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Aspirin use to reduce the risk of pre-eclampsia

Pre-eclampsia is a potentially organ and life threatening condition which can occur in the later stages of pregnancy, featuring raised blood pressure and proteinuria. It occurs in around 4% of first pregnancies and 2% of subsequent pregnancies.

Anyone in pregnancy is at risk of pre-eclampsia but certain conditions increase the risk. Evidence suggests that taking aspirin in the following circumstances reduces the risk of pre-eclampsia. This is especially true for pre-eclampsia occurring before 37/40 gestation. It is now recommended that at risk women be prescribed 150 mg aspirin daily from 12 weeks gestation (as opposed to the previous 75 mg), as per the updated NICE guidance.

Advise women at **high** risk of pre-eclampsia (one risk factor) to take 150 mgs of aspirin daily from 12 weeks until 36 weeks

- Hypertensive disease during a previous pregnancy
- Chronic kidney disease
- Autoimmune disease (SLE or antiphospholipid syndrome)
- Type 1 or Type 2 diabetes
- Chronic hypertension

Advise women with **more than one moderate** risk factor for pre-eclampsia to take 150 mgs of aspirin daily from 12 weeks until 36 weeks

- First pregnancy
- Age ≥ 40 years
- Pregnancy interval > 10 years
- BMI ≥ 35 kg/m2 at first visit
- Family history of pre-eclampsia
- Multiple pregnancy

Those at risk of interuterine growth restriction

Who prescribes aspirin?

Although this use is common in UK clinical practice, aspirin does not have a UK marketing authorisation for this indication. Community pharmacies cannot legally sell aspirin as a pharmacy medicine for prevention of pre-eclampsia in pregnancy in England. Aspirin for this indication must be prescribed. As it is vital that women are ready to start taking the prescription at 12 weeks, GPs are best placed to issue the prescription and a pre-eclampsia risk assessment should done at the woman's first presentation appointment. Presently midwives are not able to prescribe aspirin.

Dosing

NICE recommends a dose of 75-150 mg aspirin. There is no further guidance on how to decide between the dosing. As the studies in the use of aspirin in the reduction of PET were based on a dose of somewhere between 75 mg and 150 mg depending on the study we are opting to recommend the higher dose.

Side effects

Dyspepsia:
Aspirin should be taken with food but if dyspepsia persists, the recommendation is:

1: 150mg aspirin + Gaviscon
2: 150mg aspirin + omeprazole +/- Gaviscon
3: Reduce dose of aspirin down to 75mg + omeprazole+/- Gaviscon
4: Stop aspirin if cannot be tolerated

PV Bleeding:
If women are experiencing PV bleeding they should be referred to EPAU if <18 weeks or the emergency obstetric unit if ≥18 weeks. There they should be seen by a member of the obstetric team and a decision made regarding the ongoing use of aspirin.

Other bleeding:
Easy bruising should not be an indication to stop aspirin.

If women are experiencing GI or other sources of bleeding upon starting aspirin then stop.

If there is a history of a previous GI bleed then the use of aspirin is contraindicated so do not start and consult with an obstetrician with regards to her management.

If you would like any advice regarding the use of aspirin in pregnancy please contact the obstetric advice line on huh-tr.obstetricquery@nhs.net.

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