

Hypertension in pregnancy: planning care for women at moderate and high risk of pre-eclampsia

Risk factors for pre-eclampsia

Moderate

- First pregnancy
- Age 40 or over
- Pregnancy interval of 10 years or more
- BMI of 35 kg/m² or more at first visit
- Family history of pre-eclampsia
- Multi-fetal pregnancy

High

- Hypertensive disease during previous pregnancy
- Chronic kidney disease
- Autoimmune disease such as systemic lupus erythematosus or antiphospholipid syndrome
- Type 1 or type 2 diabetes
- Chronic hypertension

If any previous:

- severe eclampsia
- pre-eclampsia needing birth before 34 weeks
- pre-eclampsia with baby's birthweight below the 10th centile
- intrauterine death
- placental abruption

Do ultrasound fetal growth, amniotic fluid volume assessment, umbilical artery doppler velocimetry:

- start at 28 to 30 weeks, or at least 2 weeks before previous gestational age of onset of hypertensive disorder if less than 28 weeks
- repeat 4 weeks later.

Use cardiotocography only if clinically indicated

2 or more moderate risk factors, or
1 or more high risk factors?

Give aspirin
75 to 150 mg/day
from 12 weeks until
birth



Although this use of aspirin is common in UK clinical practice, at the time of publication (June 2019), aspirin did not have a UK marketing authorisation for this indication.

Community pharmacies cannot legally sell aspirin as a Pharmacy medicine for prevention of pre-eclampsia in pregnancy in England. Aspirin for this indication must be prescribed. The prescriber should see the summary of product characteristics for the manufacturer's advice on use in pregnancy. The prescriber should follow relevant professional guidance, taking full responsibility for the decision. Informed consent should be obtained and documented.

See the General Medical Council's Prescribing guidance: prescribing unlicensed medicines for further information.