after you.

For more information about any of the issues raised in this leaflet, please talk to the midwives or Doctors caring for you.

Further Information

Atallah A, e. a. (2017). Aspirin for prevention of pre-eclampsia.

Drugs, 77:1819-1831

Saving babies Lives Care Bundle. NHS England 2019 [https://](https://www.england.nhs.uk/publication/saving-babies-lives-version-two)

www.england.nhs.uk/publication/saving-babies-lives-version-two a-care-bundle-for-reducing-perinatal-mortality

