

Client information about the choice of the use of aspirin during pregnancy

You have received this brochure because your obstetric caregiver has advised you that you can choose to use aspirin during your pregnancy. This brochure explains why you are eligible for this and what aspirin can do for you.

Why?

Daily use of aspirin is advised to some pregnant women to lower the chance of pre-eclampsia (high blood pressure with protein in the urine) or growth retardation in the unborn child.

For whom?

Women who are eligible for the use of aspirin are divided into two groups: women at *higher risk* and women at *slightly higher risk* of pre-eclampsia and growth retardation.

When one of the following conditions apply to you, then you are at *higher risk*:

- Severe high blood pressure in a previous pregnancy
- A growth retarded child in a previous pregnancy
- A deceased child in a previous pregnancy without a known cause
- Pre-existing high blood pressure or diabetes prior to this pregnancy
- Kidney problems or certain autoimmune diseases

When two or more of the following conditions apply to you, then you are at *slightly higher risk*:

- First pregnancy
- 40 years of age or older
- 10 years or more between two pregnancies
- Multiple pregnancy
- Sister and/or mother had pre-eclampsia
- Pregnancy after embryo donation
- A BMI of 35 or more

How does aspirin work?

The effect of aspirin starts early in pregnancy and has to do with the blood vessels in the placenta that take care of the transportation of nutrients to your baby. In case of pre-eclampsia and growth retardation the flow through these blood vessels is often reduced. Aspirin has a positive effect on the flow in the blood vessels and thereby reduces the chance of pre-eclampsia and growth retardation.

What are the numbers?

For women at *higher risk* of pre-eclampsia and growth retardation, the effect of aspirin is greater than for women at *slightly higher risk*. With the use of aspirin the risk of certain complications is lower. This, compared to women with the same risk, but without them using aspirin.

For women at *higher risk*, aspirin lowers the risk of high blood pressure (46% lower), pre-eclampsia (25% lower), premature birth (11% lower), perinatal death (31% lower) and growth retardation (11% lower).

For women at *slightly higher risk*, aspirin lowers the risk of pre-eclampsia (14% lower), premature birth (7% lower) and growth retardation (9% lower).

When should you not use aspirin?

There can be certain reasons why you should not use aspirin. Your obstetric caregiver will always discuss these reasons with you. These reasons are as followed:

- If in your case aspirin can cause an asthma attack or tendency to pass out or if you are hypersensitive to aspirin in any other way
- If you had a brain hemorrhage in the past
- If previous use of aspirin caused stomach problems or stomach pain
- If you have or if you ever had a stomach or bowel ulcer
- If you have a chronic bowel inflammation like Crohn's disease or ulcerative colitis
- If you have a tendency for increased bleeding or a clotting disorder
- If you have (had) severe heart, liver or kidney failure

Side effects

The use of aspirin during pregnancy is safe for mother and child when used correctly. Side effects are very rare. However, there can be hypersensitivity or allergic reactions, wounds can bleed a little bit longer and sometimes there can be stomach problems. Tell your obstetric caregiver if you suspect any side effects.

What do you have to do?

Because the effect of aspirin already starts early in pregnancy, it is important to start taking aspirin between 12 and 16 weeks of pregnancy. When you start later, it no longer has any effect. When taking aspirin you have to pay attention to the following:

- Take 80-100 mg aspirin (acetylsalicylic acid) once each day
- Take the tablet just before you go to sleep at night
- Don't use aspirin any more after 36 weeks of pregnancy
- If, after discussing this with your obstetric care giver, you choose to use aspirin during your pregnancy, then your obstetric caregiver will explain to you how to obtain aspirin

Other preventive measures

Each pregnant woman gets the advice to take 1 gram (1000 milligram) of **calcium** a day. 1 gram means 5 glasses of milk or comparable dairy products. If you eat or drink little or no dairy products then we advise you to increase your intake of calcium through nutrition or calcium tablets.

To absorb calcium your body needs **vitamin D**. That is why sufficient vitamin D is important. For pregnant women the advice is to take 10 microgram of vitamin D each day through vitamin drops or vitamin tablets.

Sufficient intake of calcium and vitamin D during pregnancy is important for the growth of your baby. Aside from this it lowers your risk of high blood pressure or pre-eclampsia. On the website www.voedingscentrum.nl you can check whether your calcium intake is sufficient.

In general a healthy life style with healthy nutrition and enough exercise is important for a healthy pregnancy.