

Aspirin in pregnancy

Information for patients

You have been recommended to take 150 mg of aspirin from 12 to 36 weeks of pregnancy to reduce the risk of pre-eclampsia.

This leaflet explains more about why you have been recommended to take aspirin during your pregnancy. If you have any further questions or concerns, please do not hesitate to ask the midwife or doctor caring for you.

What is pre-eclampsia?

Pre-eclampsia is a potentially very serious condition which can occur in the later stages of pregnancy. The features of the condition are raised blood pressure and protein in your urine. It occurs in around 4% of first pregnancies and 2% of subsequent pregnancies. We check your blood pressure and urine regularly in pregnancy to test for this condition.

In around 5 per 1000 pregnancies, severe pre-eclampsia can occur, which can affect the growth of baby and the mother's health. Although we can treat the blood pressure with medication, the only treatment for pre-eclampsia is delivery of the baby which may sometimes be needed early before 37 weeks.

Who is at risk?

Anyone in pregnancy is at risk of pre-eclampsia but research has shown that certain conditions or circumstances increase the risk. If you have one high risk factor or two or more moderate risk factors, we recommend taking aspirin during pregnancy to help to reduce your risk.

High risk factors

- Raised blood pressure before or during a previous pregnancy
- Chronic kidney disease
- Autoimmune disease
- Type 1 or type 2 diabetes

Moderate risk factors

- This being your first pregnancy
- Being aged 40 years or over
- It being more than 10 years since a previous pregnancy
- Obesity with a BMI (body mass index) ≥ 35 kg/m² at the start of your pregnancy
- A family history of pre-eclampsia
- Multiple pregnancy (expecting twins or triplets)

There may be other circumstances when you may be recommended to take aspirin, such as being at risk of poor growth of your baby during pregnancy (called intrauterine growth restriction). This might include the finding of low PAPP-A during your combined screening test.

Why do we recommend aspirin?

Evidence suggests that taking aspirin in the above circumstances reduces the risk of pre-eclampsia. This is especially true for pre-eclampsia occurring before the baby is mature (37 weeks gestation). Although the use of aspirin is strongly recommended in preventing pre-eclampsia in pregnancy, it is not licenced. This is often the case for medications during pregnancy and it has been used for many years without any known effects to baby.

Side effects

The main side effect of taking aspirin is heartburn or indigestion. For this reason, we recommend taking the aspirin after food. If you suffer with pre-existing heartburn or indigestion or are experiencing this as a side effect when taking it, we recommend speaking to your midwife or doctor who can discuss whether it is appropriate to take and recommend treatment of the heartburn.

If you have a history of previous bleeding from the stomach or digestive tract, it is not safe for you to take aspirin. You would then need to discuss alternative medication with your doctor.

Authors: Dr Lauren Ward (GP Clinical Lead) and Mr Ade Kojeku, Consultant Obstetrician, Homerton University Hospital

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