

Standard Operating Procedure (SOP)

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| SOP Title | Aspirin (antenatal supply for women at risk) | | |
| SOP Number | 048 | | |
| Care Group | Women's and Children | | |
| Version Number | 3.3 | | |
| Effective Date | 23 rd September 2025 | Review Date | March 2027 |
| Author | Lindsey Reid, Lead Midwife for Saving Babies' Lives | | |
| Approved by | Maternity Guideline Group, Maternity Governance | | |
| Approval date | 23 rd September 2025 | | |
| Distribution | Maternity areas | | |
| Location | Maternity Services | | |

Document Control

| Version | Date | Author | Status | Comments |
|---------|-------------------------------|-------------------|-------------|---|
| 1 | 17/7/2017 | Jacqui Bolton | New | New SOP and process for supply of aspirin |
| 1.1 | 15/3/2020 | Guideline Midwife | Revision | Revision to dose of aspirin as per patient group direction (PGD) and in line with NICE/Saving Babies Lives Version 2 (2019) |
| 2 | 2 nd December 2020 | Guideline Midwife | Full review | <ul style="list-style-type: none"> • Full version review • Addition of risk factors from Saving Babies Lives V2 care bundle • Reference to SOP for Low PAPPA results |
| 2.2 | 16 th January 2023 | | Revision | <ul style="list-style-type: none"> • Revision to dose of aspirin as per patient group direction (PGD) and in line with NICE/Saving Babies Lives Version 2 (2019) |
| 2.3 | 15 th March 2023 | | | <ul style="list-style-type: none"> • Auditable standards added- Appendix 2 |
| 3.0 | 20 th March 2024 | Lead SBL Midwife | Full review | <ul style="list-style-type: none"> • Full version review • Benchmarked |
| 3.1 | 11 th March 2025 | | Minor | Auditable Standards removed. |
| 3.2 | 11 th April 2025 | Lead SBL Midwife | Revision | Revision of gestational week curtailment of aspirin in line with RCOG Small-for-Gestational-Age Fetus and a Growth Restricted Fetus, Investigation and Care (Green-top Guideline No. 31) 2024 |

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| 3.3 | 23 rd September 2025 | Lead SBL Midwife | Revision | Change to the inclusion criteria relating to fetal growth restriction Previous pregnancy Previous child < 10th customised birthweight centile Current Pregnancy Raised AFP from 2nd Trimester screening Abnormal finding at Mid Pregnancy scan – EFW <10th centile, SUA |
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| SOP Objectives | <ul style="list-style-type: none"> ▪ To provide a process for supply of aspirin in the antenatal period for women who meet the risk criteria for pre-eclampsia and fetal growth restriction. ▪ To provide information and process for midwives on the supply of aspirin to women who meet the criteria. |
| Scope | This SOP is only relevant for supply of aspirin when risk(s) of pre-eclampsia are identified and risks as part of Saving Babies Lives Care Bundle. |
| Performance Measures | Compliance with this guideline / SOP will be audited as part of the Shrewsbury and Telford Hospital NHS Trust's five-year rolling programme of NICE and local guideline audits, unless circumstances require an earlier or more frequent audit. The audit will be carried out using the auditable standards and the results will be reported and acted on in accordance with the Trust Clinical Audit Policy (CG25). |

| Number | Brief | Responsibility | | | | | | | | | | | | |
|--|---|-------------------------|----|--------------------|--------------------------------|--|--|----------|------|--|--|--|--|--|
| 1 | <p>In this SOP we use the terms 'woman' or 'mother' throughout. These should be taken to include people who do not identify as women but are pregnant or have given birth.</p> <p>Current NICE guidance Hypertension in Pregnancy recommends that women at risk of developing pre-eclampsia will be advised to take low dose aspirin daily from 12 weeks gestation until 36 weeks gestation. The following risk factors determine women who may require aspirin. Also refer to Maternity Hypertension in Pregnancy Guideline</p> <table border="1" data-bbox="219 496 1240 945"> <thead> <tr> <th data-bbox="219 496 557 530">2 moderate risk factors</th> <th data-bbox="557 496 716 530">or</th> <th data-bbox="716 496 1017 530">1 high risk factor</th> </tr> <tr> <th colspan="3" data-bbox="509 530 1017 563">Risk factors for pre-eclampsia</th> </tr> </thead> <tbody> <tr> <th data-bbox="219 563 557 597">Moderate</th> <th data-bbox="557 563 716 597">High</th> <th></th> </tr> <tr> <td data-bbox="219 597 557 900"> <ul style="list-style-type: none"> • Nulliparity • Age \geq 40 years • Pregnancy interval $>$ 10 years • BMI $\geq 35 \text{ Kg/m}^2$ at first visit • Family history of pre-eclampsia (woman's 1st degree relative) • Multiple pregnancy </td><td data-bbox="557 597 716 900"> <ul style="list-style-type: none"> • Hypertensive disease during previous pregnancy • Chronic kidney disease • Autoimmune disease such as systemic lupus erythematosus or antiphospholipid syndrome • Type 1 or 2 diabetes • Chronic hypertension </td><td></td></tr> </tbody> </table> <p>NHS England Saving Babies Lives Care Bundle (SBLCBv3.2) Element 2 and 5 intervention recommends assessing women for their risk of fetal growth restriction to determine if a supply of aspirin is required in pregnancy.</p> <p>Previous Pregnancy</p> <ul style="list-style-type: none"> • Previous child $<$ 10th customised birthweight centile • Early onset placental dysfunction necessitating delivery $<$ 34 weeks <p>Current Pregnancy</p> <ul style="list-style-type: none"> • Low PAPPA (0.415) Multiple of Median (MoM) or less – this process is managed by the Antenatal Screening Team refer to SOP • Raised AFP from 2nd Trimester screening • Abnormal finding at Mid Pregnancy scan – EFW $<$ 10th centile, SUA | 2 moderate risk factors | or | 1 high risk factor | Risk factors for pre-eclampsia | | | Moderate | High | | <ul style="list-style-type: none"> • Nulliparity • Age \geq 40 years • Pregnancy interval $>$ 10 years • BMI $\geq 35 \text{ Kg/m}^2$ at first visit • Family history of pre-eclampsia (woman's 1st degree relative) • Multiple pregnancy | <ul style="list-style-type: none"> • Hypertensive disease during previous pregnancy • Chronic kidney disease • Autoimmune disease such as systemic lupus erythematosus or antiphospholipid syndrome • Type 1 or 2 diabetes • Chronic hypertension | | |
| 2 moderate risk factors | or | 1 high risk factor | | | | | | | | | | | | |
| Risk factors for pre-eclampsia | | | | | | | | | | | | | | |
| Moderate | High | | | | | | | | | | | | | |
| <ul style="list-style-type: none"> • Nulliparity • Age \geq 40 years • Pregnancy interval $>$ 10 years • BMI $\geq 35 \text{ Kg/m}^2$ at first visit • Family history of pre-eclampsia (woman's 1st degree relative) • Multiple pregnancy | <ul style="list-style-type: none"> • Hypertensive disease during previous pregnancy • Chronic kidney disease • Autoimmune disease such as systemic lupus erythematosus or antiphospholipid syndrome • Type 1 or 2 diabetes • Chronic hypertension | | | | | | | | | | | | | |
| 2 | <p>Initial Consultation 'booking' Appointment</p> <p>Management section Fetal growth (FGR) and pre-eclampsia (Aspirin) risk assessment</p> <p>Select Yes or No in risk factor section.</p> <p>Review the Results section for Pre-eclampsia risk level and FGR risk level</p> <p>Review Actions section for Pre-eclampsia risk level and FGR risk level Update Actions regarding Aspirin</p> <p>If aspirin is indicated and in order for women to commence as nationally recommended the midwife can provide an initial 28-day supply for aspirin.</p> | Midwife | | | | | | | | | | | | |

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| | <p>The general practitioner will continue to provide further supplies for the remainder of her pregnancy (see section 5 communication with the GPs).</p> <p>Document this in the Actions regarding Aspirin</p> | |
| 3 | <p>Providing initial supply at booking</p> <p>Check that the woman has not already been given a supply by her GP</p> <p>Refer to aspirin patient group direction for cautions and contraindications</p> <p>Inform the woman to commence daily aspirin at 12 weeks gestation and to continue until 36 weeks gestation.</p> <p>Inform the woman to discuss with her midwife or GP if she develops any side effects before discontinuing use.</p> <p>Review the patient information leaflet supplied with the aspirin with the woman.</p> <p>The woman may choose to purchase her own supply from a pharmacy. Document this in the Actions regarding Aspirin. Advice to read patient information leaflet supplied with the aspirin.</p> | Midwife |
| 4 | <p>Documentation on MIS (maternity information system)</p> <p>See no 2</p> <p>NB advise that the aspirin is more suitable to be taken at bedtime</p> | Midwife |
| 5 | <p>Communication with GPs</p> <p>Confirmation that we have initiated the supply of aspirin must be sent to the GP for on-going care and to ensure the GP is aware in the event of any side effect reported.</p> <p>A standard letter template (see appendix 1 or refer to Supporting Documents and Forms for printable word version on the intranet SaTH Intranet - Supporting Documents and Forms) can be sent; however, details of the midwife/community team and location/contact details must be provided in order for the GP to contact the correct area if any queries arise.</p> | Midwife |
| 6 | <p>Women who decline treatment</p> <p>If after discussions of individual risks for the woman, she decided not to accept treatment of aspirin document 'declines aspirin' within the comments section of MIS.</p> | Midwife |

Appendix 1

Patient name.....
NHS number.....

Date: ___/___/___

Dear Doctor

The above patient EDD ___/___/___ has attended for initial consultation (booking appointment).

NICE guidance (Hypertension in Pregnancy 2019) recommends that women at risk of developing pre-eclampsia should be advised to take low dose aspirin 150mg/day from 12 weeks gestation and to continue until 36 weeks gestation. In addition, NHS England Saving Babies Lives Care Bundle recommends women at risk of fetal growth restriction also commence aspirin in pregnancy.

We acknowledge that this is an unlicensed indication of aspirin, however, **aspirin as a preventative medication appears to be safe in pregnancy and therefore there is substantial benefit to reduce the risk of pre- eclampsia and associated preterm birth.**

The above patient has been identified as being at risk and aspirin is recommended – we have indicated below the risk group

Pre-eclampsia risk factor []

Previous growth restricted baby []

We have provided a **28 day supply of aspirin** and given instructions to commence daily from 12 weeks gestation and to continue until 36 weeks gestation.

We would appreciate if you could continue to supply aspirin for the remainder of the pregnancy.

Many thanks in advance for your assistance

Midwife
Shrewsbury and Telford NHS Trust

Enter Midwife Led Unit or
community area contact
details for the GP to contact if
required

THIS VERSION- April 2025 ALSO REFER TO MATERNITY SOP ASPIRIN (ANTENATAL SUPPLY FOR WOMEN AT RISK OF PRE-ECLAMPSIA