

Low-dose aspirin in pregnancy

You have been offered aspirin because of your medical history, this pregnancy, or a combination of factors — not because anything has gone wrong.

Why we've suggested it

The placenta is the organ that feeds your baby. It forms in the first few months of pregnancy, when the blood vessels of your uterus reshape themselves to supply it. If that process does not go as well as it should, the placenta works harder than it should, and that can lead to:

Preeclampsia — high blood pressure in pregnancy that can affect your kidneys, liver, blood and brain, and your baby

A baby who grows smaller than they should

An early birth, usually because we need to deliver the baby for one of the above reasons

A small daily dose of aspirin helps those blood vessels develop properly. It is one of the few things we can genuinely offer to prevent these problems rather than just watch for them.

How to take it

150 mg, once a day, at night.

Aspirin in Australia comes as 100 or 300mg tablets, so 150 mg means **one and a half tablets** or **half a tablet**.

Always throw the other half away, don't keep it for next time. If you have been told to take 100 mg instead, that is also fine — follow what you have been told.

Start as early as we can, and always before 16 weeks. The timing genuinely matters — aspirin works by helping the placenta form, and by the middle of pregnancy that job is done.

Stop at around 36 weeks, or when we tell you.

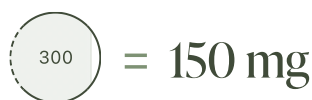
If you forget a dose, take the next one as usual. Don't double up.

ONE AND A HALF TABLETS



$$100 + 50 = 150 \text{ mg}$$

OR: HALF A 300 MG TABLET



$$300 = 150 \text{ mg}$$

Taking it at bedtime appears to work better than taking it in the morning.

How much difference does it make?

For women at high risk, aspirin cuts the chance of early preeclampsia by more than half. Across all women who take it, for every 1000 women treated, roughly:

16

avoid preeclampsia

16

avoid a baby born early

7

avoid an unexpectedly small baby

5

babies survive who otherwise would not

It does not remove the risk. It reduces it meaningfully, at very low cost to you.

Is it safe?

Yes, at this dose. Low-dose aspirin has been studied in tens of thousands of pregnancies.

It does not cause birth defects

It does not harm your baby's development — over 5000 children have been followed to 18 months of age with no difference found

You do **not** need to stop it before an epidural

It is safe while breastfeeding

It very slightly increases bleeding after birth. The benefits clearly outweigh this

TELL US BEFORE YOU START IF YOU

Have had a stomach ulcer, have asthma triggered by aspirin or anti-inflammatory medicines, are allergic to aspirin, or have a bleeding disorder.

STOP AND CONTACT US IF

You have heavy vaginal bleeding, black or tarry stools, or you vomit blood.

Calcium

If you don't have much dairy in your diet, we may also suggest a calcium tablet — **usually 1 g a day**, continued until the end of pregnancy. Low calcium intake is linked to preeclampsia, and topping it up is a simple, safe extra step. Roughly four serves of dairy a day — a glass of milk, a tub of yoghurt, or two slices of cheese each count as one — means you probably don't need it.

What aspirin doesn't do

It doesn't replace your antenatal checks. We will still check your blood pressure and urine at every visit, and you may be offered extra scans to watch your baby's growth.

GET CHECKED THE SAME DAY IF YOU HAVE



A bad headache that won't go away with paracetamol



Vision changes — flashing lights, blurring, spots



Pain under your ribs, especially on the right



Sudden swelling of your face, hands or feet



A feeling that your baby is moving less

Nausea and vomiting that starts in the second half of pregnancy also needs checking. These can all happen in ordinary pregnancies — but get checked anyway.

Rooms 03 8400 6193

Urgent after hours 0459 706 061