

Doctor...the midwife has asked if you will prescribe aspirin...will you do it?

Bottom line (8th March 2016):

The Evidence Based Practice GP Group looked at the use of low dose aspirin for pregnant women at risk of pre-eclampsia. We looked at evidence presented in the NICE 2010 (and associated 2012 Evidence Update) and RCOG Small for gestational age green top guidelines (2013). This topic raised more uncertainties than answers. It seemed that there was reasonable evidence of reduced adverse pregnancy outcomes relating to pre-eclampsia and small-for-gestational-age if women with at least one high risk factor was given aspirin. However, the evidence was very much lacking to support the benefits in women with more than one moderate risk factor (these criteria for giving aspirin were apparently arbitrarily chosen through the assumption that two moderate risk factors = high risk (in whatever combination)). The number needed to treat (NNT) rose to over 200 for some outcomes and the lack of evidence regarding harms e.g. bleeding risks in ante-, peri and postnatal periods for mother and baby made it difficult to weigh up the risks and benefits. This issue is complicated further by the lack of licence for aspirin's use for this indication.

Context:

Primary care management of pregnant women in our local health economy is most commonly undertaken by practice midwives. However, they often do not prescribe. It is a common occurrence for GPs to be asked to prescribe aspirin to reduce the risk of pre-eclampsia. While guidance is provided by NICE, the risks and benefits of aspirin were not known to the group.

PICO:

POPULATION: pregnant women at high risk of pre-eclampsia

INTervention: aspirin 75mg daily from 12 weeks gestation to birth

COMPARATOR: no aspirin

OUTCOME: pre-eclampsia, low birth weight, preterm birth, pregnancy loss, adverse effects (e.g. bleeds)

Evidence sources:

NICE CG107 Hypertension in pregnancy: the management of hypertensive disorders during pregnancy (2010) <https://www.nice.org.uk/guidance/cg107>

NICE Hypertension in pregnancy evidence update (2012)
<https://arms.evidence.nhs.uk/resources/hub/712706/attachment>

RCOG Green Top Guidelines Investigation and management of the small-for-gestational-age fetus (2013) https://www.rcog.org.uk/globalassets/documents/guidelines/gtg_31.pdf

Impact:

Having examined the evidence, I am now better equipped to discuss the place of aspirin in pregnancy properly with patients. I discuss the reason for use but the limitations of the evidence and uncertainties, and that this is not a licenced indication for aspirin. A real marker of impact, was when our practice midwife came to ask me for further information about the evidence having been told by another colleague that we had been examining this. This suggests that wider members of the practice team have remembered

the limitations of the evidence and are questioning their practice. (GP Partner)