

Half of moms-to-be at risk of preeclampsia are missing out on preventive aspirin

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More than half of mums-to-be who are at risk of the dangerously high blood pressure condition, pre-eclampsia, are missing out on preventive aspirin treatment, says an expert in an editorial published online in *Drug*

and Therapeutics Bulletin.

Making [aspirin](#) available from local pharmacies could help ward off the condition, says consultant obstetrician Dr. Joanna Girling of West Middlesex University Hospital, London.

Pre-eclampsia is the leading cause of premature birth, restricted fetal growth, and stillbirth and it increases the risk of hospital admission for the expectant mother before the birth.

Risk factors include: chronic [high blood pressure](#); underlying [kidney disease](#); autoimmune disease such as [rheumatoid arthritis](#); high blood pressure in a previous pregnancy; diabetes; older age (40+); obesity; more than 10 years since the previous pregnancy; or a [family history](#) of [pre-eclampsia](#).

National guidelines recommend that women at risk of pre-eclampsia should begin to take preventive low dose aspirin at 12 weeks of pregnancy.

"So why is it that despite compelling evidence for its benefit and safety, more than 50% of eligible pregnant women never start aspirin?" asks the author.

Concerns about taking any drugs during pregnancy and logistical issues, such as midwives in most maternity units not having legal powers to prescribe or supply aspirin, may account for the figures, she suggests.

When midwives can't prescribe, they advise mums-to-be to see their local GP to get a prescription, but this obviously takes time, risking delays in the start of preventive treatment, or not starting it at all, says Dr. Girling.

The easiest option would be to enable at-risk women to obtain supplies of low dose aspirin from their local pharmacy. It could be a lot cheaper than the "unnecessary branded [pregnancy](#) related nutrients and supplements that many women choose to buy," she suggests.

But the snag is that many pharmacists can't legally sell aspirin to ward off pre-eclampsia because it is not officially marketed for the treatment of the condition.

While some may be concerned that this suggests the use of aspirin for pre-eclampsia is unsafe, the absence of an official license for this indication is most likely for commercial reasons, because it's unlikely to be financially worthwhile, explains Dr. Girling.

But it makes no medical, financial, or common sense to disallow access to the drug in local pharmacies, she contends.

"If we are serious about increasing uptake of a nationally recommended, evidence-based, life-saving, low-cost intervention, how about developing a national [protocol] to allow community pharmacists to supply low-dose aspirin to women who are at risk of pre-eclampsia," she suggests.

More information: Editorial: Low-dose aspirin for prevention of pre-eclampsia: when over the counter just isn't, *Drug and Therapeutics Bulletin* (2020). dtb.bmj.com/lookup/doi/10.1136/dtb.2020.000003

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