

Taking aspirin in pregnancy

Why it may be recommended for you



There is some evidence to suggest that regular low-dose aspirin may help to prevent pre-eclampsia in women who may be at increased risk. Pre-eclampsia is the most common serious disorder that can occur during pregnancy. Pre-eclampsia can cause problems for both women and their unborn babies during pregnancy. These problems include:

- high blood pressure (hypertension),
- leakage of protein into the urine (proteinuria),
- thinning of the blood (coagulopathy) and liver dysfunction,
- Slowing of the baby's growth.

Aspirin is a medication that may be recommended by a specialist if you have a high risk of developing pre-eclampsia. However it is not used routinely as a treatment in all women during their pregnancy. Low dose aspirin is safe to use in pregnancy.

Risk factors for pre-eclampsia

You are more likely to develop pre-eclampsia than other pregnant women if you have more than one of the following risk factors:

- this is your first pregnancy
- you are aged 40 or over
- your last pregnancy was more than 10 years ago
- you are very overweight
- you have a family history of pre-eclampsia
- you are carrying more than 1 baby.

Your risk of pre-eclampsia is also greater if any of the following apply to you:

- you had high blood pressure before you became pregnant (chronic high blood pressure or hypertension)
- you had high blood pressure during a previous pregnancy
- you have chronic kidney disease, diabetes, or an inflammatory disease that affects the immune system, such as lupus.

Considerations when taking aspirin

Aspirin should not be taken unless you have been advised to do so by your specialist. The usual recommended dose in pregnancy is 100 to 150mg per day, taken at night time. You can buy aspirin over the counter at your pharmacy. There are many different strengths and types of aspirin available so check with your pharmacist, midwife or doctor if you have any questions.

Treatment with aspirin should commence early in pregnancy, around 16 weeks. In most cases, you can stop taking aspirin at 37 weeks gestation.

Side effects of taking aspirin include an increase in heartburn or reflux symptoms. Women who have a pre-existing diagnosis of asthma, may find that aspirin triggers their asthma. Caution should be taken if you have low platelets or a history of bleeding disorders. There is no increased risk of bleeding at the time of delivery, and aspirin does not increase the risk of an epidural.

If you have any questions about taking aspirin, please speak to your midwife or doctor.

This document was developed by Women's & Children's Program Barwon Health.

