Aspirin in Pregnancy: Information for you

Introduction: You may be offered a low dose aspirin prescription during your pregnancy to lower your chance of developing pre-eclampsia.

This information is for you if you are attending for maternity care at a hospital where the Tommy's Pathway is being used and you have been offered a low dose aspirin prescription during pregnancy

Please also see our ***Tommy's Pathway: Clinical Decision Support Tool, Information for you*** document for more information.

What is Aspirin?

Aspirin is known as an NSAID (a Non-steroidal Anti-Inflammatory Drug). It is often used to treat pain, fever, inflammation or prevent clot formation.

Why might I be offered a low dose aspirin prescription during my pregnancy?

There is evidence that taking low dose aspirin as prescribed by your midwife or doctor can

- Help improve the function and blood flow of your placenta. The placenta provides your baby with oxygen and nutrients during your pregnancy to help them grow
- Reduce your chance of developing pre-eclampsia or, if you do develop pre-eclampsia, means it is likely to be less severe.

Why has my midwife/doctor advised me to take low dose aspirin during pregnancy?

During your maternity appointments your midwife/doctor will assess your needs during pregnancy, supported by the Tommy's Pathway: Clinical Decision Support Tool. This Tool provides a more accurate assessment to ensure your midwife or doctor offers care recommendations according to your individual needs during pregnancy. Please see the *Tommy's Pathway: Clinical Decision Support Tool: Information for you* document for more information on this.

If your assessment shows that you may have a higher chance of developing pre-eclampsia during pregnancy, low dose aspirin is offered as part of your maternity care. This is because, taking a low dose of aspirin during pregnancy (as prescribed by your midwife/doctor) can reduce your chance of developing pre-eclampsia and, if you do develop pre-eclampsia, means it is likely to be less severe.

What is pre-eclampsia?

Pre-eclampsia is a condition that affects some pregnant women and people, usually during the second half of pregnancy (from around 20 weeks), or soon after their baby is born. It can cause high blood pressure and protein in the urine.

Pre-eclampsia can affect the growth of your baby and the functioning of your organs (kidneys, liver and brain). It can range from mild to severe and occurs in approximately 6% of pregnancies.

Signs and symptoms of pre-eclampsia include:

- severe headaches
- problems with vision such as blurred vision or lights flashing before the eyes
- severe pain just below the ribs
- vomiting
- sudden swelling of the face, hands or feet
- baby's growth is slowed
- change in baby's movement

Sometimes there are no signs and symptoms, and pre-eclampsia is identified when women and pregnant people have their blood pressure and urine sample checked by their midwife or doctor. Pre-eclampsia is a key reason for carrying out these tests during pregnancy.

What are the benefits for me and my baby if I decide to take low dose aspirin?

Evidence shows that taking 150mg of aspirin every day, from early pregnancy, can reduce your chance of developing of pre-eclampsia by up to 80%.

Aspirin is most effective in reducing pre-eclampsia when taken at night-time, so we recommend you take it before you go to bed.

This also reduces your chance of preterm birth (having your baby early, before 37 weeks of pregnancy) because of pre-eclampsia.

What are the risks for me and my baby if I decide to take low dose aspirin?

Some studies have shown that there is a small risk of bleeding more than expected at the time of birth. It is for this reason that you are advised to stop taking low dose aspirin at 36 weeks of pregnancy (about a month before your due date).

It is important to know, that **the benefits of taking low dose aspirin to lower your chance of pre-eclampsia and of preterm birth** (having your baby early, before 37 weeks of pregnancy) **outweigh the risk of bleeding more than expected at the time of birth** associated with taking low dose aspirin (especially when you stop taking the low dose aspirin at 36 weeks of pregnancy).

Does aspirin have any side effects?

Most people will not have any side effects when taking low dose aspirin. Some people may have side effects such as:

- nausea (feeling sick)
- vomiting
- heartburn
- and diarrhoea

However, these side effects are uncommon. Please discuss with your midwife if you are

concerned about any of these side effects.

Important: Some people are allergic to aspirin or may not be able to take it due to a medical condition.

You should not take low dose aspirin if you have a history of:

- **allergic reactions when taking non-steroidal anti-inflammatory medications (NSAIDs)**
- **bleeding disorders**
- **stomach ulcers**
- **moderate to severe asthma**

Please let your doctor or midwife know if any of these apply to you, if you are unsure, or if you think you might be allergic to aspirin.

Are there any other alternatives I can take to lower my chance of developing pre-eclampsia?

There are currently no alternative medications that are as effective as low dose aspirin in lowering your chance of developing pre-eclampsia.

What if I cannot or choose not to take low dose aspirin?

If you cannot or choose not to take low dose aspirin, you may have a higher chance of developing pre-eclampsia than someone who does take low dose aspirin.

If you start showing signs of pre-eclampsia, you may be asked to attend hospital more frequently so you and your baby can be monitored more closely.

If you do develop pre-eclampsia, your midwife or doctor may discuss with you the option of having your baby earlier.

Supporting Information

This information has been developed by the Tommy's National Centre for Maternity Improvement, a collaboration of maternity healthcare professionals, academics and women and pregnant people with lived experience.

This information has also been reviewed by our dedicated patient and public involvement advisory group, to seek views from those with lived experience before being finalised and published.

The guidance source used to develop this information is the evidence-based clinical

guidance from the National Institute for Health & Care Excellence (NICE).
The guideline contains a full list of the sources of evidence we have used.
You can find the NICE guidance online at:
https://www.nice.org.uk/guidance/ng133/chapter/Recommendations#reducing-the-risk-of-hypertensive-disorders-in-pregnancy