

MATERNITY GUIDELINES

Aspirin in Pregnancy

Navigation

Guidance document – in the contents page the Press Ctrl on your keyboard and click on heading to navigate to that section in this document.

Contents

1. Introduction.....	1
2. Indications for aspirin.....	2
3. Aspirin for prevention of PET.....	2
4. Aspirin for prevention of FGR.....	3
Appendix 1. Patient Letter For low PAPP-A.....	4
Appendix 2. Patient letter for previous FGR.....	6

1. Introduction

Aspirin reduces the risk of pregnancy complications related to placental dysfunction, particularly pre-eclampsia. Following the publication of Saving Babies Lives Bundle 2, aspirin is to be prescribed for those women at highest risk of fetal growth restriction (FGR) as well as those at highest risk of PET.

2. Indications for 150 mg Aspirin from 12 weeks

- Prevention of PET
- Prevention of FGR secondary to placental dysfunction

It is important for aspirin to be commenced as soon as possible in all cases for there to be any benefit. Current evidence suggests that commencement after 16 weeks is completely ineffectual. There is also evidence that taking aspirin at night is more effective.

3. Aspirin for prevention of PET

Aspirin is prescribed following a risk factor assessment. Women with one high risk factor, or two or more moderate risk factors, to commence 150mg of aspirin from 12 weeks until the birth of the baby. This reduces the risk of PET by 17%.

High risk factors:

- Hypertensive disease during a previous pregnancy
- Essential hypertension
- Chronic kidney disease
- Autoimmune disease such a SLE or APS.
- Type 1 or type 2 diabetes
- Placental histology confirming placental dysfunction in a previous pregnancy

Moderate risk factors:

- First pregnancy
- Age 40 years or older
- Pregnancy interval of more than 10 years
- BMI of 35kg/m² or more at first visit
- Family history of pre-eclampsia
- Multi-fetal pregnancy

4. Aspirin for prevention of FGR

Prescribe aspirin if:

- PAPP_A \leq 0.415 MoM until the birth of the baby
- FGR in a previous pregnancy defined as any of the following:

birthweight less than 3rd centile

early onset placental dysfunction necessitating delivery before 34 weeks

birthweight less than the 10th centile with evidence of placental dysfunction defined as an abnormal uterine artery doppler early in the pregnancy (20-24 weeks) PI above 95th centile or abnormal umbilical artery Doppler- absent or reversed EDF or PI above 95th centile

delivery for abnormal cerebral perfusion ratio (beyond 34 weeks most uterine artery Dopplers will be normal)

Appendix 1. Patient letter

University Hospitals Plymouth NHS Trust
Derriford Hospital
Derriford Road
Plymouth
PL6 8DH

Tel 01752 439793

Date

Dear

As part of our First Trimester screening programme we measure a hormone in your blood called PAPP-A. It stands for Pregnancy Associated Plasma Protein A and is a protein produced by the placenta. We have found this hormone to be at a lower level in your blood; this is found normally in 1 in 20 (5%) of pregnancies.

Why is PAPP-A important?

In most cases, PAPP-A does not have an impact on your pregnancy, but there is research to suggest that a lower level of PAPP-A (less than 0.41 MoM) may be associated with:

- a lower birth-weight baby due to the placenta not working as well,
- an increased chance of developing pre-eclampsia,
- an early birth.

What does this mean for my pregnancy?

To help try and prevent some of these problems developing, it is recommended that you take **aspirin 150mg daily, with your evening meal** as soon as possible after 12 weeks until the end of pregnancy. Aspirin is inexpensive and can be purchased in all chemist shops and most supermarkets. To achieve the correct dose you can take two 75mg tablets together or cut a 300mg tablet in half. Your GP can be requested to provide a prescription but this will take a little longer to get started as you will need to request it and show them this letter.

From 26-28 weeks, your midwife will routinely measure the height of your uterus at each appointment and record it on your growth chart. We also check your blood pressure and your urine sample for signs of protein (this may indicate pre-eclampsia developing). You will also be offered extra scans to check on the growth of your baby.

You will have an appointment in a consultant antenatal clinic to discuss all this and make a plan individualised to your needs including possible induction from 39 weeks.

Is there anything I can do to help prevent problems?

It is well known that smoking can negatively affect baby's growth and placental function, and we encourage all women to stop smoking in pregnancy. We have a dedicated smoking cessation service available and your Community Midwife can refer you if you would like help to quit smoking.

Maintaining a healthy weight and gentle exercise is encouraged in women who are found to have low PAPP-A, as it is in all pregnancies.

Who can I speak to if I need further information?

Receiving news that you have a low PAPP-A can cause anxiety, but please be reassured that in most cases, no problems develop. Please speak with your Community MW if you have further questions before your consultant appointment.

Who shouldn't take aspirin?

There are very few people who cannot take aspirin at this reduced dose. Reasons not to take aspirin are an allergy to aspirin or similar drugs such as ibuprofen, severe asthma where you cannot take any similar medications because they affect your breathing, or if you have a known stomach ulcer.

The Royal College of Obstetricians & Gynaecologists has information available which can be found here:

<https://www.rcog.org.uk/globalassets/documents/patients/patient-information-leaflets/pregnancy/pi-having-a-small-baby.pdf>

<https://www.rcog.org.uk/globalassets/documents/patients/patient-information-leaflets/pregnancy/pi-pre-eclampsia.pdf>

<https://www.rcog.org.uk/globalassets/documents/patients/patient-information-leaflets/pregnancy/pi-smoking-and-pregnancy-2.pdf>

Yours sincerely

Antenatal Clinic Consultant Obstetricians

University Hospitals Plymouth NHS Trust
Derriford Hospital
Derriford Road
Plymouth
PL6 8DH

Tel 01752 439793

Date

Dear

We are writing to you because in a previous pregnancy you may have had a very small baby, and this was because the placenta was not working as well as it could. You may have had abnormal uterine artery Doppler's early on in pregnancy (the blood flow to the back of the placenta), had a baby that was delivered because the blood flow from the baby to the placenta was abnormal, or because the baby had changes in the blood flow around it that meant it needed delivery.

All of these are associated with placenta's that have not grown into the uterus normally, and there is a risk this could happen again.

What does this mean for my current pregnancy?

To help try and prevent some of these problems developing again, it is recommended that you take aspirin 150mg daily, with your evening meal as soon as possible after 12 weeks until the end of pregnancy. Aspirin is inexpensive and can be purchased in all chemist shops and most supermarkets. To achieve the correct dose you can take two 75mg tablets together or cut a 300mg tablet in half. Your GP can be requested to provide a prescription but this will take a little longer to get started as you will need to request it and show them this letter.

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<https://www.rcog.org.uk/globalassets/documents/patients/patient-information-leaflets/pregnancy/pi-having-a-small-baby.pdf>

<https://www.rcog.org.uk/globalassets/documents/patients/patient-information-leaflets/pregnancy/pi-pre-eclampsia.pdf>

<https://www.rcog.org.uk/globalassets/documents/patients/patient-information-leaflets/pregnancy/pi-smoking-and-pregnancy-2.pdf>

Yours sincerely

Antenatal Clinic Consultant Obstetricians

Auditable standards:

Aspirin prescribed following risk factor assessment at booking.
Aspirin prescribed following low PAPP-A.
Timing of aspirin start (from 12 weeks).

Reports to:

Maternity Assurance Group (MAG) – responsible for action plan and implementation of recommendations from audit

Frequency of audit: Annual

Responsible person: MAG

Cross references

Maternity Hand Held Notes, Hospital Records and Record Keeping:
<http://staffnet.plymouth.nhs.uk/Portals/1/Documents/Clinical%20Guidelines/Maternity/Maternity%20hand%20held%20notes%20and%20hospital%20records.pdf?timestamp=1538986494694>

References

National Institute for Health and Care Excellence (NICE). Hypertension in pregnancy: diagnosis and management. Clinical guideline 133. London. June 2019.

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