

Maternity services

Reducing the risk of pre-eclampsia

Information for women
taking aspirin in pregnancy



Why have I been given this leaflet?

You have been given this leaflet as you have been advised to take aspirin during your pregnancy.

Why should I take aspirin?

Aspirin has been shown to reduce the risk of developing pre-eclampsia in women who are at increased risk of having this condition.

Pregnancy and high blood pressure

High blood pressure which develops during pregnancy and goes away after your baby is born, is known as '**pregnancy induced hypertension**'. If you already had high blood pressure before becoming pregnant, this may become worse during your pregnancy.

Pre-eclampsia occurs if you develop high blood pressure as well as increased protein levels in your urine and/or abnormal blood tests. It may make you feel unwell with headaches, changes in your vision, pain in your upper abdomen or excessive swelling. It can also affect the growth and wellbeing of your baby. Pre-eclampsia symptoms will normally get better in the first few weeks after your baby is born.

Pre-eclampsia and your baby

Pre-eclampsia is caused by the placenta. The placenta feeds your baby and helps them grow. If the placenta isn't working properly, this could mean that your baby will be smaller and may need to be delivered early.

Babies born early may have more problems after birth and may need to stay in hospital for some time. Rarely, problems with the placenta can lead to a baby being stillborn or dying in the first month of life. Taking aspirin may help to reduce the risk of these problems occurring.

How do I know if I'm at higher risk?

At your booking visit, you will have been asked a number of questions by your midwife or doctor. From this information, your doctor will have identified whether you are at risk. They will have prescribed you aspirin if they feel you are at a higher risk of developing pre-eclampsia.

You are more likely to develop pre-eclampsia if you have:

| More than one of the following moderate risk factors: | One of the following high risk factors: |
|--|---|
| This is your first pregnancy | You had high blood pressure before you became pregnant (chronic hypertension) |
| You are aged 40 or older | You had high blood pressure or pre-eclampsia during a previous pregnancy |
| Your last pregnancy was more than 10 years ago | You have chronic kidney disease, diabetes or an inflammatory disease e.g. SLE. |
| Your BMI (Body Mass Index) is 35 or more | You have altered levels in your blood of the biochemical markers which are part of the Nuchal Combined test |
| You have a family history of pre-eclampsia | |
| You are expecting more than one baby in this pregnancy | |

How do I take aspirin?

Take one low-dose or 'baby' aspirin tablet (75mg) a day from when you are 12 weeks pregnant until your baby is born. It is best to take this in the evening, as it will be absorbed better. You can take it either with or without food.

What are the side effects of aspirin?

Rarely, aspirin can cause bleeding from the stomach lining. However, taking this dose of aspirin during pregnancy has not been shown to increase the chances of having a miscarriage, vaginal bleeding during pregnancy or after delivery (antepartum or postpartum haemorrhage), or to cause bleeding behind the placenta (placental abruption).

Is aspirin safe for my baby?

There is no evidence to suggest that aspirin will cause any harm to your baby, either in the short or long-term. Aspirin will in fact help to reduce the risk of harm to your baby, by reducing the risk of pre-eclampsia complications; such as premature (early) delivery, low birth weight and stillbirth.

Is there anything else I can do to lower the risk?

Just as when you are not pregnant, it is very important to maintain a healthy lifestyle. Try to avoid putting on too much weight during your pregnancy, by making sure you eat a healthy diet, limit the amount of salt you eat and take regular exercise. Eating healthily and staying active while you are pregnant will reduce the likelihood of developing high blood pressure.

As there isn't enough evidence to show that they are effective, the following are not recommended as a means of preventing high blood pressure during pregnancy: magnesium, antioxidants (vitamins C and E), fish or algal oils, or garlic.

It is important to take folic acid while you are trying to conceive and until you are 12 weeks pregnant, but it has not been shown to reduce the risk of developing high blood pressure.

Symptoms and signs of pre-eclampsia to look out for

Tell your doctor or midwife straight away if you have any of the following symptoms, particularly if they don't get better with normal painkillers (such as paracetamol) or your usual treatment (such as Gaviscon for indigestion or raising your legs for swollen feet):

- severe headache
- problems with your eyesight, including blurred vision or flashing before your eyes
- severe pain just below your ribs or indigestion type pain
- vomiting
- sudden swelling of your face, hands or feet.

Frequently asked questions

Is it safe to breastfeed when taking aspirin?

Yes, it is safe to breastfeed whilst taking aspirin. However, your doctor will usually advise you to stop taking aspirin once your baby is born.

Does aspirin interact with any other medication?

Aspirin can interact with other medications. It is important to let your doctor know of any other medications you are taking, including over the counter or herbal remedies.

What should I do if I miss a tablet?

If you forget to take a tablet, just take one when you remember.

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

If you think you may be in labour, you can stop taking your aspirin, but it won't do any harm if you keep taking it until your labour is confirmed. It will not increase your risk of bleeding during labour.

Where can I find more information?

If you are concerned about taking aspirin, you can contact your community midwife, GP, or either of the hospitals:

Maternity Assessment Unit, John Radcliffe Hospital, Oxford

Tel: **01865 220 221**

Delivery Suite, Horton General Hospital, Banbury

Tel: **01295 229 473**

If you have any symptoms of pre-eclampsia, please contact your Midwife, GP, the Maternity Assessment Unit at the John Radcliffe Hospital or the Delivery Suite at the Horton General Hospital straight away.

If you have a specific requirement, need an interpreter,
a document in Easy Read, another language, large print,
Braille or audio version, please call **01865 221 473**
or email **PALSJR@ouh.nhs.uk**

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