

Aspirin in pregnancy for the prevention of pre-eclampsia



Information for patients

You have been recommended 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 this medication.

Confirming your identity

Before you have a treatment or procedure, our staff will ask you your **name** and **date of birth** and check your **ID band**. If you don't have an ID band we will also ask you to confirm your address.

If we don't ask these questions, then please ask us to check.
Ensuring your safety is our primary concern.

What is pre-eclampsia?

Pre-eclampsia affects around two to three in every 100 pregnant women. The usual signs of pre-eclampsia are raised blood pressure and protein in your urine. You may experience swelling of your hands, feet and face, headaches, flashes of light in your vision, pain in the upper abdomen and/or nausea and vomiting.

Pre-eclampsia usually occurs towards the end of pregnancy. 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 in every 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 earlier.

How can we predict pre-eclampsia?

We will ask you a series of questions at the first trimester scan of your baby to identify risk factors for pre-eclampsia. Along with these, we will measure your blood pressure and the blood flow from you to the pregnancy in the uterine arteries. We will also test your blood for a protein called PAPP-A (serum pregnancy associated plasma protein). This blood test is also used for the calculation of the risk for aneuploidies should you opt for this.

We use all of the above information to calculate your specific risk to develop pre-eclampsia in pregnancy. If the risk is high (above 1/100) we will offer you aspirin to start on the same day until 36 weeks of pregnancy.

If, for any reason, you cannot have the first trimester scan (between 11 weeks and 13 weeks and 6 days), we will offer you an alternative method of screening for pre-eclampsia based on your history as described below.



If you have at least **one high risk factor or two moderate risk factors** the midwife or doctor will ask you to consider low-dose aspirin in order to reduce the risk. A consultation with the obstetric team or your GP will be offered to you.

High risk factors include:

- high blood pressure, before or during pregnancy
- hypertension in previous pregnancies
- chronic kidney disease
- any auto-immune disease, such as antiphospholipid syndrome or systemic lupus erythematosus
- diabetes

Moderate risk factors include:

- first pregnancy
- age above 40 years
- body mass index (BMI) of more than 35 (that is, being obese)
- having a multiple pregnancy (twins, triplets)
- having a family history of pre-eclampsia

If you have previously had stomach ulcers, bleeding disorders, inflammatory bowel disease or severe asthma, you must consult your doctor before taking aspirin.

Why does aspirin help?

There is evidence that taking low-dose aspirin (150mg) every evening protects against pre-eclampsia, and in general against high blood pressure in pregnancy. However, aspirin will not prevent all cases of pre-eclampsia.

What happens next?

We will ask you to discuss this treatment with one of the obstetric doctors or your GP. If we meet you at the first trimester scan you will receive a letter for your GP to allow them to provide a prescription for your local pharmacy.

You should start taking low-dose aspirin before 16 weeks gestation, ideally at around 12 weeks. Starting aspirin after 16 weeks may not help in the prevention of pre-eclampsia.

Please note that although this drug recommendation is common in UK clinical practice, aspirin does not have a UK marketing authorisation for the prevention of pre-eclampsia. Community pharmacies cannot legally sell aspirin as a pharmacy medicine for prevention of pre-eclampsia in pregnancy in England. Aspirin for the prevention of pre-eclampsia must be prescribed.

We recommend that you take the low-dose aspirin with food, in the evenings. It does not matter if you occasionally miss a dose. You should continue to take aspirin until 36 weeks of pregnancy.

Please discontinue the treatment if you have a skin rash, stomach pain or blood in your stool. You will be advised to contact your local obstetric team or your GP in these situations.

We will continue to monitor you throughout your pregnancy. We will test your blood pressure and urine at your routine antenatal visits to check for signs of pre-eclampsia. If your individual risk is very high or if there are signs of high blood pressure, we shall monitor you and your baby more frequently.



If you have any further questions, you can contact the relevant telephone assessment line at King's College Hospital (020 3299 8389) or Princess Royal University Hospital (01689 863572).

References

1. NICE Guideline, Hypertension in pregnancy: diagnosis and management <https://www.nice.org.uk/guidance/ng133/resources/hypertension-in-pregnancy-diagnosis-and-management-pdf-66141717671365>
2. Rolnik et al, Aspirin vs Placebo in pregnancies at high risk for pre-term pre-eclampsia. *N Engl J Med.* 2017 Aug 17; 377: 7; p613-622
3. Tan MY, et al, Comparison of diagnostic accuracy of early screening for pre-eclampsia by NICE guidelines and a method combining maternal factors and biomarkers: results of SPREE. *Ultrasound Obstet Gynecol.* 2018 Jun; 51(6):743-750.

Sharing your information

King's College Hospital NHS Foundation Trust has partnered with Guy's and St Thomas' NHS Foundation Trust through the King's Health Partners Academic Health Sciences Centre. We are working together to give our patients the best possible care, so you might find we invite you for appointments at Guy's or St Thomas' hospitals. King's College Hospital and Guy's and St Thomas' NHS Foundation Trusts share an electronic patient record system, which means information about your health record can be accessed safely and securely by health and care staff at both Trusts. For more information visit www.kch.nhs.uk.



PALS

The Patient Advice and Liaison Service (PALS) is a service that offers support, information and assistance to patients, relatives and visitors. They can also provide help and advice if you have a concern or complaint that staff have not been able to resolve for you. They can also pass on praise or thanks to our teams.

PALS at King's College Hospital, Denmark Hill, London SE5 9RS

Tel: **020 3299 3601**

Email: **kch-tr.palsdh@nhs.net**

PALS at Princess Royal University Hospital, Farnborough Common, Orpington, Kent BR6 8ND

Tel: **01689 863252**

Email: **kch-tr.palspruh@nhs.net**

If you would like the information in this leaflet in a different language or format, please contact our Communications and Interpreting telephone line on 020 3299 4826 or email kch-tr.accessibility@nhs.net.