



Aspirin use to prevent pre-eclampsia



Pre-eclampsia is a medical condition that only occurs in pregnant women. It usually takes the form of high blood pressure and abnormal kidney function, but can also involve other organs, such as the liver and brain.

Your doctor or midwife can detect pre-eclampsia by measuring your blood pressure and testing your urine for protein. Once pre-eclampsia develops, it does not go away until after your baby is born.

Am I at risk?

Pre-eclampsia can occur in any pregnancy. About 3-4% of all pregnant women in Australia develop pre-eclampsia.

You are considered high risk (up to 20%) if you:

- have chronic hypertension
- had pre-eclampsia in a previous pregnancy
- have other medical conditions, such as kidney disease, diabetes, or autoimmune disease
- are expecting twins or triplets.

You are considered moderate risk (up to 6%) if you:

- are having your first baby
- have a family history of pre-eclampsia (your mother or sister had pre-eclampsia)
- are overweight at the beginning of your pregnancy (BMI of 35 or more)
- have had a gap of 10 years or more since your last pregnancy
- are aged 40 or more
- conceived with in vitro fertilisation (IVF).

What if I have risk factors?

If you are in the high risk category, you will likely be cared for in the doctors' clinic or the midwife-led clinic after a review at the doctors' clinic.

If you have two or more risk factors in the moderate risk category, you may be cared for in the midwife-led clinic, with close follow up for signs and symptoms of pre-eclampsia.

What are the signs and symptoms?

Most women with pre-eclampsia do not have any symptoms. Pre-eclampsia is usually detected during a routine antenatal appointment. However, women with severe pre-eclampsia will have high blood pressure and may experience:

- a sudden swelling of the face, hands or feet
- a headache that does not go away with simple pain relief
- problems with vision, such as blurring, flashes of light and dots before the eyes
- severe pain just below the ribs
- heartburn that does not go away with antacids
- feeling very unwell.

It is very important that you contact your doctor, midwife or hospital if you experience any of these symptoms.

What does aspirin do?

Women at increased risk of pre-eclampsia are advised to take low dose aspirin, 100mg per day, to help reduce the risk of pre-eclampsia, up to 20%.

No medication can completely prevent pre-eclampsia, so close monitoring is still required for all women at increased risk. Once aspirin is commenced, we advise you to continue taking it until you are 34 weeks pregnant.

Check with a doctor before taking aspirin if:

- you are allergic to aspirin
- you have asthma
- you have an ulcer in your stomach or small intestine
- you have any vaginal bleeding or abdominal pain
- you have any concerns about using aspirin.



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