



Low-dose aspirin in pregnancy

This leaflet explains why we may recommend taking aspirin during pregnancy. It will help guide you to make a decision about whether this is the right choice for you and your baby.

During pregnancy, some women and birthing people are at increased risk of:

- Developing hypertension (high blood pressure) and pre-eclampsia.
- Their baby being smaller than expected.

Produced in collaboration with the Norfolk and Norwich University Hospitals NHS Foundation Trust, the James Paget University Hospitals NHS Foundation Trust and the Queen Elizabeth Hospital NHS Foundation Trust, King's Lynn

Why might aspirin be recommended to me?

Everyone is assessed in the early stages of pregnancy to check for risk factors that increase the likelihood of developing pre-eclampsia.

You may be prescribed low-dose aspirin once a day from 12 weeks of pregnancy, if you have more than one risk factor for pre-eclampsia, or in some cases, where you have previously had a smaller than expected baby.

You are at higher risk of developing pre-eclampsia if:

- Your blood pressure was high before you got pregnant.
- Your blood pressure was high in a previous pregnancy.
- You have diabetes or kidney disease before you get pregnancy.
- You have an auto-immune disorder, such as lupus or antiphospholipid syndrome.

Other things that can slightly increase your chances of developing pre-eclampsia include:

- You are 40 or older.
- This is your first pregnancy.
- Your last pregnancy was more than 10 years ago.
- You are expecting more than one baby.
- You or a family member has had pre-eclampsia before.
- You have a high BMI.

What is pre-eclampsia?

Pre-eclampsia is a condition found only in pregnancy that causes:

- **Raised blood pressure (Hypertension).**
- **Protein in the urine (Proteinuria).**

It affects around two to 10 of every 100 pregnant women and birthing people. Most will have a mild form, with some having more severe cases.

There is no guaranteed way to prevent pre-eclampsia.

Women and birthing people will often have no symptoms and pre-eclampsia is diagnosed at routine antenatal appointments with their midwife. Some women and birthing people will experience headaches, blurred vision and swelling of the hands, feet and face.

Why else might aspirin be recommended to me?

If you have a slightly higher chance of having a baby which may be smaller than expected or if there were concerns about how your placenta was working in a previous pregnancy.

What is aspirin?

Aspirin is known as an NSAID (a non-steroidal anti-inflammatory drug). Aspirin is often used to treat pain, fever, inflammation or prevent clot formation.

What are the benefits of taking aspirin?



Research suggests that taking aspirin during pregnancy reduces your risk of developing pre-eclampsia before 37 weeks by two-thirds. This means that two out of three people that take aspirin will reduce their risk of developing pre-eclampsia before 37 weeks.

There is evidence that taking low-dose aspirin once a day can help increase the function and blood flow of your placenta (afterbirth).

It is thought that excessive formation of small blood clots due to an overactive clotting system may be partly responsible for development of pre-eclampsia. Aspirin suppresses special blood cells called platelets that help blood to clot.

In this way aspirin stops excessive clot formation and thins out the blood which may prevent pre-eclampsia.

It also improves healthy blood flow in the placenta which helps to prevent, or slows the onset, of pre-eclampsia.

Side effects

Taking low-dose aspirin can cause mild indigestion. If you take indigestion remedies, take them at least two hours before or after you take your aspirin. The antacid in the indigestion remedy affects the way the coating on the aspirin tablet works.

There is no evidence to suggest low-dose aspirin causes any increase in bleeding during pregnancy or at the time of birth. If you have any questions or concerns about taking low-dose aspirin please speak to your obstetrician or midwife.

Is aspirin safe to take during pregnancy?

Yes it is. Research has shown that aspirin does not cause harm to the development of the baby during pregnancy. There is also no increased risk of bleeding when taking aspirin during pregnancy, either to you or your baby.

Although it is advised for you to take aspirin, it is an unlicensed medication (a medicine not approved for use in this group of people, which is common use of the medication), which means that it needs to be prescribed by an obstetrician (doctor).



Scan the QR code to find more information about medicines on the National Institute for Health and Care Excellence (NICE) website.

Who should not take low-dose aspirin?

If you are allergic to aspirin you should not use it. Aspirin may not be suitable if you have a bleeding or platelet disorder, ulcers in the stomach or gut or severe asthma. If you have any of these conditions or take other medicines you should speak with your obstetrician or midwife before starting aspirin.

What happens next?

If you are at higher risk it is recommended that you take 150mg of aspirin every night by mouth, from the 12th week of pregnancy until the 36th week of pregnancy.

You should take the aspirin with food if possible to help reduce the risk of indigestion and stomach ulcers. If you miss a dose, continue taking the aspirin at your usual time.

Other resources

You can find further information on pre-eclampsia and low-dose aspirin by scanning the QR codes below.



NHS advice on pregnancy, breastfeeding and fertility while taking low-dose aspirin.



NHS information on the signs, symptoms and treatment of pre-eclampsia.



Information on pre-eclampsia from the Royal College of Obstetricians & Gynaecologists.



Advice and information for all stages of your parenting journey from Just One Norfolk.

Please contact your community midwife or local maternity unit if you have any queries or concerns.

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