

Aspirin in Pregnancy

An information guide



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 8 weeks pregnant until 36 weeks. If you go into labour before 36 weeks, stop taking the Aspirin immediately and advise your midwife.

If you are already over 8 weeks pregnant, just 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 developing in women who are at risk, and it can also reduce the risk of having a small baby if you have had a small baby before.

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 pre-eclampsia.

If you have any of these symptoms please contact the Antenatal Day unit or Triage and speak to a midwife.

Why does it matter if my baby is small?

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.

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:

Aspirin is recommended to reduce incidence of SGA or FGR in the following categories:	
One of the following	Or Two of the following
Medical history	
Autoimmune disease(SLE) or antiphospholipid syndrome	First pregnancy
Chronic Kidney Disease	40 years or older
Chronic hypertension in first trimester (BP > 135/85mmHg)	> 10 years pregnancy interval
cyanotic congenital heart disease	Family history of pre-eclampsia
Obstetric History	Multiple pregnancy
Previous baby with a birth centile less than 3 rd centile	BMI ≥ 35 kg/m ²
Previous baby with birth centile <10 th AND delivered less than 34 weeks	
Stillbirth due to placental problems(FGR or SGA)	
Hypertensive disease in a previous pregnancy	

What are the side effects of Aspirin?

Aspirin in rare circumstances can cause bleeding from the stomach lining. However, Studies on the effects of low-dose aspirin on fetal and maternal health and development are reassuring, and low doses of aspirin administered during the first 12 weeks of pregnancy do not seem to constitute risk for the fetus, (Atallah 2017)

Contraindication for use

If you have any of the conditions below we would not recommend taking aspirin during your pregnancy:

Active peptic ulceration; bleeding disorders (antiplatelet dose); children under 16 years (risk of Reye's syndrome); haemophilia; previous peptic ulceration, severe cardiac failure.

If you develop any side effects, then please contact your midwife or Doctor.

Aspirin is not licence for use in pregnancy.

Aspirin is not normally taken in pregnancy and its use during pregnancy is what we call 'un-licenced'. 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. The contact details are on the front of your Maternity Notes.

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

As NCA is using the Regional GM guidance please visit MFT'S website for more information on Aspirin in pregnancy.

<https://mft.nhs.uk/saint-marys/services/maternity-services-obstetrics/information-for-gps/>

Research Article supporting use of Aspirin in Pregnancy:

<http://www.nejm.org/doi/10.1056/NEJMdo005183/full/>

Notes:

If English is not your first language and you need help, please contact the Interpretation and Translation Service

Jeśli angielski nie jest twoim pierwszym językiem i potrzebujesz pomocy, skontaktuj się z działem tłumaczeń ustnych i pisemnych

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Dacă engleza nu este prima ta limbă și ai nevoie de ajutor, te rugăm să contactezi Serviciul de interpretare și traducere

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For advice on stopping smoking contact the Specialist Stop Smoking Service on 01706 517 522

For general enquiries please contact the Patient Advice and Liaison Service (PALS) on 0161 604 5897


For enquiries regarding clinic appointments, clinical care and treatment please contact 0161 624 0420 and the Switchboard Operator will put you through to the correct department / service

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