

Introduction

This leaflet has been produced to give you general information about the use of aspirin in pregnancy. If after reading it you have any concerns or require further information, please discuss this with your midwife or obstetrician (a doctor who specialises in the care of pregnant women).

Why is aspirin recommended during pregnancy?

Some pregnant women are at higher chance of developing a condition called pre-eclampsia and affects around two to eight in every 100 pregnant women. This can affect both the health of the mother (high blood pressure, protein in the urine and rarely a seizure) and the baby (Slow growth of the baby, stillbirth).

There is evidence to suggest that aspirin can reduce the risk of developing this illness and improve the blood flow through the placenta in some women leading to better growth of the baby and reducing the risk of stillbirth.

Do I need to take aspirin?

If you have **one** of the following high risk factors you will be offered aspirin during your pregnancy:

- Hypertensive disease during your previous pregnancy (High blood pressure, pre-eclampsia or eclampsia)
- Chronic Hypertension (High blood pressure prior to becoming pregnant)
- Chronic Kidney Disease
- Type 1 or Type 2 Diabetes
- Autoimmune disease such as Systemic Lupus Erythematosus (SLE) or antiphospholipid syndrome
- Previous baby affected by Intrauterine Growth Restriction (Smaller baby than expected)
- Previous stillbirth
- Low Pregnancy Associated Plasma Protein (PAPP-A), a biochemical marker in your blood, found as part of the first trimester screening test taken between 11 and 14 weeks.

Information for patients

If you have **two** of the following moderate risk factors you will be offered aspirin during your pregnancy:

- This is your first pregnancy
- Your last pregnancy was more than 10 years ago
- You are aged 40 or over
- Family history of pre-eclampsia
- IVF pregnancy
- Multiple pregnancy (twins/triplets etc)
- Body Mass Index (BMI) of 35 or more at booking

Your midwife/obstetrician will discuss which risk factors apply to you.

How much aspirin do I need to take?

You will be prescribed 150mg of aspirin (2x 75mg tablets) to take once a day from 12 weeks of pregnancy. We recommend you take it with food to reduce the risk of indigestion and in the evening as it is absorbed better. It does not matter if you occasionally miss a dose. You should continue to take the aspirin throughout the whole of your pregnancy until the birth of your baby.

Please note we do not recommend taking high dose aspirin (more than 150 mg daily) during pregnancy.

Is it safe to take aspirin in pregnancy?

There is no evidence to suggest that aspirin will cause any harm to your baby either in the short or the long term although it is an unlicensed use of the medicine.

If you require further information, please discuss this with your midwife or doctor.

When not to take aspirin?

If you have previously had stomach ulcers, bleeding disorders, severe asthma or an allergy to aspirin or non-steroidal anti-inflammatory drugs (NSAIDS), you must be reviewed by a doctor first.

Information for patients

What happens next?

At your booking visit, you will have been asked a number of questions by your midwife. From this information, once it has been identified that you need to take aspirin during pregnancy; a prescription will be provided from the antenatal clinic at the hospital.

Please contact the antenatal day unit or your midwife if you require a further supply so that the prescription can be organised for you to collect. Aspirin is available to buy over the counter at most supermarkets. Most packs will have an information sheet inside advising not to take in pregnancy unless advised to do so by a doctor; this is a legal requirement placed on the manufacturers to protect pregnant women from accidentally taking any medication without being medically advised that it is safe and necessary.

We will continue to monitor you throughout your pregnancy. We will test your blood pressure and urine at your antenatal visits to check for signs of pre-eclampsia. How frequently we monitor you at appointments will depend on your individual management plan for your pregnancy.

Reference

National Institute of Clinical Excellence (2019) Hypertension in pregnancy: diagnosis and management (NG 133) Published date 25th June 2019

Saving Babies Lives Care Bundle Version 2: Available at:

<https://www.england.nhs.uk/wp-content/uploads/2019/07/saving-babies-lives-care-bundle-version-two-v5.pdf>

Any Comments, Compliments, Concerns or Complaints

If you have any other concerns please talk to your nurse, therapist or doctor. Our Patient Advice and Liaison Service (PALS) is available on 03033 306518 (Grimsby, Scunthorpe and Goole). You can also contact nlg-tr.PALS@nhs.net

As a Trust we value equality of access to our information and services, therefore alternative formats are available on request at nlg-tr.interpreters@nhs.net

Information for patients

Alternative Languages

All of our leaflets are available to view in different languages via Browsealoud on our website at www.nlg.nhs.uk/patients/patient-leaflets/

Toate pliantele noastre sunt disponibile pentru a fi vizualizate în diferite limbi prin intermediul Browaloud pe site-ul nostru, la www.nlg.nhs.uk/patients/patient-leaflets/

Wszystkie nasze ulotki są dostępne do przeglądania w różnych językach za pośrednictwem Browsealoud na naszej stronie internetowej www.nlg.nhs.uk/patients/patient-leaflets/

Visus mūsų lankstinukus galite peržiūrėti įvairiomis kalbomis, naudodamiesi „Browsealoud“ mūsų svetainėje, adresu www.nlg.nhs.uk/patients/patient-leaflets/

Vse naše zloženke so na voljo za ogled v različnih jezikih prek Browaloud na našem spletnem mestu www.nlg.nhs.uk/patients/patient-leaflets/

Date of Issue: March, 2021

Review Period: March, 2024

Author: Midwife

IFP-1162

