Low Dose Aspirin (150mg) in Pregnancy

You have been given this information leaflet as you have been advised to take low dose Aspirin 150mg once a day from 12 weeks of pregnancy until the birth of the baby.

What is aspirin?

Aspirin is known as an NSAID (a non-steroidal anti-inflammatory drug). Aspirin is often used to treat pain, fever, inflammation or prevent clot formation. There is evidence that taking low dose aspirin once a day can help increase the function and blood flow of your placenta (afterbirth) which provides your baby with oxygen and nutrients during your pregnancy to help them grow.

Why have I been advised to take aspirin?

Not everyone is recommended to take aspirin in pregnancy.

You have been advised to take a low dose of aspirin during your pregnancy to reduce the risk of:

- developing hypertension (high blood pressure) and pre-eclampsia (high blood pressure and protein in your urine)
- your baby being smaller than expected (fetal growth restriction)

Your midwife or obstetrician (a doctor who specialises in the care of pregnant women) may recommend that you take low dose aspirin to reduce the risk of hypertension (high blood pressure) if one of the following applies to you:

- you had hypertension (high blood pressure) during a previous pregnancy
- you have chronic kidney disease
- you have an auto-immune disease (for example, lupus or antiphospholipid syndrome)
- you have Type 1 or 2 diabetes
- you have chronic hypertension (high blood pressure before pregnancy)
- you have previously given birth to a baby who was smaller than expected
- changes in certain substances measured during the optional screening tests offered in early pregnancy (such as PAPP-A and hCG) can provide information about how the placenta may function. This information is only available if you chose to have these tests.

Low dose aspirin may also be recommended if two or more of the following apply to you:

- this is your first pregnancy
- you are aged 40 years or older
- there are more than 10 years between this pregnancy and the birth of your last baby
- your BMI is 35 or more at your booking appointment
- there is a family history of pre-eclampsia in a first degree relative

- This is a multiple pregnancy (for example, twins or triplets)
- your diastolic blood pressure (the bottom number of your reading) is more than 90 at booking (unless you are booking late in pregnancy)

You may also be advised to take low dose aspirin if you have a slightly higher chance of having a baby which may be smaller than expected. Or there were any concerns about how your placenta was working in a previous pregnancy; this will be discussed with you.

How will you receive your aspirin?

Most risk factors will be identified by your midwife at your first booking appointment. You do not need to take it before 12 weeks. Following your 12-week scan you will be given a 2-3 month supply of aspirin by the midwife in antenatal clinic (where your scan is performed). You can collect a further supply either through a prescription from your GP (please contact them to arrange) or in clinic if you come for a follow-up appointment with a doctor.

How and when do I take aspirin?

You should take 150mg (2 x75mg tablets) once a day from 12 weeks until the birth of your baby. It is best to take in the evening either with or just after food. Please do not worry if you forget to take a tablet, just take one when you remember, however make sure you only take 150mg once a day. If you think you may be in labour, you can stop taking your aspirin until this is confirmed. It will not increase your risk of bleeding during your labour.

Is low dose aspirin safe to take in pregnancy?

Low dose aspirin is not known to be harmful to you or your baby during pregnancy. In fact it is known to reduce the risk of harm by reducing the risk of high blood pressure, pre-eclampsia, smaller babies and stillbirth. However, aspirin can affect (and be affected by) other medications, including ‘over the counter’ medicines and herbal remedies. Please discuss any other medications you are taking with your midwife, GP or obstetrician.

What should I do if I think I am going into labour?

If you think you may be going into labour stop taking aspirin. It won’t do any harm if you have recently taken it and will not increase your bleeding in labour. It is important to inform your midwife on the delivery suite what time you took your last dose.

Side effects

Mild indigestion is a common side effect and is known to affect 1 in 100 people. If you take your aspirin either with or just after food, it will be less likely to upset your stomach. If you also take indigestion remedies, take them at least two hours before or after you take your aspirin.
As with any medicine, you should seek urgent medical assistance if you experience serious side

effects such:

1. Wheezing,
2. Swelling of the lips, face or body,
3. Rashes
4. Severe stomach pains,
5. Vomiting blood,
6. Passing blood in your stools.

There is no evidence to suggest low dose aspirin causes any increase in bleeding during pregnancy or at the time of birth.

If you have any questions or concerns about taking low dose aspirin please speak to your obstetrician, GP or midwife. Please read the information leaflet included with your aspirin for more information about the rarer complications.

Allergies

Please tell your obstetrician, midwife or GP if you are allergic to aspirin (or other NSAIDS), or you have severe asthma, chronic kidney problems, stomach ulcers or have been previously advised not to take aspirin or other NSAIDs. As with any medicine, you should seek urgent medical assistance if you experience serious side effects such as wheezing, swelling of the lips, face or body, rashes or other indications of an allergic reaction.

What can I do to help?

If you smoke it is very important that you stop as it can affect placental (afterbirth) function and your baby's growth. Please contact your community or continuity team midwife who can refer you to smoking cessation; you can also self-refer.

Licensing

Aspirin (like almost all other medication) is not licensed for use in pregnancy. This means that it was originally brought to market to treat other conditions. It does not mean it is not safe to use. When a medication is used 'off-license', it is used in the context of a well-reasoned medical recommendation.

Accessibility

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