



CLINICAL GUIDELINE

Aspirin - Antenatal use of Aspirin for the prevention of Pre-eclampsia and/or Small for Gestational Age (SGA)

A guideline is intended to assist healthcare professionals in the choice of disease-specific treatments.

Clinical judgement should be exercised on the applicability of any guideline, influenced by individual patient characteristics. Clinicians should be mindful of the potential for harmful polypharmacy and increased susceptibility to adverse drug reactions in patients with multiple morbidities or frailty.

If, after discussion with the patient or carer, there are good reasons for not following a guideline, it is good practice to record these and communicate them to others involved in the care of the patient.

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Are there changes to the clinical advice in this version?:	Yes
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Approval Group:	Maternity Clinical Governance Group

Important Note:

The Intranet version of this document is the only version that is maintained.

Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments.

The NICE Guideline for Hypertension in pregnancy recommends the use of aspirin for the prevention of Pre-Eclampsia. A meta-analysis has suggested a dose of 150mg daily, taken at night, to be most beneficial. (<https://www.ncbi.nlm.nih.gov/pubmed/29138036>).

Women with a Pregnancy associated plasma protein A (PAPP-A) level ≤ 0.415 MoM should be offered low dose aspirin. The most recent RCOG Greentop Guideline 'Investigation and Care of a Small for Gestational Age Fetus and a Growth Restricted Fetus' recommends low dose aspirin for this indication. The authors acknowledge that whilst there are no studies assessing the effectiveness of aspirin for this indication as low PAPP-A is a placental biomarker associated with adverse outcomes, related to placental mediated disease, it is appropriate to offer low dose aspirin to this group of women.

RISK FACTORS FOR PRE-ECLAMPSIA/SGA

HIGH

- Hypertensive disease during a previous pregnancy
- Chronic hypertension
- Chronic renal disease
- Autoimmune disease such as SLE or antiphospholipid syndrome
- Diabetes – type 1 or type 2
- Placental histology confirming placental dysfunction in a previous pregnancy**
- PAPP-A ≤ 0.415 MoM

MODERATE

- First pregnancy
- Age ≥ 40 years
- Pregnancy interval >10 years
- BMI ≥ 35 at first visit
- Family history of Pre-Eclampsia
- Multiple pregnancy

IF AT LEAST ONE HIGH OR TWO MODERATE RISK FACTORS THEN ADVISE ASPIRIN (150mg) orally once daily **at night** FROM 12+0 WEEKS UNTIL DELIVERY

**previous pregnancy complicated with one of the following: Birthweight <3 rd centile/Birthweight $<10^{\text{th}}$ centile with abnormal umbilical Artery Doppler or uterine Artery Doppler/Stillbirth

Contraindications: previous or active peptic ulceration, haemophilia, severe cardiac failure

Hypersensitivity: Aspirin and other NSAIDs are contra-indicated in patients with a history of hypersensitivity to aspirin or any other NSAID – which includes those in whom asthma, angioedema, urticarial or rhinitis have been precipitated by aspirin or any NSAID.

References

[Hypertension in pregnancy: diagnosis and management: NICE guideline 25 June 2019](#)

[Saving babies' lives Version 2: NHS England March 2019](#)

[The Investigation and Care of a Small-for-Gestational Age Fetus and a Growth Restricted Fetus: RCOG Green-Top Guideline No31. BJOG August 2024 1165-1328 e31-e80](#)

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