

## Which preparation do I buy?

We recommend you take soluble aspirin and NOT coated or stomach ease versions or chewable aspirin because in pregnancy, the absorption of medications is different.



## What is the dose?

We advise you take 150mg of Aspirin before bed as this increases the absorption. In order to take 150mg you will need to break one 300mg tablet in half. Throw the unused half of the tablet away and take a fresh tablet each day.

## When do I start?

We advise you to start Aspirin when you have been notified of the high-risk result. We recommend you stop Aspirin at 36 weeks.

## Do you need more information?

Please contact your antenatal doctor, midwife or your General Practitioner. During office hours you can contact the Fetal Medicine Unit on (02) 9515 6042.

**The Pre-eclampsia Foundation**  
[www.Pre-eclampsia.org/aspirin](http://www.Pre-eclampsia.org/aspirin)  
**Australian Action on Pre-eclampsia**  
[www.aapc.org.au](http://www.aapc.org.au)

## References

1. Akolekar et al., Fetal Diagnosis and Therapy 2013; **33**: 8-15.
2. Poon, et al., Fetal Diagnosis and Therapy 2013; **33**: 16-27.
3. Park et al., Aust NZ J Obstet Gynaecol 2013; **53**: 532-539.
4. Park et al., Ultrasound Obstet Gynecol 2015; **46**: 419-423.
5. Rolnik et al., New England Journal of Med 2017; **377**: 613-622.

## Departments of Obstetric and Gynaecological Ultrasound and Fetal Medicine

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- The hospital is a 10 minute walk from most bus stops and 20 - 30 minute walk from major train stations
- Plan your public transport travel. Timetable, fare, wheelchair access details contact the Transport Infoline 131500 [www.131500.com.au](http://www.131500.com.au)
- Newtown Station is a 20 minute walk along King St and Missenden Rd. Redfern Station is a 30 minute walk through Chippendale and Sydney University
- Buses run between the city and inner west from Central Station

Royal Prince Alfred Hospital



Screening for preterm  
pre-eclampsia

Information for patients

AVS 86209

## What is pre-eclampsia?

Pre-eclampsia is a common condition that only occurs in pregnancy, affecting the mother, baby or both. It can develop after 20 weeks of pregnancy and the severity of the condition can vary.

In the mother, pre-eclampsia causes high blood pressure and protein leaks from kidneys into the urine. Sometimes it can affect other organs like the liver and brain, causing symptoms such as headaches, visual disturbances, abdominal pain and very rarely, seizures. In the baby, pre-eclampsia can cause the baby to be small which sometimes leads to premature delivery.

## How common is pre-eclampsia?

Pre-eclampsia is the most common complication of pregnancy. It generally develops during the third trimester of pregnancy and affects about 1 in 20 pregnancies. Pre-eclampsia is usually mild but for 1 in 200 pregnancies it can be severe and require premature delivery.

## What causes pre-eclampsia?

The exact cause of pre-eclampsia is unknown but there are several factors involved. It is thought that pre-eclampsia originates in the placenta (attachment between mother and baby), and that for women with pre-eclampsia the blood vessels in the placenta do not develop properly.

## Who is at risk of pre-eclampsia?

Pre-eclampsia with no known risk factors develops in 5 to 8% of all pregnancies. It is more common in a woman's first pregnancy. Other significant risk factors include previous history, family history (mother or sister) and chronic medical conditions such as chronic hypertension and kidney disease.



*Measuring blood pressure during pregnancy*

## Screening for early onset pre-eclampsia

International studies have shown that 80% of women who will go on to develop early-onset pre-eclampsia can be predicted by combined screening at 12-14 weeks gestation. At Royal Prince Alfred Hospital we offer combined screening for pre-eclampsia and aneuploidy, during your nuchal translucency appointment, this involves:

- A blood test to measure PaPP-A and PLGF protein which are both produced by the placenta.
- An ultrasound to assess blood flow to the uterus.
- Two blood pressure measurements on each arm.

Following your combined screening you will be given a low or high-risk result for pre-eclampsia. A high-risk result for pre-eclampsia, means more than 1 in 100.

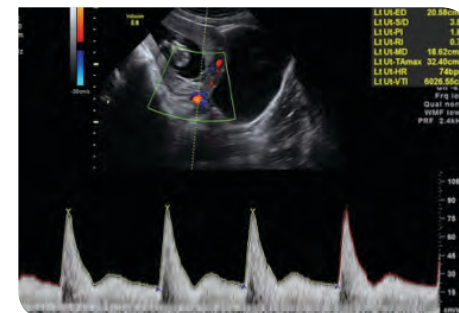
## Low-risk for pre-eclampsia

You will continue to receive routine antenatal care.

## High-risk for pre-eclampsia

You will be advised to take Aspirin. Research shows that treatment with low dose Aspirin (150 mgs at night time) for high-risk women decreases the risk of early onset pre-eclampsia by almost 80%. Where necessary, we will also arrange follow-up antenatal hospital care with care providers that specialise in this condition.

We would also recommend ultrasound assessment of your baby's growth at 28 and 36 weeks gestation.



*Example of the uterine artery blood flow sampling at the time of ultrasound*

## Is Aspirin safe in pregnancy?

Low dose aspirin has been used widely in the pregnancy population for various conditions and is usually very well tolerated. There are a small group of women who have a known allergy to aspirin or who have had gastrointestinal problems prior to pregnancy, please discuss this with your doctor. Women who take aspirin do not have any increase in bleeding problems during pregnancy or immediately after birth.