
NICE Recommends Daily Aspirin to Prevent Hypertension During Pregnancy

Mums-to-be who are at-risk of developing hypertension during pregnancy should take a small amount of aspirin every day to ward off the condition, latest NICE guidance suggests.

Hypertension during pregnancy, which includes the condition pre-eclampsia, is one of the leading cause of maternal death in the UK.

Babies born to women who experience hypertension during pregnancy are also more likely to be premature, stillborn or smaller than average, while the mothers face an increased risk of developing high blood pressure later in life.

Until now no national guidance has existed to help GPs, obstetricians and midwives care for women with chronic hypertension who become pregnant or are planning a pregnancy or for women who develop hypertensive disorders during pregnancy.

This new guidance recommends that a low dose (75mg) aspirin is offered daily to women who are at high risk of developing hypertension in pregnancy, such as those with chronic kidney disease, autoimmune disease such as systemic lupus erythematosus or antiphospholipid syndrome, diabetes or chronic hypertension. Women who have had hypertensive disease during a previous pregnancy are also at high risk of pre-eclampsia.

Women with more than one moderate risk factor should also be offered daily aspirin. Moderate risk factors are: first pregnancy, multiple pregnancy, interval between pregnancies of more than 10 years, maternal age 40 years or older, family history of pre-eclampsia, or body-mass index (BMI) over 35 kg/m² at first visit.

The guidance also recommends that women should be advised that restricting salt intake and taking dietary supplements such as magnesium or antioxidants (Vitamins C and E) will not help to prevent hypertension during pregnancy.

Before pregnancy, GPs should inform women who take angiotensin-converting enzyme (ACE) inhibitors and angiotensin II receptor blockers (ARBs) that these drugs can increase the risk of congenital abnormalities if taken during pregnancy, and discuss taking other antihypertensive drugs.

Women should stop taking ACE inhibitors or ARBs if they become pregnant and should be offered alternative treatments.

Stephen Walkinshaw, a consultant in maternal and foetal medicine at Liverpool Women's Hospital who chaired the development group for this guideline, said that the NICE guidance would "set out a clear pathway of care to guarantee that women are looked after in the best way possible no matter where they live."

"It will also ensure mums-to-be are given clear information by their doctor or midwife about their risks of developing such a condition and what is and is not effective in preventing these from occurring. It is important that both women and NHS staff have the knowledge to make informed decisions about care and treatment to ensure the best outcome for mother and child."

Lynda Mulhair, Consultant Midwife at Guy's and St Thomas' NHS Foundation Trust and guideline developer, said: "Although GPs and midwives already test a woman's blood pressure and urine for signs of hypertension and pre-eclampsia at each antenatal visit, there is a lack of guidance on what to do if a condition like this is diagnosed."

"This guideline seeks to fill that gap so that women who subsequently develop such a condition receive the best possible care from the NHS."

Fiona Milne developed pre-eclampsia when she was 35 and pregnant with her first child. Fiona, who is a trustee of the charity Action on Pre-eclampsia and a member of the guideline development group, said: "I was diagnosed with pre-eclampsia during my first pregnancy and sadly, my baby was stillborn at 37 weeks."

"This guideline will mean pregnant women and those planning a pregnancy who have or may develop a hypertensive disorder, will receive the best possible care and attention to keep them and their unborn babies safe and healthy."

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