Aspirin for the prevention of pre-eclampsia: How can we do better?

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Introduction
Aspirin prophylaxis reduces the occurrence of pre-eclampsia, pre-term birth and fetal and neonatal mortality in women at moderate or high risk of developing the condition. Economic analysis has demonstrated that aspirin prophylaxis is cost effective when compared with no aspirin prophylaxis. NICE recommends the use of aspirin from 12 weeks for the prevention of pre-eclampsia in women identified as being at moderate or high risk of developing pre-eclampsia.

Aims
This project has 3 aims:
1. To assess compliance with the NICE guidelines for the use of aspirin in the prevention of pre-eclampsia
2. To identify barriers to compliance
3. To devise and implement strategies to improve compliance

Methods
Setting: The maternity unit of the James Paget University Hospital, a small district general hospital with 2200 deliveries per annum.

A retrospective case notes review was conducted of 279 women who delivered during May and June 2015. 12 women were excluded, leaving 267 cases for inclusion. Casenotes were reviewed against NICE guidelines with a target compliance of 100%.

A costing was performed based on the results obtained to assess the financial impact of a change in practice.

Recommendations
1. Risk Assessment Tool
Compliance is dependent on accurate and timely risk assessment of women in early pregnancy. The proposed risk assessment tool is designed to be used by community midwifery staff during the initial booking visit as part of a pathway of care.

2. Care Pathway
The proposed risk assessment tool forms the initial stage of the proposed care pathway.

Cost
Compliance of 100% has the potential to realise cost savings of £16,720 per annum.

Future
The proposed recommendations are simple measures designed to improve compliance and ultimately patient care, they are being introduced into practice and will be evaluated in 2016.

Results
Aspirin for the prevention of pre-eclampsia was indicated in 9.7% of the study population

Aspirin was prescribed in 27% of the patients in whom it was indicated

Aspirin was prescribed in 15% of the patients in whom it was indicated from 12 weeks as recommended by NICE

The mean gestational age at booking with the lead care provider was 12±5 weeks gestation.

The results demonstrate that compliance to the guideline is poor and is limited by the gestational age at booking in some cases.

References
2. Hypertension in pregnancy: The management of hypertensive disorders in pregnancy NICE March 2010