

Use of low dose Aspirin in pregnancy for prevention of pre-eclampsia

Evidence

The NICE guideline for 'hypertension in pregnancy'¹ recommend that low dose aspirin (75mg once daily) should be prescribed to women at high risk of developing pre-Eclampsia during pregnancy. This recommendation is based on the evidence reviewed by the Cochrane group² which included a large multicentre study³.

The conclusion was that the low dose Aspirin (75mg/daily) is consistent with a small risk reduction for pre-eclampsia.

There are sufficient data on safety of aspirin in the doses used in pre-eclampsia to make recommendations for clinical practice.

Target group

Women with ONE of the following risk factors:

- hypertensive disease during a previous pregnancy
- chronic kidney disease
- autoimmune disease such as systemic lupus erythematosus or antiphospholipid syndrome
- type 1 or type 2 diabetes
- chronic hypertension or booking diastolic > 90

Women with TWO or more of the following risk factors:

- first pregnancy
- age 40 years or older
- pregnancy interval of more than 10 years
- body mass index (BMI) of 35 kg/m² or more at first visit
- family history of pre-eclampsia
- multiple pregnancy.

Why prescribe in primary care

For maximum benefit, Aspirin should be commenced at 12 weeks gestation. Whilst every attempt is made to review the 'at risk' women in consultant led antenatal clinic at the earliest opportunity, it is often not possible to arrange an appointment at such early gestation. Majority of pregnancies are booked with the midwife before 12 weeks gestation and therefore it is an excellent opportunity to start Aspirin in primary care.

Process for prescribing

The Community midwife at booking would request the aspirin from the registered GP or Surgery after booking and subsequent risk assessment against the NICE guidance (as above). Midwives will request 75mgs aspirin dispersible daily dose. The GP can decide how frequently the woman needs to collect the script.

Duration of prescribing

From 12 weeks gestation until birth of the baby.

System for stopping

Aspirin will be stopped when in labour.

In case of an antepartum haemorrhage, the decision to discontinue aspirin should be made by the consultant.

Contra-indications to aspirin

1. Proven hypersensitivity to aspirin containing medications
2. Proven bleeding disorders
3. Women on regular 'proton pump inhibitors' such as Omeprazole (unlikely in pregnancy)

Responsibility

The health professional prescribing the Aspirin till an obstetric review has taken place.

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References

- ¹ NICE guideline: Hypertension in pregnancy. 2010.
<http://www.nice.org.uk/nicemedia/live/13098/50475/50475.pdf>
- ² Knight M, Duley L, Henderson-Smart DJ, King JF. Antiplatelet agents for preventing and treating pre-eclampsia. Cochrane Database Syst Rev. 2000;(2):CD000492
- ³ CLASP: a randomised trial of low-dose aspirin for the prevention and treatment of pre-eclampsia among 9364 pregnant women. CLASP (Collaborative Low-dose Aspirin Study in Pregnancy) Collaborative Group. Lancet. 1994 Mar 12;343(8898):619-29.