

Improving provision of low dose aspirin to women with high-risk pregnancy

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Introduction

Pre-eclampsia (PET) complicates 6% of pregnancies in the UK. Low dose aspirin (LDA) given before 16 weeks reduces the risk of pre-eclampsia, fetal growth restriction (FGR) and perinatal death and is recommended in NHS guidelines.

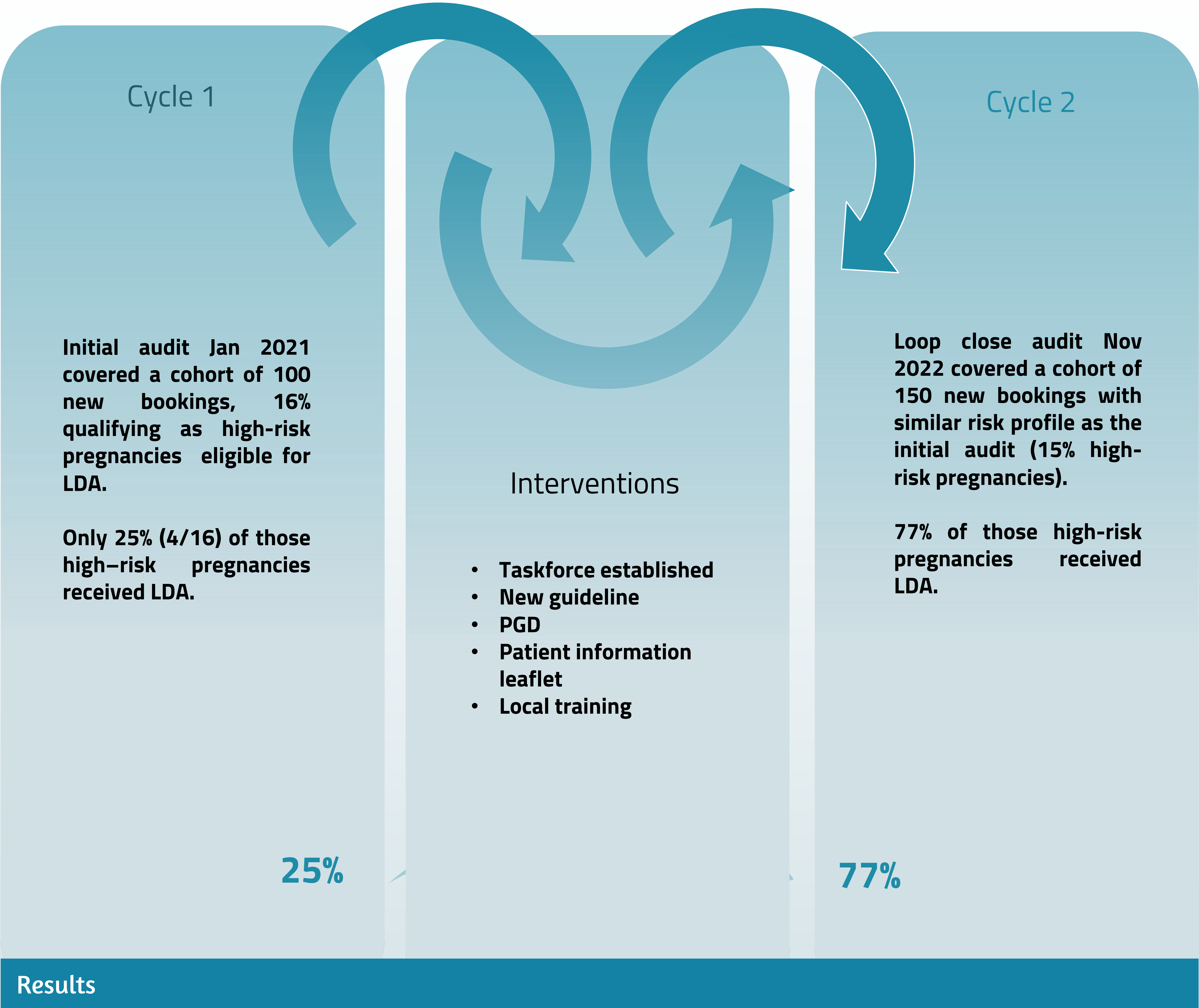
We noted missed cases of LDA provision at booking and aimed to standardise and improve local practice by undertaking a quality improvement project at a London Teaching Hospital.

Methodology

A retrospective audit of electronic pregnancy records and pharmacy prescribing systems was conducted. We audited all consecutive new booking appointments in January 2021, to determine a baseline level of recognition of PET and FGR risk factors and rate of LDA provision. We used NICE Hypertension in Pregnancy (2019) and NHS England Saving Babies Lives (2019) criteria as audit standards.

Potential barriers to standardised care were identified and the current pathway was mapped alongside a proposed gold standard.

We established a multi-disciplinary taskforce that developed a new guideline, PGD and patient information leaflet, and implemented these over the course of early 2022. A repeat audit was conducted in November 2022.



Taskforce Quality Improvement Project

Baseline and post intervention audits were conducted. The taskforce reviewed the current LDA pathway and revisions were made. We worked closely with our hospital pharmacists to determine the most suitable approach for midwifery-led distribution of aspirin and developed a PGD.

Following local education sessions and the introduction of the PGD, midwives were able to offer pre-packed boxes of LDA directly to eligible women at the time of the booking appointment.

A repeat retrospective audit was conducted and a significant improvement in recognition of high-risk pregnancies and provision of LDA was noted. 77% of the high-risk group were given LDA via the new pathway.

Conclusion

The interventions resulted in a significant improvement in the provision of LDA; a three-fold increase post intervention. Assessment of risk factors was more accurate, resulting in 77% of women at increased risk of PET or FGR being provided with LDA.

Where LDA was not supplied, this was either due to misinterpretation of eligibility criteria resulting in failure to identify women at risk, or due to unavailable pre-packed aspirin boxes resulting in midwives resorting to alternative means of supply.

Our next steps include understanding barriers to the supply of aspirin at booking. We aim to work with local partners (pharmacists, GPs) to improve external routes to LDA supply.