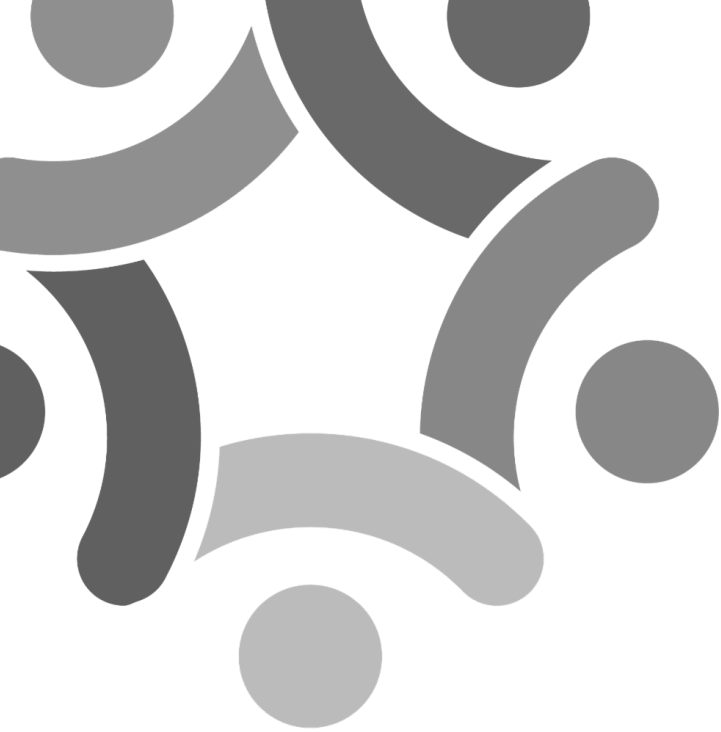

NHS
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Low dose aspirin (150mg) in pregnancy

To reduce the risk of pre-eclampsia and intra-uterine growth restriction

You have been asked to take low-dose aspirin during your pregnancy to reduce the risk of pre-eclampsia and/or having a baby smaller than expected.
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 happens in between 2-8% of pregnancies. The common pre-eclampsia signs 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.

Pre-eclampsia commonly occurs towards the end of pregnancy and is mild. The symptom of high blood pressure can be treated with medication, but pre-eclampsia cannot be 'cured'. Pre-eclampsia will stop once the baby is born, usually at 37-38 weeks or as soon as possible after diagnosis if it is after this gestation.

In rarer cases (around five per 1,000 pregnancies) 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 woman or birthing person. In these cases, the baby may need to be delivered earlier by induction.

Can pre-eclampsia be predicted?

When the midwife sees you at your first visit, they 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.

Your doctor will also advise you to take aspirin for other reasons. For example, if the baby measures small on early scans, or if you have had very small babies due to poor placental function in previous pregnancies, or if you have been identified as having low PAPP-A.

What is intra-uterine growth restriction (IUGR)?

IUGR is when the baby is not growing as expected. This is caused by poor placental function. Although we cannot change the function of placenta, we can monitor the growth and well-being of the baby by scanning regularly. Sometimes, if babies are not growing well and/ or the blood flow from placenta is severely reduced, babies may need to be delivered early by induction of labour or Caesarean. The timing of delivery will be decided by the doctors looking after you.

Why does aspirin help?

There is evidence that taking low-dose aspirin (150mg) every day protects against pre-eclampsia, high blood pressure in pregnancy and improves blood flow to baby so they can continue to grow according to their potential. Although it is recommended that you take aspirin for those reasons, it is an unlicensed use of the medicine but has been studied in pregnancy for over 30 years and does not cause any problems for your baby.

Reasons we would recommend you take aspirin:

- You have or had high blood pressure before or during a previous pregnancy
- Your last baby was small (less than 10th centile)
- You have a medical condition such as chronic kidney disease
- You have an auto-immune disease, such as antiphospholipid syndrome
- You have type 1 or type 2 diabetes
- You are 40 years old or more
- You have had a stillborn baby previously
- You have had a second trimester miscarriage due to placental cause
- You have had a preterm birth in the past
- Your BMI is less than 18.5 and you have an eating disorder/bowel disorder causing weight loss or a gastric bypass
- You are a smoker or were smoking when you conceived
- You use recreational drugs
- You have been found to have low PAPP-A
- We found your baby had echogenic bowel on scan
- We found your baby had a single umbilical artery on scan

Or if you have two or more of these risk factors:

- It's your first pregnancy
- Your BMI is 35 or more
- You are expecting twins (or triplets etc.)
- You have a family history of pre-eclampsia
- It's been more than 10 years since you had your last pregnancy.

If for any reason you feel aspirin should not be taken ('contraindicated'), your community midwife can ask the named obstetric consultant to give further advice to support your decision to take or not take aspirin.

What happens next?

Your midwife will give you aspirin at your antenatal visit. You should start taking low-dose aspirin at 12 weeks or as soon as possible if you are already more than 12 weeks, unless you have been advised to take it earlier. Low-dose aspirin started earlier than this is safe and may bring increased benefits but this has not been proven.

We recommend that you take the low-dose aspirin with food and ideally at night. It does not matter if you occasionally miss a dose. You should continue to take the aspirin until you reach 36 weeks.

We will continue to monitor you throughout your pregnancy. We will offer to test your blood pressure and urine at antenatal visits to check for signs of pre-eclampsia. You may also be offered more growth scans during your pregnancy if you are at increased risk of growth restriction. How frequently we monitor you at appointments will depend on your individual situation.

Further information and references

- Investigation and Care of a Small-for-Gestational-Age Fetus and a Growth Restricted Fetus (Green-top Guideline No. 31) published 13 May 2024
- RCOG Pre-eclampsia information leaflet - https://www.rcog.org.uk/for-the-public/browse-our-patient-information/pre-eclampsia/

Please ask if you need this information in another language or format.

RBFT Consultant Obstetrician & Associate Specialist FM, November 2018
Live change: February 2025. Next review due: September 2026.