

Women's Health

Patient Information Leaflet (PL)

Reducing the risk of pre-eclampsia

Information for women taking aspirin in pregnancy



As a teaching hospital, we conduct education and research to improve healthcare for our patients. During your visit students may be involved in your care, or you may be asked to participate in a clinical trial. Please speak to your doctor or nurse if you have any concerns.

Chief Executive: Joe Harrison
Chairman: Simon Lloyd

This leaflet is for women who have been advised to take aspirin during their pregnancy.

What is pre-eclampsia and why have I been advised to take aspirin?

Pre-eclampsia is a condition of pregnancy which typically presents after 20 weeks. It is a combination of 1) high blood pressure (hypertension) 2) protein in your urine. It can also affect your brain, kidneys, liver as well as stopping your baby growing properly. Aspirin has been shown to reduce the risk of developing pre-eclampsia by improving the blood flow through the placenta.

How do I know if I am at risk of pre-eclampsia?

Pre-eclampsia can occur in any pregnancy but you are at higher risk if you have the following:

High risk factors:

- You have High blood pressure before pregnancy (chronic hypertension)
- You had High blood pressure or pre-eclampsia in a previous pregnancy
- You have Diabetes (type 1 or Type 2)
- You have Chronic kidney problems
- You have autoimmune problems such as Systemic Lupus Erythematosus (SLE)

Moderate risk factors:

- This is your first pregnancy
- You are aged 40 or older
- You have a BMI above 35
- Your last pregnancy was more than 10 years ago
- You are having twins or triplets
- You have a family history of pre-eclampsia (mother or sister)

Taking aspirin

You should take aspirin from 12 weeks in your pregnancy until your baby is born. Take one or two tablets as advised by your midwife or doctor (75mg – 150mg) once a day with some food in the evening. If you miss a tablet, take it when you remember. Do not take more than two aspirin tablets in 24 hours. Aspirin is safe in pregnancy and will not harm your baby.

You should check with your Doctor if you have ever had bleeding from the stomach lining or severe asthma.

Symptoms and signs of pre-eclampsia

Some people with pre-eclampsia may have no symptoms and it may be picked up when your blood pressure and urine are checked during your routine antenatal appointments. Therefore it is important you attend these. Some people can have symptoms and you should present to a maternity unit if these occur.

The symptoms to look out for are:

- Severe headaches that do not go away with pain relief (paracetamol)
- Blurred vision or flashing lights
- New nausea and vomiting
- Severe pain in the upper abdomen / under the ribs
- Sudden onset of swelling of the face, hands and feet
- Generally feeling unwell

These symptoms can be serious and you should tell your Doctor or Midwife.

How may pre-eclampsia affect my baby?

Pre-eclampsia is caused by the placenta not developing as normal. The placenta should bring blood with food and oxygen from mum to baby. If the blood cannot flow through the placenta then your baby may not grow properly and may need to be born early. Babies born prematurely may be unwell and need longer stays in hospital.

If I develop pre-eclampsia, how will it be monitored?

If you are diagnosed with pre-eclampsia, your blood pressure and urine will be measured regularly and you will have regular blood tests. Your baby's heart rate will be monitored, and you may have ultrasound scans to measure your baby's growth. Sometimes, you will be asked to stay in the hospital.

If you have any of the symptoms mentioned in this booklet, or your baby is not moving well, you must inform your Doctor, Midwife, Antenatal Day Assessment Unit (ADAU) or Labour Ward straight away. Further information can also be found at Action on Pre-Eclampsia (action-on-pre-eclampsia.org.uk)

If you have any concerns, you can contact your Midwife, GP or the hospital:

ADAU	01908 996 481	Labour Ward	01908 996 471
Hospital Switchboard	01908 660033		

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References: NICE Guidelines:
Hypertension in pregnancy,
diagnoses and management,
Clinical Guideline [CG107], 2011

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