

An Audit of Aspirin Prescribing in Pregnancy in Cork University Maternity Hospital

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Introduction

Pre-eclampsia (PET) affects 2-8% of pregnancies

PET is a significant cause of maternal and perinatal morbidity and mortality, including intrauterine growth restriction & preterm birth

Aspirin started early in pregnancy is a well-known, accessible, and affordable intervention in the prevention and treatment of PET

Aspirin has been shown to reduce the incidence of PET by 2 – 5% and the risk of intrauterine growth restriction by 1 – 5%

NICE Guidelines advise women at high risk of PET to take 75-150mg of Aspirin daily from 12/40 until delivery

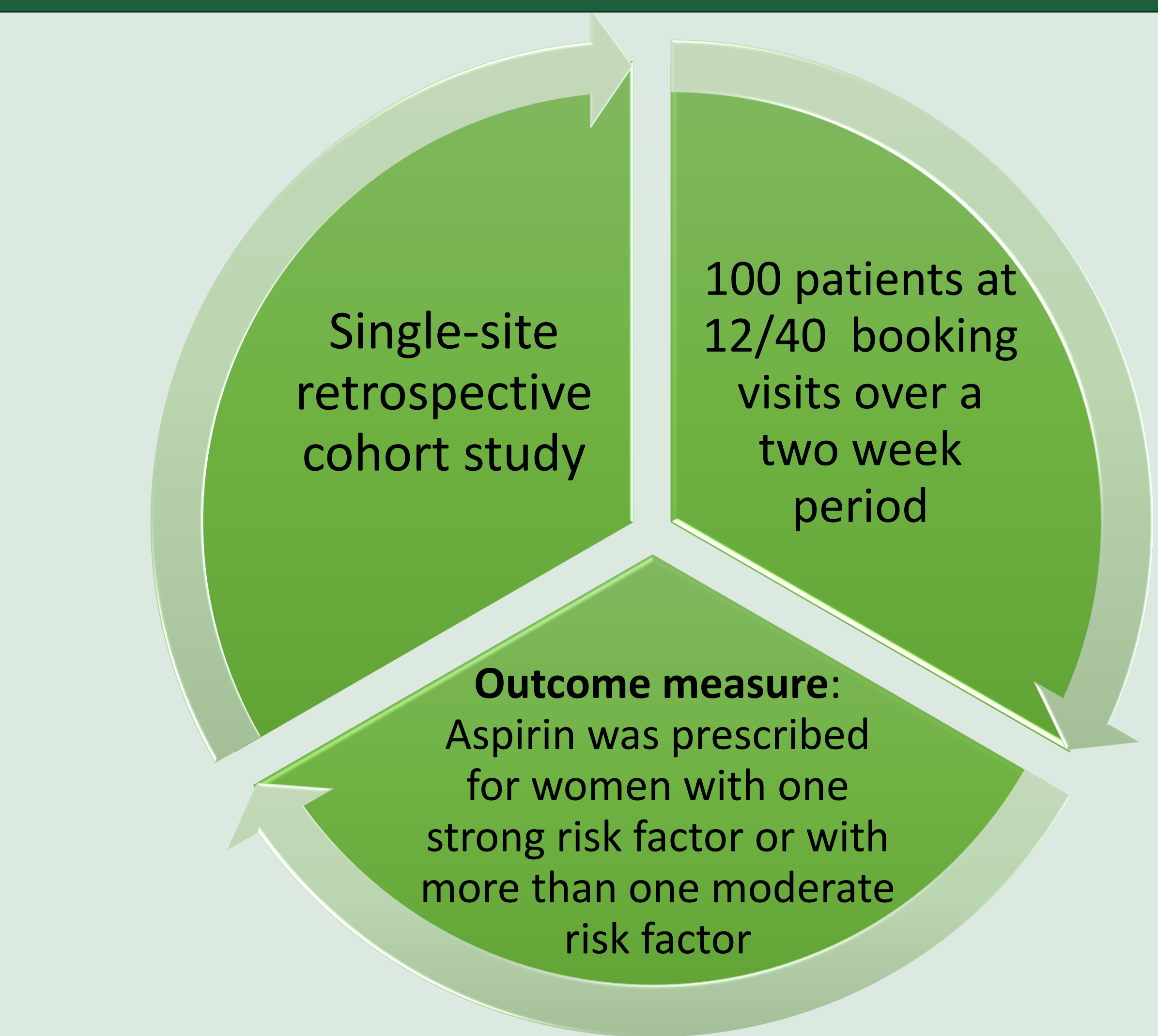
Aim

Hypertension in pregnancy: diagnosis and management

NICE guideline
Published: 25 June 2019
www.nice.org.uk/guidance/ng133

To assess compliance with aspirin prescribing in Cork University Maternity Hospital in accordance with the NICE Guideline recommendations for hypertension in pregnancy

Methods



Strong risk factors

- History of hypertension/PET in a previous pregnancy
- History of chronic hypertension
- History of chronic kidney disease
- History of autoimmune conditions
- Type 1 or type 2 diabetes

Moderate risk factors

- First pregnancy
- Age ≥ 40 yrs
- Pregnancy interval of more than 10 years
- Body mass index ≥ 35 kg/m²
- Family history of PET
- Multiple pregnancy

Results

- 4.8% of the population had ≥ 1 strong risk factors
- The most common strong risk factor was a history of hypertension/PET in a previous pregnancy (3.8%)
- 11% of the population had 2 moderate risk factors
 - 45% of patients nulliparous
 - 3.8% were over 40 years old
 - 10.5% had a BMI of over 35
 - 1.9% had a documented family history of PE
- 80% of women with 1 or more strong risk factor were not offered aspirin
- 69% of women with 2 or more moderate risk factors were not offered aspirin
- Certain risk factors, such as a family history of PET, were not well documented

Discussion

There was a discrepancy in the number of women who met the criteria for aspirin and the number of women who received it

We recommend implementing a standardized booking form to clearly risk stratify women at risk of PET

A clear pathway should be established to facilitate MDT communication in midwifery-led booking clinic