

# Aspirin to reduce the chance of early preeclampsia

**This leaflet explains more about your screening result and aspirin to reduce the risk of developing early preeclampsia, including the benefits, risks and any alternatives. If you have any further questions, please speak to a doctor or your midwife.**

## What is preeclampsia?

Preeclampsia is a medical condition characterised by high blood pressure and protein in the urine in pregnancy. It develops in at least 2% of all pregnancies. The effects of preeclampsia can be serious for both the mother and the baby, especially when the disease is severe, leads to delivery before 37 weeks gestation or there is associated poor growth of the baby.

## What does my screening result mean?

**Most women with these results will not have problems with their pregnancy.**

The tests we have carried out show that you have a higher than usual chance of developing preeclampsia. It is important that we have identified this as we can monitor you more closely and offer aspirin to reduce the risks.

## Aspirin

Aspirin is known as an NSAID (a non-steroidal anti-inflammatory drug).

A recent study (ASPREE) has shown that aspirin used in this way will reduce the risk of developing early preeclampsia in women with test results like yours.

**We advise that you start aspirin 150mg daily from 12 weeks to 36 weeks. It is best to take in the evening either with or just after food.**

**You should not take aspirin if you have an allergy, severe asthma or lung disease, chronic kidney problems, liver problems, stomach ulcers, Crohn's disease, ulcerative colitis, gout, any blood clotting problems or have been previously advised not to take aspirin or other NSAIDs.**

**As with any medicine, you should seek urgent medical assistance if you experience serious side effects such as wheezing, swelling of the lips, face or body, rashes or other indications of an allergic reaction.**

### **Are there any side effects?**

Aspirin has been shown to be safe in pregnancy. The recent study did not show any evidence of harm for either the mothers or babies who took part. Aspirin less commonly may cause nausea, stomach ache and allergic reactions.

### **Are there any alternatives?**

There are no proven alternatives that have been shown to prevent preeclampsia. If you are low in dietary calcium (this is unusual in the UK) then a Calcium supplement may be of benefit.

### **How will my pregnancy be monitored?**

You can carry on seeing your midwife and doctor as planned. They will monitor your blood pressure and urine at each visit. If you have had a baby before you will be seen on the 'first pregnancy' schedule of visits.

We will scan at 28 and 36 weeks to assess your baby's growth and wellbeing. These will be booked at the time of your second trimester scan.

We will also check your blood pressure and urine every 3 weeks from 24 weeks gestation and every 2 weeks from 32 weeks gestation which can be done with either your midwife or GP.

We will offer you an induction at 40 weeks if you have not had your baby by that time, even if you have not developed high blood pressure and your baby's growth and placental function is normal. We will also recommend continuous monitoring of your baby's heart in labour.

This is because you still have an increased chance of your baby's growth being reduced, your placental function becoming reduced and developing raised blood pressure.

After your 36-week growth scan you will be referred to a midwife by your sonographer to discuss and book a date for your labour to be induced during this appointment you can discuss induction further with a midwife and what your options are if you decide to decline induction of labour. You can also discuss induction of labour with your midwife at any point in your pregnancy

## Contact us

If you have any questions or concerns about your results or aspirin, please contact your Community midwife on the numbers you were given at your booking appointment, the Day assessment Unit or the Maternity Helpline.

**For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit [www.stgeorges.nhs.uk](http://www.stgeorges.nhs.uk)**

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## Additional services

### Patient Advice and Liaison Service (PALS)

PALS can offer you on-the-spot advice and information when you have comments or concerns about our services or the care you have received. You can visit the PALS office between 9.30am and 4.30pm, Monday to Friday in the main corridor between Grosvenor and Lanesborough wings (near the lift foyer).

**Tel:** 020 8725 2453 **Email:** [pals@stgeorges.nhs.uk](mailto:pals@stgeorges.nhs.uk)

### NHS Choices

NHS Choices provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health.

**Web:** [www.nhs.uk](http://www.nhs.uk)

### NHS 111

You can call 111 when you need medical help fast but it's not a 999 emergency.

NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.

**Tel:** 111

### AccessAble

You can download accessibility guides for all of our services by searching 'St George's Hospital' on the AccessAble website ([www.accessable.co.uk](http://www.accessable.co.uk)). The guides are designed to ensure everyone – including those with accessibility needs – can access our hospital and community sites with confidence.



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