

Aspirin SOP

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Approved by	Maternity Governance Meeting
Date of Approval	15 th March, 2024
Date of next review This is the most current document and is to be used until a revised version is available	15 th March, 2027

Aim and scope of Standard Operating Procedure

Risk factors for offering Aspirin in pregnancy. To be used at the point of booking.

Target Staff Categories

Midwives, Obstetric Doctors and GPs.

Key amendments to this Standard Operating Procedure

Date	Amendment	Approved by:
October 23	Revision and update of guideline (Daisy Bradley – Guidelines Lead MW)	MGM
15 th March 2024	Update to advice relating to PV Bleeding.	MGM

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.
- Contraindications include Aspirin allergy and history of GI bleeding or ulceration.
- **Aspirin is not contraindicated in active bleeding during pregnancy and should not be stopped in cases of PV bleeding.**
- 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
Pre-Eclampsia 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 • Chronic hypertension • Evidence of placental dysfunction in a previous pregnancy, e.g. SGA <10th centile, evidence of FGR or placental histology suggestive of placental dysfunction (See FGR Risk factors) 	<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>
Pre-Eclampsia 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>
FGR Moderate/High	<p>History</p> <ul style="list-style-type: none"> • Previous SGA/FGR • Previous Stillbirth • Gastric Bypass surgery (To Discuss with Consultant due to increased risk of marginal ulcers with aspirin) • Previous Preterm Birth/ Second Trimester Miscarriage (Placental Mediated) <p>In Current Pregnancy</p> <ul style="list-style-type: none"> • Smoker • Drug Misuse • BMI <18.5 • PAPP-A <5th Centile • Echogenic Bowel • Significant Bleeding • Single Umbilical Artery 	<p><i>Low dose Aspirin if any risk factors</i></p> <p><i>150mg PO/OD/nocte from 12-delivery</i></p>