

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 nurse 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 (usually at 37-38 weeks).

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. For more information about pre-eclampsia, please ask for a copy of our leaflet **Recovering from pre-eclampsia**.

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 asthma, please consult your doctor before taking aspirin.

Why does aspirin help?

There is evidence that taking low-dose aspirin (**75mg**) every day protects against pre-eclampsia, and in general against high blood pressure in pregnancy. Although it is recommended that you take aspirin for those reasons, it is an unlicensed use of the medicine. For more information, please read our leaflet **Unlicensed medicines: A guide for patients**.

What happens next?

We will ask you to see your GP to get a prescription for aspirin, or to buy it from any chemist. You should start taking low-dose aspirin when 16 weeks pregnant, ideally at 12 weeks. 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. It does not matter if you occasionally miss a dose. You should continue to take the aspirin through the whole of your pregnancy. **Please note we do not recommend taking high-dose aspirin (more than 75mg) during pregnancy.**

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 health.

Contact us

If you have any questions about taking low-dose aspirin, please speak to the staff caring for you or call our pharmacy helpline on 020 7188 8748 (9am to 5pm, Monday to Friday). If you have other concerns about your pregnancy, please call the Maternity Helpline on 020 7188 8760 (Monday to Friday, 10am to 6pm) or in an emergency 020 7188 6867 / 2975 (24 hours).

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.guysandstthomas.nhs.uk/leaflets

Pharmacy Medicines Helpline

If you have any questions or concerns about your medicines, please speak to the staff caring for you or call our helpline.

t: 020 7188 8748 9am to 5pm, Monday to Friday

Your comments and concerns

For advice, support or to raise a concern, contact our Patient Advice and Liaison Service (PALS). To make a complaint, contact the complaints department.

t: 020 7188 8801 (PALS) **e:** pals@gstt.nhs.uk

t: 020 7188 3514 (complaints) **e:** complaints2@gstt.nhs.uk

Language Support Services

If you need an interpreter or information about your care in a different language or format, please get in touch:

t: 020 7188 8815 **e:** languagesupport@gstt.nhs.uk

NHS 111

Offers medical help and advice from fully trained advisers supported by experienced nurses and paramedics. Available over the phone 24 hours a day.

t: 111

NHS Choices

Provides online information and guidance on all aspects of health and healthcare, to help you make choices about your health.

w: www.nhs.uk

Get involved and have your say: become a member of the Trust

Members of Guy's and St Thomas' NHS Foundation Trust contribute to the organisation on a voluntary basis. We count on them for feedback, local knowledge and support. Membership is free and it is up to you how much you get involved. To find out more, and to become a member:

t: 0800 731 0319 **e:** members@gstt.nhs.uk **w:** www.guysandstthomas.nhs.uk/membership

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