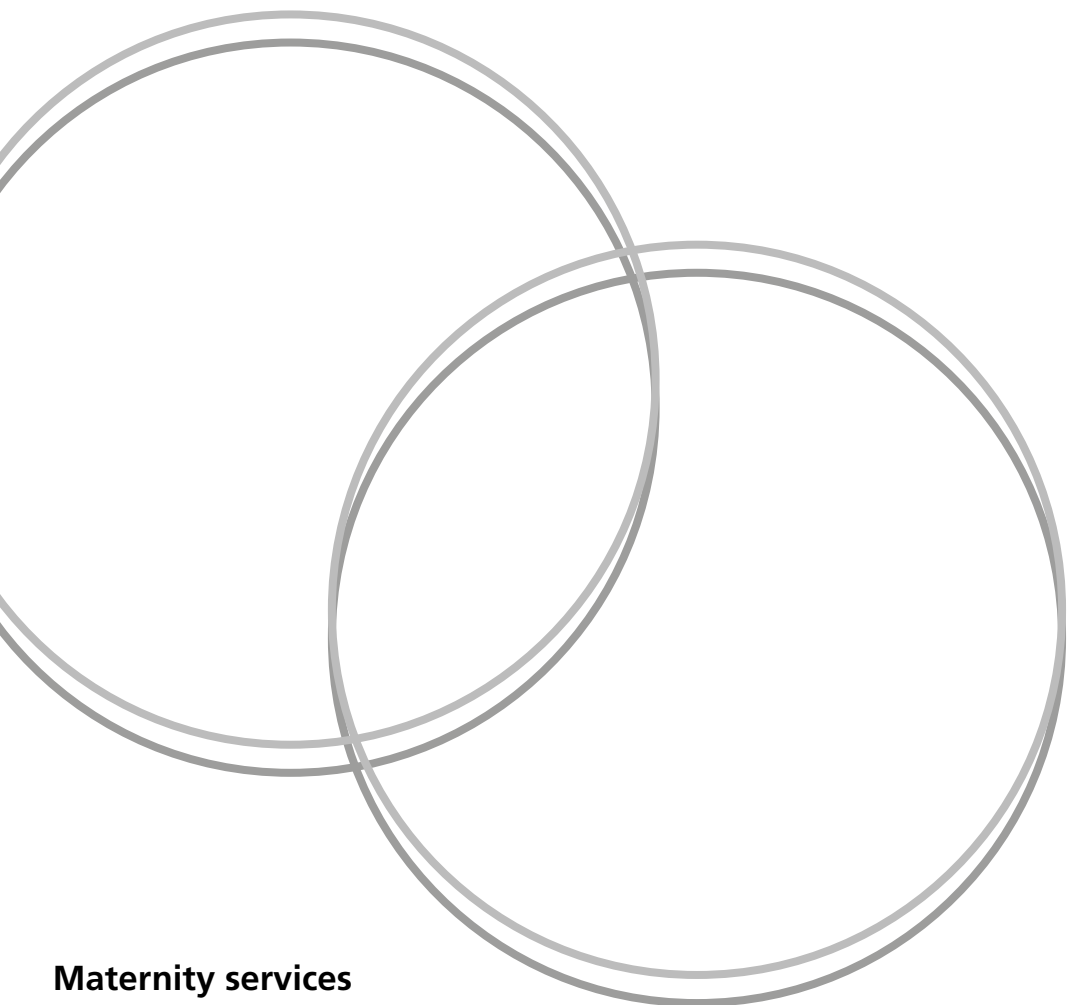




Oxford University Hospitals
NHS Foundation Trust

Reducing the chance of pre-eclampsia

**Information leaflet for women
taking aspirin in pregnancy**



Maternity services

Why have I been given this leaflet?

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

Why should I take aspirin?

Aspirin has been shown to reduce the chance of developing pre-eclampsia in women who have an increased chance 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 'gestational hypertension'. If you already had high blood pressure before getting pregnant, this may become worse during your pregnancy.

Pre-eclampsia is a common condition that affects around two to eight in every 100 pregnant women. It is diagnosed if you develop high blood pressure as well as increased protein levels in your urine. Other signs of pre-eclampsia include abnormal blood tests and/or the growth or well-being of your baby being affected.

Pre-eclampsia is caused by the placenta (afterbirth) which feeds your baby and helps them grow. The high blood pressure caused by pre-eclampsia can be treated with medication, but the only cure is the birth of the baby.

Pre-eclampsia, you and your baby

Pre-eclampsia is usually mild and happens towards the end of pregnancy. You may not have any symptoms and it is often picked up through routine appointments with your midwife or doctor. Less commonly, it can occur earlier in pregnancy and may affect your health. It can make you feel unwell with headaches, changes in your vision, pain in your upper abdomen (tummy) or excessive swelling.

As pre-eclampsia also affects the way the placenta works, this could mean that your baby will be smaller and may need to be born 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 (dying before or during birth) or dying in the first month of life. Taking aspirin may help to reduce the chance of these problems happening.

How do I know if I have a higher chance of developing pre-eclampsia?

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 more likely to develop pre-eclampsia. They will have prescribed you aspirin if they feel you have a higher chance of developing pre-eclampsia.

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

More than one of the following moderate risk factors:

- This is your first pregnancy
- You are aged 40 or older
- Your last pregnancy was more than 10 years ago
- Your body mass index (BMI) is 35 or more
- You have a family history of pre-eclampsia
- You are expecting more than one baby in this pregnancy

One of the following high risk factors:

- You had high blood pressure before you became pregnant (chronic hypertension)
- You had high blood pressure or pre-eclampsia during a previous pregnancy
- You have chronic kidney disease, diabetes or an inflammatory disease e.g. SLE (lupus)
- You are found to have a low Papp-A level following the antenatal screening tests performed in early pregnancy. Papp-A is a protein produced by the placenta (afterbirth) found in your blood.

How do I take aspirin?

Take two 75mg (milligram) aspirin tablets (150mg in total) once a day from when you are 12 weeks pregnant until 36 weeks of pregnancy. It is best to take this with food and in the evening, as it will be absorbed better. You may be asked to take a lower dose of aspirin (one 75mg tablet), if your weight is below 50kg or you have chronic kidney disease.

What are the side effects of taking aspirin?

Rarely, aspirin can cause bleeding from the stomach lining. It can sometimes worsen breathing problems if you have severe asthma. If you have a medical condition that affects your blood clotting, have severe asthma or have had an allergic reaction to aspirin or related medications, your medical team will decide whether taking aspirin is right for you. Taking this dose of aspirin during pregnancy has not been shown to increase the chances of having a miscarriage or vaginal bleeding during pregnancy (antepartum haemorrhage), or to cause bleeding behind the placenta (placental abruption). However, aspirin may increase the chance of bleeding heavily after giving birth (postpartum haemorrhage).

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 chance of harm to your baby, by reducing the chance of pre-eclampsia and its complications such as premature (early) birth, low birth weight and stillbirth.

Is there anything else I can do to lower the chance of developing pre-eclampsia?

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. Also 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.

If you eat a low calcium diet, high calcium supplements may reduce your chance of developing pre-eclampsia. Vitamin D supplements may also help if you have a chance of being vitamin D deficient (not having enough vitamin D in your body).

Please visit the NHS website for more information on vitamin D at: <https://www.nhs.uk/conditions/vitamins-and-minerals/vitamin-d/>

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 (get pregnant) and until you are 12 weeks pregnant, but it has not been shown to reduce the chance of developing high blood pressure.

Signs and symptoms 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 lights 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 before 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 chance of bleeding during labour.

Where can I find more information?

If you are concerned about taking aspirin, you can contact your community midwife or GP.

You can also contact the **Maternity Assessment Unit** at the John Radcliffe Hospital in Oxford on **01865 220 221** for advice.

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

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

We would like to thank the Oxfordshire Maternity Voices Partnership for their contribution in the development of this leaflet.

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