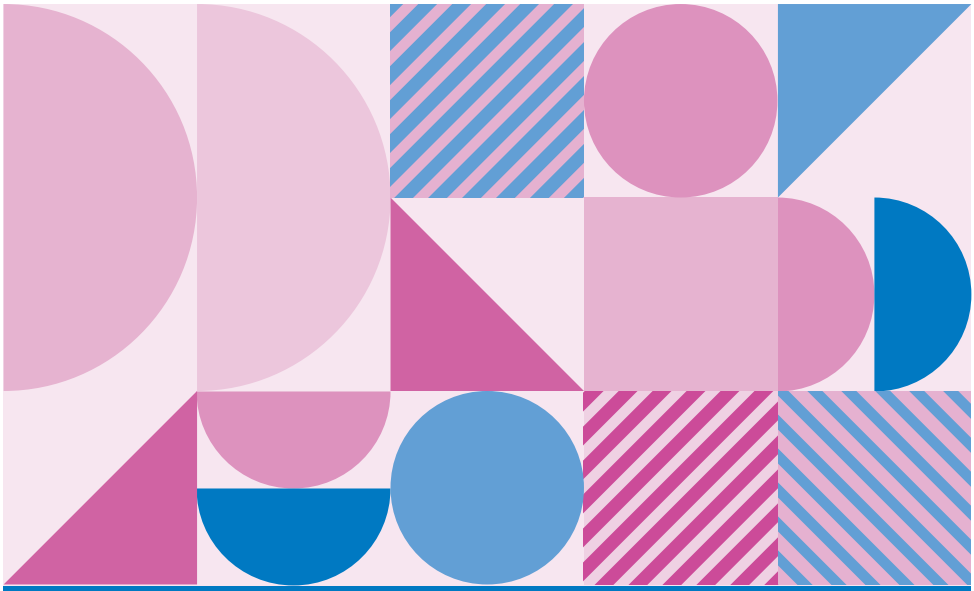
Bradford Teaching Hospitals
NHS Foundation Trust

Low dose Aspirin for the prevention of Pre-eclampsia



You have been given this leaflet because Aspirin has been recommended in your pregnancy following a risk assessment. The purpose of this leaflet is to explain why this is recommended and answer some frequently asked questions.

What is pre-eclampsia?

Pre-eclampsia causes high blood pressure during or after pregnancy. Women who develop pre-eclampsia are at higher risk of early delivery, smaller babies or becoming unwell themselves.

Why has Aspirin been recommended?

Using Aspirin in pregnancy has been shown to reduce the risk of birth before 37 weeks due to pre-eclampsia by 62%. This is only in women who have risk factors for pre-eclampsia.

Aspirin is recommended in the following situations if you have one of the following high risk factors:

- Any history of raised blood pressure needing treatment whether pregnant or not pregnant
- Chronic Kidney disease
- Autoimmune diseases such as Lupus, Antiphospholipid syndrome or Rheumatoid Arthritis
- Type 1 or type 2 Diabetes
- Previous placental problems diagnosed by detailed examination of the placenta
- Low PAPP-A which can be detected when screening for Downs Syndrome is performed. This is a marker for possible growth restriction in babies.

Or two of the following moderate risk factors:

- First pregnancy
- You were 40 years old or older when you saw your midwife for the first time
- Your last pregnancy was more than 10 years ago
- History of pre-eclampsia in a first degree relative such as your mother, sister or daughter
- Your body mass index is 35 or more
- Multiple pregnancy such as twins, triplets etc.

When should I take Aspirin?

We recommend that Aspirin is started at 12 weeks of pregnancy and ideally before 16 weeks for maximum benefit. There is also evidence that Aspirin should be taken at night just after your evening meal on a full stomach. The recommended dose is 150mg and to take two, 75mg tablets. Your midwife will ask your GP to prescribe this for you.

Aspirin should be taken until delivery but if you are booked for planned caesarean section then Aspirin should be stopped 10 days before your operation.

Who shouldn't take Aspirin?

You should not take Aspirin if:

- It has not been recommended by your GP, Midwife or Obstetrician
- You are allergic to Aspirin or Non-steroidal anti-inflammatory drugs such as Ibuprofen or Naproxen.
- You have had a previous gastric or duodenal ulcer or history of significant bleeding from your gastrointestinal tract
- You have severe liver problems
- You have a diagnosed bleeding disorder
- It causes you to develop a rash, severe heartburn symptoms, you vomit blood or your stool turns black
- You are under the age of 16 years old
- If you have Asthma, please discuss with your GP or Obstetrician before starting Aspirin.

Is Aspirin safe?

Aspirin is regarded as being acceptable to take during pregnancy. Research trials have shown that there are no increased risks of abnormalities or bleeding in the brain in babies exposed to low dose Aspirin during pregnancy.

There is also no increased risk of bleeding from the placenta or vaginal bleeding during or after pregnancy.

Some women may get some mild gastrointestinal discomfort. But if there are any of the severe symptoms listed previously then we would advise you to stop Aspirin and discuss with your Midwife or Obstetrician.

Aspirin (like almost all other medication) is not licensed for use in pregnancy. This means that it was originally brought to market to treat other conditions. It does not mean it is not safe to use.

Community pharmacies cannot legally sell aspirin as a pharmacy medicine for prevention of pre-eclampsia in pregnancy in England.

Accessible Information

If you need this information in another format or language, please ask a member of staff.

Smoking

Bradford Teaching Hospitals NHS Foundation Trust is a smoke-free organisation. You are not permitted to smoke or use e-cigarettes in any of the hospital buildings or grounds.

Author: Nicola Cawley – Consultant Obstetrician MID Ref: 26041522
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