

Aspirin Guideline

Key Document code:	WAHT-TP- 094	
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Approved by:	Maternity Governance Meeting	
Date of Approval:	19 th March 2021	
Date of review: This is the most current document and should be used until a revised version is in place:	19 th March 2024	

Key Amendment

Date	Amendment	Approved by
May 2020	New Guideline	Dr Anna Fabre-Gray
March 2021	Recommendation information updated	Dr Anna Fabre-Gray

ASPIRIN

NICE recommends that Aspirin reduces the risk of pregnancy complications from placental disease, particularly pre-eclampsia. Therefore a full history at booking is essential.

Dosage is 150mg PO/OD from 12/40- delivery and may be more effective if taken at night.

Stop in the event of PV bleeding, labour, SRM or 24 hrs prior to any planned delivery or IOL.

Contraindications include Aspirin allergy and history of GI bleeding or ulceration.

A reduced dose 75mg may be considered in cases of hepatic or renal impairment.
Aspirin can either be bought over the counter, or prescribed by obstetrician or GP.

Risk level	Risk factors	Recommendation
High	<ul style="list-style-type: none"> • Hypertensive disease in previous pregnancy • Chronic renal disease • Autoimmune disease such as SLE or APS • Type 1 or 2 diabetes mellitus • Essential hypertension • Evidence of placental dysfunction in a previous pregnancy, e.g. SGA <10th centile, evidence of FGR or placental histology suggestive of placental dysfunction • Low PAPP-A (<0.4MoM) 	<p><i>Low dose Aspirin in 1 or more high risk factors</i></p> <p><i>150mg PO/OD/nocte from 12-delivery</i></p>
Moderate	<ul style="list-style-type: none"> • First pregnancy • Maternal age (>40yrs at booking) • Inter-pregnancy interval >10 years • BMI >35 at booking • Family history of pre-eclampsia in first degree relative • Multiple pregnancy 	<p><i>Low dose Aspirin in 2 or more moderate risk factors</i></p> <p><i>150mg PO/OD/nocte from 12-delivery</i></p>