

Low-dose aspirin in pregnancy to prevent pre-eclampsia

You have been asked to take low-dose aspirin during your pregnancy to reduce the risk of pre-eclampsia.

This leaflet explains more about why we have asked you to take low-dose aspirin during your pregnancy. If you have any further questions or concerns, please do not hesitate to ask a doctor 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 in your urine. Usually you will not notice these signs, but they will be picked up during routine antenatal visits. You may also experience swelling of your hands, feet and face.

Pre-eclampsia usually occurs towards the end of pregnancy and is mild. 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 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 (induced) earlier.

Can pre-eclampsia be predicted?

When the midwife sees you at your first visit, she will ask a series of questions to assess whether you are at risk of getting pre-eclampsia. There are some factors that put you at a high risk of getting pre-eclampsia and some that give you a moderate risk. If you have at least one high risk factor or two moderate risk factors the midwife will ask you to take low-dose aspirin for the rest of your pregnancy.

High risk factors include:

- High blood pressure, before or during pregnancy
- problems in previous pregnancies
- chronic kidney disease
- any auto-immune disease, such as antiphospholipid syndrome
- diabetes.

Moderate risk factors include:

- this being your first pregnancy
- being over 40
- having a body mass index (BMI) of more than 35 (ie being obese)
- expecting twins (or triplets etc)
- having a family history of pre-eclampsia.

Sometimes, your doctor will 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.

If you have previously had stomach ulcers, bleeding disorders or have asthma which prevents you from taking drugs such as ibuprofen please consult a doctor before taking aspirin.

Why does aspirin help?

There is evidence that taking low-dose aspirin (**150mg**) every day until 36 weeks gestation protects against pre-eclampsia.

What happens next?

You can ask your GP for a prescription for aspirin or buy it from any chemist. You should start taking low-dose aspirin at 12 weeks, with food, ideally your evening meal. It does not matter if you occasionally miss a dose. You should continue to take the aspirin until you reach 36 weeks gestation.

The Trust cannot accept any responsibility for the accuracy of the information given if the leaflet is not used by RD&E staff undertaking procedures at the RD&E hospitals.

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