



Consensus Statement: **Reducing the Risk of Developing Pre-Eclampsia**

The New Zealand College of Midwives (Inc) considers that midwives have an essential role in alerting women to the factors in their obstetric or health history that make them at high risk of developing pre-eclampsia during pregnancy.

The New Zealand College of Midwives considers further research is needed into the efficacy of low dose aspirin for women with moderate risks of developing pre-eclampsia.

Rationale:

Women with major risk factors for pre-eclampsia, as defined below, have an approximately 20% risk of developing pre-eclampsia. Low dose aspirin taken during pregnancy reduces the incidence of pre-eclampsia for these women. The optimum timing for the daily administration of Low Dose Aspirin (LDA) is at bedtime^{8,9}, commencing preferably between 12 and 16 weeks gestation^{1,2,3,13}. However, if LDA is commenced after 16 weeks it may still be of benefit in reducing the risk of pre-eclampsia⁹⁻¹²

Major risk factors for pre-eclampsia are defined as:

- Pre-eclampsia in previous pregnancy & birth <37 weeks or HELLP syndrome (haemolysis, elevated liver enzymes and low platelets).
- Predisposing medical conditions
 - Autoimmune e.g. Systemic Lupus Erythematosus (SLE), scleroderma, anti-phospholipid syndrome
 - Chronic hypertension (especially moderate and severe)
 - Diabetes type 1 and 2
 - Chronic kidney disease^{1,2,3}
- Assisted conception with oocyte donation⁴
- Family history of preeclampsia (mother and / or sister)¹

Guidelines/Recommendations:

At registration with an LMC midwife it is recommended that women are offered a comprehensive health assessment, including general health and maternity history which would include assessment of risk factors for pre-eclampsia⁵

When a major risk factor for pre-eclampsia is identified, midwives should ensure that women are offered information about the benefits of prophylactic low dose aspirin, and initiate a prompt referral for obstetric assessment and care planning^{6,7}

When considering whether a woman may require Low dose Aspirin, it is advisable that a midwife discusses this with an obstetrician in the first instance before a prescription is initiated (preferably before 16 weeks). This should be documented in the woman's clinical notes and on the referral.

LDA is usually discontinued at 36-37 weeks gestation.

Roles and responsibilities for ongoing antenatal care; monitoring and timing for follow up with obstetric specialist is also planned and documented at the time of obstetric consultation and understood by the woman⁶

Women with major risk factors for pre-eclampsia will also benefit from calcium supplementation during pregnancy. A decision regarding a recommendation for calcium supplementation will be made at the time of obstetric consultation and the prescription provided by the obstetrician at that time^{13,14}.

Women who have had pre-eclampsia in the recent pregnancy should be advised at discharge from maternity services¹⁴:

- that they have increased risk of developing pre-eclampsia in future pregnancies
- to seek care at an early gestation for any future pregnancies, in order to access prophylaxis (low dose aspirin and possibly calcium) and other advice especially if pre-eclampsia was early onset or complicated by HELLP syndrome
- to address other modifiable risk factors for pre-eclampsia such as obesity and postpartum weight retention.
- to be aware of the higher risk of developing later hypertension and cardiovascular disease. Annual BP checks and maintaining a healthy weight are recommended^{15,16}.

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Ratification:

*This statement was ratified at the New Zealand College of Midwives AGM on 28/8/2014
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The purpose of New Zealand College of Midwives Consensus Statements is to provide women, midwives and the maternity services with the profession's position on any given situation. The guidelines are designed to educate and support best practice. All position statements are regularly reviewed and updated in line with evidence-based practice.