Audit of prophylactic aspirin use in antenates at moderate and high risk of pre-eclampsia at the Launceston General Hospital between 2016-2017

Inglis, NJ [1], Dennis A [1,2]

1. Women and Children's Services, Launceston General Hospital email: dr.nic1976@hotmail.com, 2. School of Medicine, University of Tasmania

INTRODUCTION

- The ASPRE trial demonstrated an effective way of electing patients that benefit from aspirin for pre-eclampsia prophylaxis. However access to uterine artery dopplers can be difficult in rural areas and risk factor based prophylaxis is still relevant. The aim of this study was to audit aspirin uptake in the antenatal population at the Launceston General Hospital (LGH).

OBJECTIVES

To determine the incidence of at risk women in our population and what risk factors are most common

- To determine if high risk women (defined by NICE guidelines) received more aspirin
- To determine if woman seen in antenatal clinic at an earlier gestation were more likely to receive aspirin
- To assess if the type of practitioner that reviewed the woman has an influence on aspirin use
- To determine if antenates who live remote (more than 50 km) from Launceston General Hospital received

METHODS

The NICE guidelines were used to categorise women at risk of pre-eclampsia. High risk women are women with a history of pre-eclampsia or pregnancy induced hypertension, diabetes, renal disease, connective tissue disease, essential hypertension.

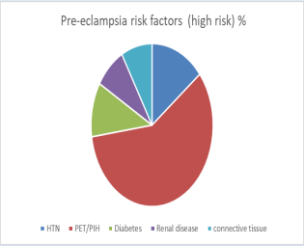
METHODS

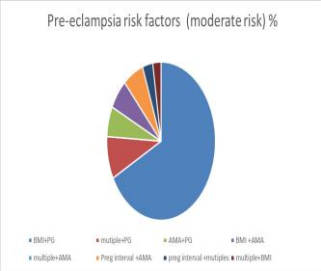
- Moderate risk women are women with two of ; primiparity, BMI>35, multiple pregnancy, age >40 years or 10 years between pregnancies. "Obstetrix" database was used to extract all (public) antenatal records at the Launceston General Hospital between 2016-2017 (ethics approval number H0017279) of women that meet the NICE criteria for aspirin prophylaxis.

- All consultation notes for these women were examined for aspirin use. The aspirin groups were then examined in terms of high and moderate risk women, average gestation at which antenate had first visit and the practitioner that conducted the first visit (categorized by obstetrician (including speciality registrars and GP obstetrician) or midwife/RMO) and remoteness of the antenate. Generalised linear tests were used (SPSS data analysis) to examine any differences in these groups. The average gestation at which women were first seen (in aspirin and no aspirin groups) was analysed using the student t test.

RESULTS

469 antenates were identified at risk and 56 (12%) received aspirin prophylaxis





Factor	Antenates using aspirin (%)	Antenates not using aspirin (%)	Total antenates
Moderate pre-eclampsia risk	8 (6)	131 (94)	139
High pre-eclampsia risk	48 (15)*	282 (85)	330
Remote	17 (24)	55 (76)	72
Not remote	47 (12)*	350 (88)	397
First visit with obstetric staff	7 (25)	21 (75)	28
First visit midwife or resident medical officer	57 (13)*	382(87)	439
First visit no officer classified	0	2	2

- The mean weeks for first visit of antenates that took aspirin was 11.1 and for those that did not was 15.5 weeks (p=0.01)
- * = P value is 0.05 or less.

REFERENCES

Hypertension in pregnancy: diagnosis and management NICE Clinical guideline [CG107] https://www.nice.org.uk/guidance/cg107/

Aspirin use for pre-eclampsia was low at LGH between 2016-2017. Education is required and should target those at moderate risk. Earlier visits for at risk women may improve aspirin use. Obstetric staff are more likely to advise aspirin use. Reassuringly remoteness does not reduce aspirin use.