Low-dose Aspirin

Information for pregnant women

Aspirin is an 'over-the-counter' medication which is commonly used as a blood thinner or analgesic. Low-dose Aspirin is recommended for women who have an increased risk of pregnancy complications, such as:

- pre-eclampsia (women)
- growth restriction (babies)
- stillbirth

or who have pre-existing medical conditions such as:

- diabetes
- hypertension
- kidney disease.

Your midwife or doctor will discuss with you why low-dose Aspirin is recommended in your case.

Is low-dose Aspirin safe in pregnancy?

Yes, low-dose Aspirin (150mg) is considered safe to use during pregnancy. It should be commenced after 12 weeks and preferably before 16 weeks' gestation and is usually stopped between 34-36 weeks' gestation.

How do I take it?

Break a 300mg Aspirin tablet in half and take one half (only) at night, after dinner, with water. Throw the other half of the tablet away as exposure to air may affect its effectiveness.

If a dose is missed, do not worry. You do not need to 'catch up' or increase the next night's dose. Continue to take the same dose (150mg) at approximately the same time at night, after dinner. It can be helpful to set a reminder or alarm.

Are there any side-effects?

Possible side effects of low-dose Aspirin include mild indigestion and a slight increased risk of bleeding. Stop taking Aspirin and seek medical help if you develop any bleeding, lip swelling, difficulty with breathing, wheezing or rash.

Before you take low-dose Aspirin

Discuss with your doctor if you have:

- A history of allergies to Aspirin or anti-inflammatory medications, such as ibuprofen (e.g. Nurofen®) and diclofenac (e.g. Voltaren®)
- Asthma
- Bleeding disorders
- Stomach ulcers

Mothersafe (NSW-wide medication advisory service for pregnancy and lactation)

📞 1800 647 848

This written information is to support the discussions held with your healthcare provider.

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