

1. Introduction and who the guideline applies to:

This guideline is intended for use when any woman is identified in accordance with the NICE guidance and meets the requirement for Aspirin in Pregnancy. It is for use by Obstetricians, Midwives and GP's.

Related UHL documents:

- Severe pre eclampsia and eclampsia: Guidelines for Management
- Community monitoring: thresholds for further action
- Small for Gestational Age Fetus – Investigation and Management

2. Recommendations:

1.	The Community Midwife or GP should identify at booking those women who meet the criteria for taking Aspirin during pregnancy
2.	All women should be informed of symptoms of pre eclampsia
3.	All women identified should be referred to the GP for Aspirin to be prescribed
4.	The Antenatal Core Midwife will carry out a risk assessment for pre eclampsia / previous small for gestational age and fetal growth restriction as per the GROW chart on receipt of the personal maternity record

Recommendation One:

The Community Midwife or GP should identify at booking those women who meet the criteria for taking Aspirin during pregnancy

- All women should have a full medical, Obstetric, family and social history taken at booking and this should be documented in the health records.
- All women should be risk assessed against the criteria for commencement of Aspirin in pregnancy (NICE Hypertension in Pregnancy 2019 and Saving Babies Lives Version Two 2019)) (See Appendix 1). This should be documented in the health records.

Recommendation Two:

All women who meet the criteria for taking Aspirin in pregnancy should be informed about pre eclampsia and it's symptoms

- All women who meet the criteria should be given an explanation of the condition and it's symptoms and this should be documented in the health records
- All women should be aware of the contact numbers to ring if they experience any symptoms of pre eclampsia
- All women who meet the criteria should be informed about the UHL leaflet "Aspirin in Pregnancy" and how to access it (available at www.yourhealth.leicestershospitals.nhs.uk)

Recommendation Three:

All women identified should be referred to the GP for Aspirin to be prescribed

- All women who meet the criteria should be given a letter identifying their risk factors to give to their GP and this should be documented in the health records (See Appendix 3)
- The GP should assess the woman's suitability for Aspirin prior to prescribing

Recommendation Four:

The Antenatal Core Midwife will carry out a risk assessment for pre eclampsia and previous small for gestational age and fetal growth restriction as per GROW chart) on receipt of the personal maternity record

- The Ante natal Core Midwives will review the history and documentation that has been made by the Community Midwife.
- Where the woman has been identified as having **one** high risk factor which necessitates the commencement of Aspirin advice should have already been given by the Community Midwife.
- Where the woman has been identified as having **two** or more moderate risk factors which necessitates the commencement of Aspirin advice should have already been given by the Community Midwife.

3. Education and Training

None.

4. Monitoring Compliance

None

5. Supporting References

NICE. (2019).Hypertension in Pregnancy: Diagnosis and Management. London

NHS England. (2019) Saving Babies Lives Version Two. London

6. Key Words

Hypertension pregnancy blood pressure aspirin

CONTACT AND REVIEW DETAILS	
Guideline Lead (Name and Title) C Wiesender, Consultant Obstetrician	Executive Lead A Furlong
Details of Changes made during review: Dose of Aspirin changed Addition of SGA according to Saving Babies' Lives.	

APPENDIX 1

NICE Guidance (2019) and Saving Babies Lives Version Two (2019)

Women with **one** of the following risk factors for pre eclampsia should be advised to commence 150mg of Aspirin daily from 12 weeks until 38 weeks gestation:

- Hypertensive disease in a previous pregnancy (requiring medication)
- Chronic kidney disease
- Type 1 or type 2 diabetes
- Auto immune disorder such as Systemic Lupus Erythematosus, or anti Phospholipid Syndrome
- Chronic Hypertension (Hypertension on medication before or from the beginning of pregnancy)

Women with **more than one** of the following risk factors for pre eclampsia should be advised to commence 150mg of Aspirin daily from 12 weeks until 38 weeks gestation:

- First ongoing pregnancy
- Age 40 or over at booking
- Pregnancy interval of 10 years or more
- Body Mass Index equal to or greater than 35
- Family history (mother or sister) of pre-eclampsia
- Multiple pregnancy

Women with the following risk factors should also be advised to commence Aspirin 150mg daily until 38 weeks gestation:

- previous fetal death secondary to placental mediated growth restriction (based on histology)
Previous infant whose birthweight was less than 10th centile on a customised flow chart

In women with severe renal or liver disease a lower dose of Aspirin may be more appropriate. This will be decided in the specialist clinic.

APPENDIX 3

Useful contacts:

Andrea Goodlife – Specialist Midwife 07833611697
 Claire Dodd – Specialist Midwife 07966558325
 Antenatal Assessment Area (LRI) 0116 2586106
 Pregnancy Assessment Service (LGH) 0116 2584829
 Obstetric Secretary (LRI) 0116 2587770

Date:

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Dear Doctor,

The above patient has been advised in accordance with The Hypertension in Pregnancy Guidelines (CG107 June 2019) and Saving Babies Lives Version Two (2019) to take Aspirin at 150mg once a day until 38 weeks gestation.

Would you please exclude contra-indications to this and provide her with a prescription. Contra indications would include severe asthma, stomach ulcers or known allergy to Aspirin.

Kind regards

The Hypertension Team

NICE GUIDELINE ON HYPERTENSION IN PREGNANCY

Women with one of the following risk factors (High Risk)

High Blood pressure in a previous pregnancy (medicated)	
Chronic Renal Disease	
Type 1 or Type 2 Diabetes	
Chronic Hypertension	
Autoimmune disorder such as SLE, APL syndrome	

Women with more than one of the following risk factors (Moderate Risk)

Nulliparous (first ongoing pregnancy)	
More than a 10 year interval between pregnancies	
Family history (Mother or Sister) with Pre Eclampsia	
Multiple Pregnancy	
Age 40 or more at booking	
BMI 35 or greater	

SAVING BABIES LIVES VERSION TWO

Previous small for gestational age (less than 10th centile on customised growth chart)

COMMENCE ASPIRIN FROM 12-20 WEEKS CONTINUE UNTIL 38 WEEKS GESTATION