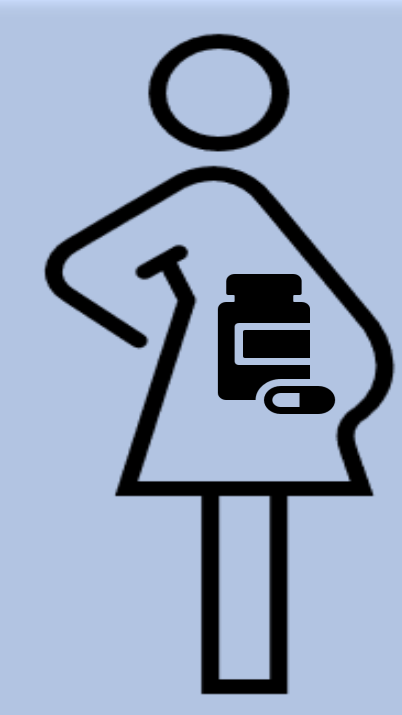




Aspirin Use in Women with Risk Factors for Pre-Eclampsia and Small for Gestational Age

BACKGROUND

Pre-eclampsia accounts for 2% of maternal deaths in the UK. It can lead to complications for both the mother and the fetus including eclampsia, HELLP syndrome, ICH and more [1]. It has been documented that at least low dose aspirin from 8 weeks gestation is effective in decreasing the development of pre-eclampsia. Our Trust guidelines state that women who have **at least one high risk factor OR more than one moderate risk factor** should be prescribed a **150mg aspirin from 8 weeks gestation**.

AIMS AND OBJECTIVES

The aim of this re-audit was to establish how effectively patients at North Manchester General Hospital, Manchester University NHS Foundation Trust, are screened for risk factors for pre-eclampsia and small for gestation age (SGA) in pregnancy, whether they were prescribed aspirin and if it was continued till at least 36 weeks as per Trust guidelines.

- The objectives of this clinical audit were:
- To assess current antenatal records to evaluate whether patients are being screened for risk factors for pre-eclampsia and SGA <3rd centile.
 - To assess whether at risk patients are being prescribed aspirin at the correct dose and correct duration.

DESIGN & METHODS

A closed loop audit was performed using data collected prospectively from consecutive handheld antenatal notes.

The notes were analysed to identify if women were correctly identified for:

At least one high risk factor for pre-eclampsia:

- ☐ Hypertensive disease during previous pregnancy
- ☐ Chronic kidney disease (CKD)
- ☐ Autoimmune disease
- ☐ Type 1/Type 2 diabetes
- ☐ Chronic hypertension

Two or more moderate risk factors for pre-eclampsia:

- ☐ First pregnancy
- ☐ Pregnancy interval more than ≥ 10 years
- ☐ Body mass index (BMI) ≥ 35kg/m² at first visit
- ☐ Family history of pre-eclampsia
- ☐ Multi-foetal pregnancy

- Any previous pregnancy that was SGA less than 3rd centile was included.
- The data was collected using a proforma and data analysed using an excel spreadsheet.

RESULTS

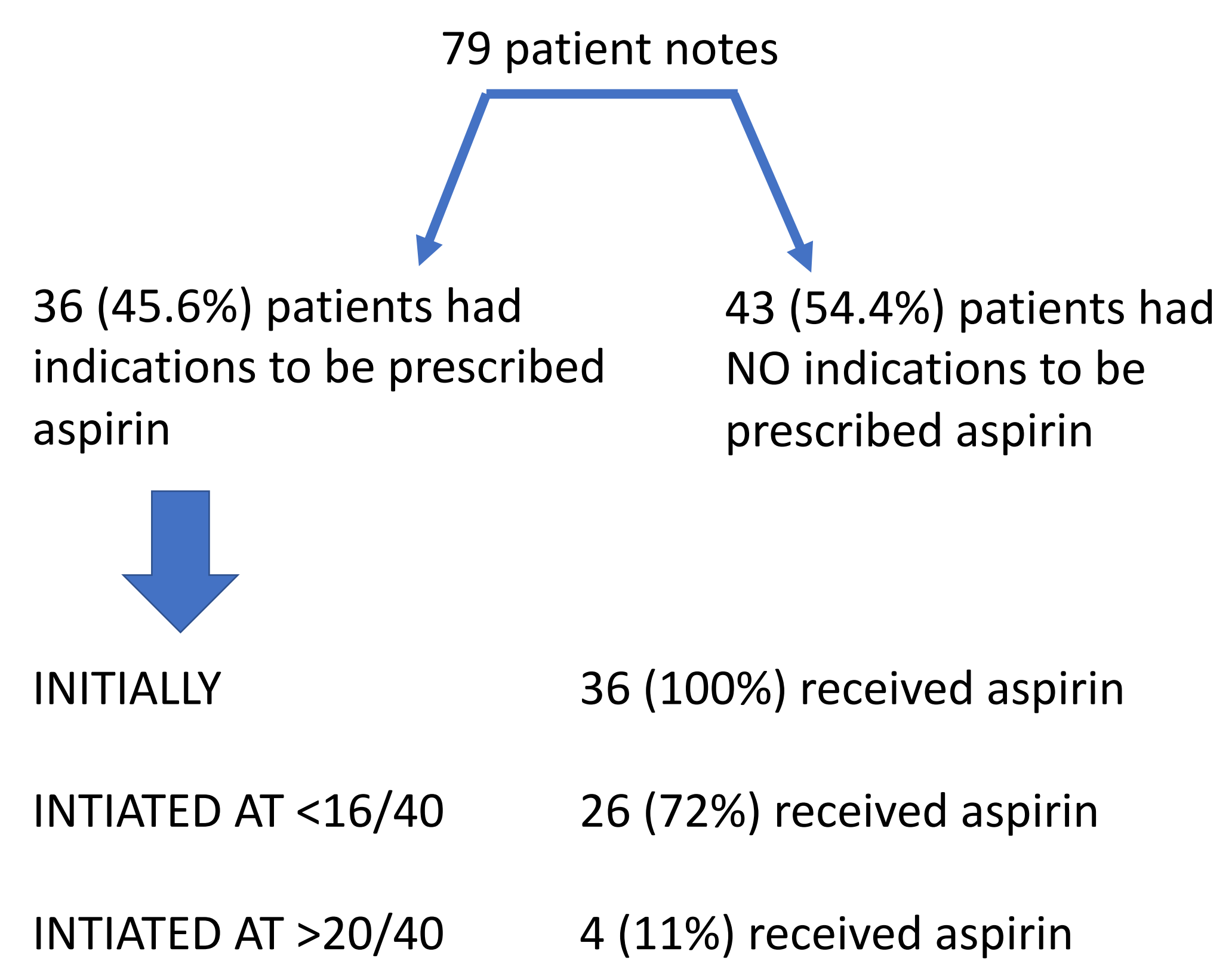


Figure 1. Flowchart demonstrating the number of indicated patients who had been prescribed aspirin at various gestational weeks.

- For 2 women, it was unclear at which gestation aspirin was started.
- Out of 36 women, there was documentation that 14 (39%) women continued aspirin till 36 weeks.

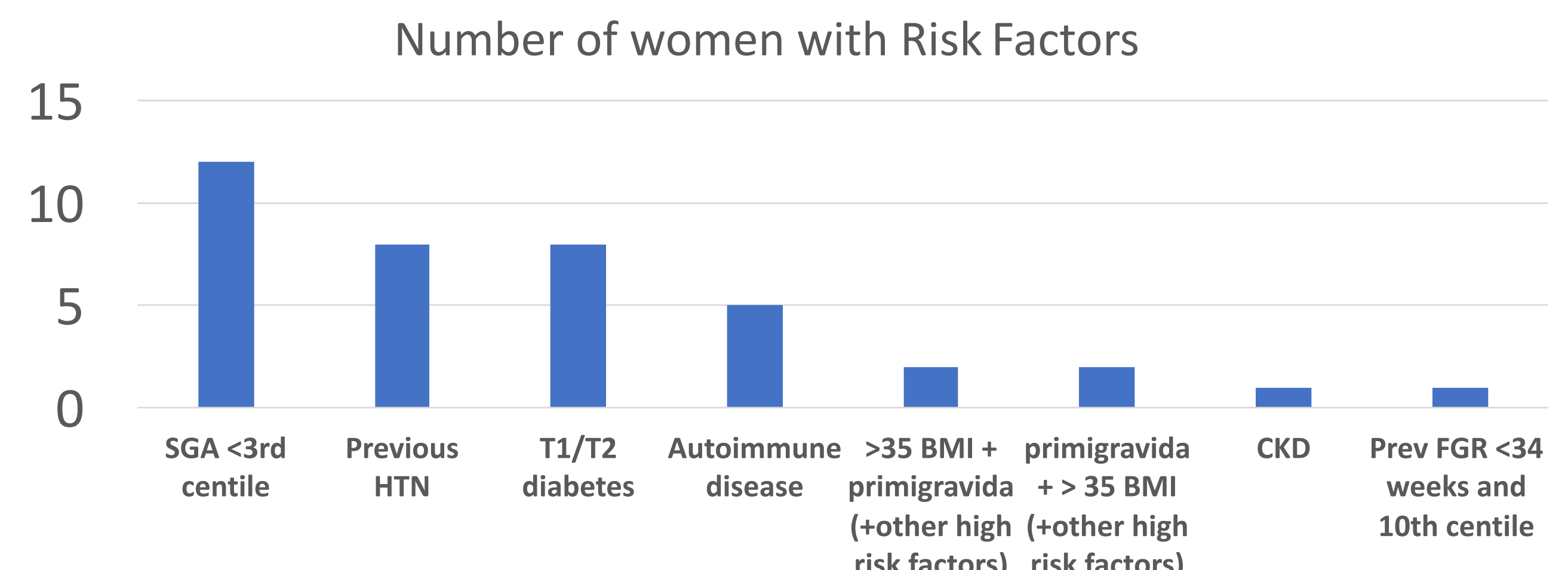


Figure 2. Bar chart demonstrating the number of patients with various risk factors for pre-eclampsia/SGA.

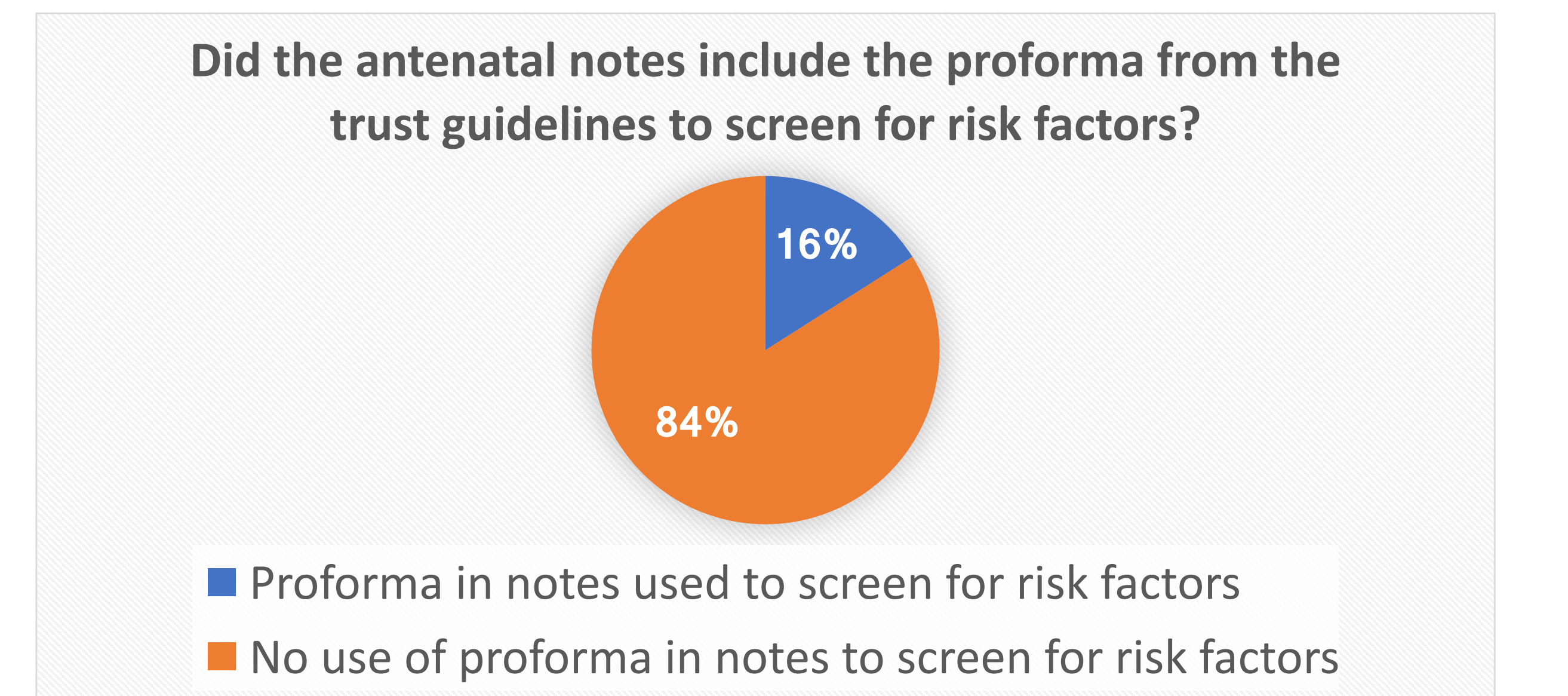


Figure 3. Pie chart demonstrating the proportion of patients who were screened for risk factors for pre-eclampsia/SGA.

CONCLUSION

This was the 3rd cycle of this audit. This has enabled the introduction of patient group directions (PGD) for midwives to commence aspirin appropriately, which was successful. Documentary evidence of maintenance therapy is more problematic. A paper proforma insert has been partially successful at acting as a prompt record, however, is vulnerable to loss. To overcome this, there is a wholesale planned move to an electronic patient record which will integrate identification of antenatal risk factors and prescribing.