Use of Aspirin in Pregnancy

NHS University Hospitals of Leicester NHS Trust

C36/2011

1. Introduction and Who Guideline applies to

This guideline is intended for use when any woman is identified in accordance with the NICE guidance and meets the requirement for Aspirin in Pregnancy. It is for use by Obstetricians, Midwives and GP's.

Women on aspirin for other reasons outside of this guidance (e.g. essential thrombocythaemia) will have an individualised care plan made by their team.

Related UHL documents:

- **Pre-Eclampsia and Eclampsia - Severe UHL Obstetric Guideline** **Trust ref: C3/2201**
- **Blood Pressure and Proteinuria Monitoring in the Community UHL Obstetric Guideline** **Trust ref: C39/2007**
- **Booking Process and Risk Assessment UHL Obstetric Guideline** **Trust ref: C16/2011**
- **Fetal Surveillance - Small for Gestational Age Fetus UHL Obstetric Guideline** **Trust ref: C38/2017**

2. Antenatal care and assessment

2.1 Booking Assessment

- The Community Midwife or GP should identify at booking those women who meet the criteria for taking Aspirin during pregnancy
- All women should have a full medical, Obstetric, family and social history taken at booking and this should be documented in the health records.
- All women should be risk assessed against the criteria for commencement of Aspirin in pregnancy (NICE Hypertension in Pregnancy 2019 and Saving Babies Lives Version Two 2019)) (See Appendix 1). This should be documented in the health records.

2.2 Pre-eclampsia

- All women who meet the criteria for taking Aspirin in pregnancy should be informed about pre-eclampsia and it's symptoms
- All women who meet the criteria should be given an explanation of the condition and it's symptoms and this should be documented in the health records
- All women should be aware of the contact numbers to ring if they experience any symptoms of pre-eclampsia

- All women who meet the criteria should be informed about the UHL leaflet “Aspirin in Pregnancy” and how to access it (available at https://yourhealth.leicestershospitals.nhs.uk/aspirin-in-pregnancy)

2.3 GP role & responsibilities

- All women identified as meeting criteria for Aspirin administration should be referred to the GP for Aspirin 150mg 0D to be prescribed from 12 weeks to 36 weeks

- All women who meet the criteria should be given a letter identifying their risk factors to give to their GP and this should be documented in the health records (See Appendix 2)

- The GP should assess the woman’s suitability for Aspirin prior to prescribing

2.4 Antenatal assessment:

- The Antenatal Core Midwife will carry out a risk assessment for pre-eclampsia and previous small for gestational age and fetal growth restriction as per GROW chart) on receipt of the personal maternity record

- The Antenatal Core Midwives will review the history and documentation that has been made by the Community Midwife.

- Where the woman has been identified as having **one** high risk factor which necessitates the commencement of Aspirin advice should have already been given by the Community Midwife.

- Where the woman has been identified as having **two** or more moderate risk factors which necessitates the commencement of Aspirin advice should have already been given by the Community Midwife.

3. Education and Training

None

4. Monitoring Compliance

None

5. Supporting References

NICE. (2019).Hypertension in Pregnancy: Diagnosis and Management. London

NHS England. (2019) Saving Babies Lives Version Two. London

Pre Eclampsia and Eclampsia - Severe UHL Obstetric Guideline
Blood Pressure and Proteinuria Monitoring in the Community UHL Obstetric Guideline

6. Key Words

Hypertension, pregnancy, blood pressure, aspirin

The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.
As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

CONTACT AND REVIEW DETAILS			
Guideline Lead (Name and Title) Original Authors: Andrea Goodlife, Claire Dodd Specialist Midwives, Lorraine Matthews Specialist Midwife – Quality and Safety (December 2011) C Wiesender - Consultant Obstetrician			**Executive Lead** Chief Nurse
Details of Changes made during review:			
Date	**Issue Number**	**Reviewed By**	**Description Of Changes (If Any)**
28.02.14	2	C Wiesender, Cons Obstetrician	No changes
Nov 2019	3	C Wiesender, Cons Obstetrician	Dose of Aspirin changed Addition of SGA according to Saving Babies' Lives
March 2022	4	C Wiesender, Cons Obstetrician	Duration of aspirin administration changed from up to 38/40 to 36/40

APPENDIX 1

NICE Guidance (2019) and Saving Babies Lives Version Two (2019)

Women with **one** of the following risk factors for pre-eclampsia should be advised to commence 150mgs of Aspirin daily from 12 weeks until 36 weeks gestation:

- Hypertensive disease in a previous pregnancy (requiring medication)
- Chronic kidney disease
- Type 1 or type 2 diabetes
- Auto immune disorder such as Systemic Lupus Erythematosus, or anti Phospholipid Syndrome
- Chronic Hypertension (Hypertension on medication before or from the beginning of pregnancy)

Women with **more than one** of the following risk factors for pre-eclampsia should be advised to commence 150mgs of Aspirin daily from 12 weeks until 36 weeks gestation:

- First ongoing pregnancy
- Age 40 or over at booking
- Pregnancy interval of 10 years or more
- Body Mass Index equal to or greater than 35
- Family history (mother or sister) of pre-eclampsia
- Multiple pregnancy

Women with the following risk factors should also be advised to commence Aspririn150mg daily until 36 weeks gestation:

- previous fetal death secondary to placental mediated growth restriction (based on histology)
- Previous infant whose birthweight was less than 10th centile on a customised flow Chart
- PAPP-A <0.41MOMS

In women with severe renal or liver disease a lower dose of Aspirin may be more appropriate. This will be decided in the specialist clinic.

Women on aspirin for other reasons outside of this guidance (e.g. essential thrombocythaemia) will have an individualised care plan made by their team.

APPENDIX 2

Useful contacts:

Andrea Goodlife – Specialist Midwife	07833611697
Claire Dodd – Specialist Midwife	07966558325
Antenatal Assessment Area (LRI)	0116 2586106
Pregnancy Assessment Service (LGH)	0116 2584829
Obstetric Secretary (LRI)	0116 2587770

Date:

Dear Doctor,

The above patient has been advised in accordance with The Hypertension in Pregnancy Guidelines (CG107 June 2019) and Saving Babies Lives Version Two (2019) to take Aspirin at 150mg once a day until 36 weeks gestation.

Would you please exclude contra-indications to this and provide her with a prescription. Contra indications would include severe asthma, stomach ulcers or known allergy to Aspirin.

Kind regards

The Hypertension Team

NICE GUIDELINE ON HYPERTENSION IN PREGNANCY

Women with one of the following risk factors (High Risk)

High Blood pressure in a previous pregnancy (medicated)	
Chronic Renal Disease	
Type 1 or Type 2 Diabetes	
Chronic Hypertension	
Autoimmune disorder such as SLE, APL syndrome	

Women with more than one of the following risk factors (Moderate Risk)

Nulliparous (first ongoing pregnancy)	
More than a 10 year interval between pregnancies	
Family history (Mother or Sister) with Pre-Eclampsia	
Multiple Pregnancy	
Age 40 or more at booking	
BMI 35 or greater	

SAVING BABIES LIVES VERSION TWO

Previous small for gestational age (less than 10th centile on customised growth chart)
PAPP-A < 0.41 MOMS

COMMENCE ASPIRIN FROM 12-20 WEEKS CONTINUE UNTIL 36 WEEKS GESTATION