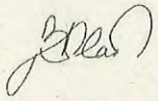
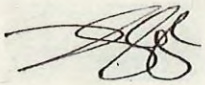
Patient Group Direction For The Supply of Aspirin Tablets For Individuals At High Risk Of Pre-Eclampsia or Placental Dysfunction in Pregnancy By Approved Healthcare Professionals Working Within NHS Grampian, Orkney And Shetland

Co-ordinator: Adapted from SPS Supply of aspirin tablets for individuals at high risk of pre-eclampsia and placental dysfunction. template, version 2.0 – Date Published October 2024	**Consultation Group:** See relevant page in the PGD	**Approver:** Medicines Guidelines and Policies Group **Authorisation:** NHS Grampian

Signature: 		**Signature:** 

NHSG Identifier: NHSG/PGD/Aspirin_Pregnancy /1857	**Review Date:** October 2028 **Expiry Date:** October 2029	**Date Approved:** October 2026

NHS Grampian have authorised this Patient Group Direction to help individuals by providing them with more convenient access to an efficient and clearly defined service within the NHS Board. This Patient Group Direction cannot be used until Appendix 1 and 2 are completed.

Uncontrolled when printed

Version 2.0

Revision History:

Reference and approval date of PGD that has been adapted and/or superseded	New PGD	
Date of change	**Summary of Changes**	**Section heading**
	SPS Version 1.0 (February 2022) Unpublished by MGPG	
April 2026	Title amended to feature pregnancy	
April 2026	Reference to NoS Appendix 1 and 2	Authorisation
April 2026	Statement added in about nurses being registered by the NMC	Professional registration
April 2026	Removed SPS advised training and added TURAS NoS PGD training link added	Initial Training
April 2026	NICE Competency framework statement removed	Competency assessment
April 2026	Added clinical systems utilised.	Records
June 2026	- Title and inclusion criteria changed to include placental dysfunction	Title
June 2026	Five additional high risk factors added to bottom of list.	Clinical Condition as to which PGD applies
June 2026	NHS Grampian guidance added and hyperlinked in with criteria for inclusion and exclusion.	Clinical Condition as to which PGD applies
June 2026	NHS Grampian guidance added and hyperlinked in with criteria for inclusion and exclusion.	Clinical Condition as to which PGD applies
June 2026	Given until birth – in areas where it said 36 wks /delivery, the 36 weeks has been removed	Criteria for Inclusion & Duration of Treatment
June 2026	Added 2 x guidance to bottom of references.	References
June 2026	Changed dose and frequency of administration.	
October 2026	Fetal Growth "Retardation" changed to Fetal Growth "Restriction"	Criteria for Inclusion

NHGS Identifier:	NHSG/PGD/Aspirin_Pregnancy/MGPG1857
Keyword(s):	PGD Patient Group Direction For The Supply of Aspirin Tablets For Individuals At High Risk Of Pre-Eclampsia or Placental Dysfunction in Pregnancy

Policy Statement: It is the responsibility of the individual healthcare professionals and their line managers to ensure that they work within the terms laid down in this PGD and to ensure that staff are working to the most up to date PGD. By doing so, the quality of the services offered will be maintained, and the chances of staff making erroneous decisions which may affect individual, staff or visitor safety and comfort will be reduced. Supervisory staff at all levels must ensure that staff using this PGD act within their own level of competence.

The lead author is responsible for the review of this PGD and for ensuring the PGD is updated in line with any changes in clinical practice, relevant guidelines, or new research evidence.

Review date: The review date for a PGD needs to be decided on a case-by-case basis in the interest of safety. The expiry date should not be more than 3 years, unless a change in national policy or update is required.

Document:	Drafted:	April 2026
	Completed:	October 2026
	Approved:	October 2026 (published – November 2026)
	Amended and re-authorised:	

Organisational Authorisations

This PGD is not legally valid until it has had the relevant organisational authorisation.

PGD Developed/Reviewed by;

Medical practitioner	**Name:** Dr Gail Littlewood **Title:** Consultant Obstetrics **Contact email:** gail.littlewood@nhs.scot **Signature:** ..... **Date:** 11/11/2026
Senior representative of the professional group who will provide care under the direction	**Name:** Lynne Ritchie **Title:** Midwifery Team Leader **Contact email:** lynne.ritchie2@nhs.scot **Signature:** ..... **Date:** 05/11/2026
Co-ordinator	**Name:** Jodie Allan **Title :** Medicines Management Nurse **Contact email:** Jodie.allan@nhs.scot **Signature:** ..... **Date:** 04/11/2026
Pharmacist	**Name:** Gayle Anderson **Title :** Advanced Pharmacist Practitioner **Contact email:** gayle.anderson2@nhs.scot **Signature:** ..... **Date:** 11/11/2026

Approved and authorised for use within NHSG by;

Medicines Guidelines and Policies Group Chair	Signature	Date Signed
Lesley Coyle		17/11/2026

Management and Monitoring of Patient Group Direction

PGD Consultative Group

The consultative group is legally required to include a medical practitioner, a pharmacist and is best practice to have a representative of the professional group who will provide care under the direction.

Name:	Title:
Jodie Allan	**Co-ordinator:** Medicines Management Nurse
Gayle Anderson	**Pharmacist:**
Dr Gail Littlewood	**Medical Practitioner:**
Lynne Ritchie	**Senior Representative:**

PGD development group

Date PGD template comes into effect:	1st February 2025
Review date	1st August 2027
Expiry date:	31st January 2028

This PGD template has been peer reviewed by the Preventative Medicines in Pregnancy PGDs Short Life Working Group (SLWG) in accordance with their Terms of Reference. It has been reviewed by the Royal College of Obstetrics and Gynaecology (RCOG) and has been endorsed by Professor Donald Peebles, National Clinical Director for Maternity NHS England.

Note the working group and approving organisation(s) agreement to the content only applies to the national template and does not extend to any local adaptations made to any of the content which are solely the responsibility of the organisation authorising the PGD. The most up to date version of the template is available from the SPS National PGD, protocol and written instructions templates webpage.

This section MUST REMAIN when a PGD is adopted by an organisation.

Name or Role	Position
Amy Moore	Pharmacist HIV, Sexual and Reproductive Health Kingston Hospital NHS Foundation Trust
Christina Nurmahi	Women & Newborn Care Group Lead Pharmacist, University Hospital Southampton NHS Foundation Trust
Emma Luhr	Director of Midwifery, Frimley Health NHS Foundation Trust
Felipe Castro Cardona	Head of Midwifery Clinical Workforce Chief Midwifery Office, NHS England
George Attilakos	Consultant in Fetal Medicine and Obstetrics in UCLH, Clinical Lead for Obstetrics and RCOG Council member
Hannah Putley	Policy Manager - Maternity and Neonatal, NHS Quality, Safety and Investigations, Department of Health and Social Care
Jo Jenkins	Associate Director Medicines Governance Specialist Pharmacy Service
Rosie Furner (Working Group Co-ordinator)	Advanced Specialist Pharmacist - Patient Group Directions and Medicines Mechanisms, Specialist Pharmacy Service
Sandy Richards	BSW LMNS Midwife NHS Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board (ICB)
Trixie McAree	National Midwifery Lead for Continuity of Carer, National Clinical Advisor, (Midwifery), Choice and Personalisation.
Verena Wallace	Senior Midwifery Adviser (Policy), Nursing and Midwifery Council
William Rial	Regional Chief Pharmacist for East of England, NHS England
Zoë van Zuylen	Lead Women and Neonatal Pharmacist, Imperial College Healthcare NHS Trust

Characteristics of staff

The decision to Supply any medicine rests with the individual registered practitioner who must abide by the PGD and any associated organisation policies.

Qualifications and professional registration	Registered nurses and midwives as recognised by the Nursing and Midwifery Council (NMC).
Initial training	The registered healthcare professional authorised to operate under this PGD must have undertaken appropriate education and training and successfully completed the competencies to undertake clinical assessment of patients ensuring safe provision of the medicines listed in accordance with local policy. Have undertaken NoS PGD module training on TURAS Learn. Recommended requirement for training would be successful completion of a relevant module/course accredited or endorsed by a university, Royal College of Midwives (RCM) accredited learning, or locally developed training.
Competency assessment	Individuals operating under this PGD must be assessed as competent (see Appendix 1 and Appendix 2)
Ongoing training and competency	Registered HCPs operating under this PGD are personally responsible for ensuring they remain up to date with the use of the medicine included in the PGD - if any training needs are identified these should be discussed with the senior individual responsible for authorising staff to act under the PGD and further training provided as required.

Clinical condition or situation to which this PGD applies

Clinical condition or situation to which this PGD applies	For pregnant individuals at risk of pre-eclampsia.
Criteria for inclusion	• Informed consent given. • Individuals aged 16 years and over. • Pregnant individuals starting from 12 weeks of pregnancy to delivery identified at moderate and high risk of pre-eclampsia using the guidance outlined in Hypertension in pregnancy: diagnosis and management NICE guideline [NG133] • NHS Grampian Guidance - Low Dose Aspirin Guidance Aug 2025.htm • Women with 1 high risk factor or 2 moderate risk factors should be offered prophylactic aspirin **HIGH RISK FACTORS -** • Hypertensive disease during a previous pregnancy (pre-eclampsia or pregnancy induced hypertension). • All classifications of chronic kidney disease (CKD) • Auto-immune disease such as systemic lupus erythematosus or antiphospholipid syndrome • Type 1 or 2 diabetes • Chronic hypertension outside of pregnancy requiring antihypertensive treatment (as defined by NICE) • Multiple Pregnancy • Pregnancy Associated Plasma Protein (PAPP-A)<0.4 MoMin current pregnancy • Previous stillbirth with placental cause (SGA/FGR/placental histology) • Sickle Cell Disease • Fetal Growth Restriction (FGR) in a previous pregnancy defined as – Birthweight <3rd centile Birthweight <10th centile with abnormal umbilical artery Doppler **MODERATE RISK FACTORS** • Nulliparous individuals • Age 40 years or older • Pregnancy interval more than 10 years • BMI of ≥35kg/m2 at first visit • Family history of pre-eclampsia
Criteria for exclusion	• Consent not given. • Individuals 16 years of age and over and assessed as lacking capacity to consent • Individuals aged under 16 years of age

	• Pregnancy prior to 12 weeks • Hypersensitivity/allergy to aspirin or other Non-Steroidal Anti-inflammatory Drugs (NSAIDs) • Known history of asthma deterioration when taking NSAIDs or aspirin – if any doubt discuss with specialist clinician before initiating • Active or history of recurrent peptic ulcer and/or gastric/intestinal haemorrhage or other types of bleeding such as cerebrovascular haemorrhages. • Known bleeding disorder e.g. Von Willebrand's disease • Known coagulation disorder e.g. haemophilia and thrombocytopenia (Platelets<80) • Active or history of gout • Known history of decompensated liver disease or markers suggestive of liver disease such as ascites and jaundice. • Severe renal impairment i.e. eGFR < 30ml/min/1.73m^2 • Individuals with rare hereditary problems of galactosaemia, galactose intolerance, total lactase deficiency, glucose-galactose malabsorption, sucrase-isomaltase deficiency, fructose-1,6-bisphosphatase deficiency (also known as hereditary fructose intolerance): check the individual list of excipients available in the SmPC which can be accessed on the MHRA website before supplying. • Clinically significant drug interaction/s – see and also refer to - https://bnf.nice.org.uk/drugs/aspirin/
Cautions including any relevant action to be taken	• Current uncontrolled or severe asthma – if any doubt discuss with specialist clinician before initiating • Discuss with appropriate medical/independent non-medical prescriber any medical condition or drug interaction of which the healthcare professional is unsure or uncertain.
Actions to be taken if the individual is excluded or declines treatment	• Explain the reasons for exclusion to the individual and document in the consultation record. • Record reason for declining in the consultation record. • Where required refer the individual to a suitable health service provider if appropriate and/or provide them with information about further options.

Description of treatment

Name, form and strength of medicine	Aspirin 75mg dispersible tablets
Legal category	Pharmacy – P In accordance with the MHRA all medicines supplied under a PGD must either be from over-labelled stock, or be labelled appropriately in accordance with the regulatory body guidelines for the labelling of medicines for the professional providing the supply.
Route or method of administration	Oral
Off label use	Best practice advice is given by the RCOG and NICE and is used for guidance in this PGD and may vary from the SmPC which can be accessed on the MHRA website. This PGD includes inclusion criteria, exclusion criteria and dosage regimens which are out with product licence. Medicines should be stored according to the conditions detailed in the Storage section below. However, in the event of an inadvertent or unavoidable deviation of these conditions the local pharmacy or Medicines Management team must be consulted. Where medicines have been assessed by pharmacy/Medicines Management in accordance with national or specific product recommendations as appropriate for continued use this would constitute off-label administration under this PGD. The responsibility for the decision to release the affected medicines for use lies with pharmacy/Medicines Management. Where a medicine is recommended off-label consider, as part of the consent process, informing the individual/parent/carer that the medicine is being offered in accordance with national guidance but that this is outside the product licence.
Dose and frequency of administration	150mg at night – (1 dose 2 tablets)
Quantity to be supplied	• Supply of appropriate labelled packs of 84x75mg tablets Or • Supply of appropriate labelled packs of 28x75mg tablets

	Note: Supply should be enough to last until next midwife appointment.
Duration of treatment	From 12 weeks of pregnancy to delivery
Storage	Medicines must be stored securely according to national guidelines and in accordance with the SmPC which can be accessed on the MHRA website
Drug interactions	**All concurrent medications must be checked for interactions .**A detailed list of drug is included in the SmPC which can be accessed on the MHRA website or the BNF. Where a clinically significant interaction is identified discuss with appropriate prescriber
Identification and management of adverse reactions	A detailed list of adverse reactions is included in the SmPC which can be accessed on the MHRA website or the BNF The following possible adverse effects are commonly reported with aspirin (but may not reflect all reported adverse effects): • Dyspepsia • Haemorrhage • Dyspnoea • Rhinitis • Skin reactions • Bronchospasm / asthma attack
Management of and reporting procedures for adverse reactions	• Any individual experiencing mild side effects should contact their community midwife in the first instance for advice – where, if clinically necessary, the midwife should advise on any need for immediate discontinuation and refer to a specialist clinician for further advice • Healthcare professionals and individuals/carers are encouraged to report suspected adverse reactions to the MHRA's Yellow Card Scheme • Record all adverse drug reactions (ADRs) in the individual's clinical record. • Report via organisation incident policy
Written information and further advice to be given to individual or carer	• Provide patient information leaflet (PIL) provided with the original pack. • Explain mode of action, side effects, and benefits of the medicine • Advise that aspirin is best taken in the evening, with food. • Advise that dispersible forms should be dispersed in a small amount of water; enteric and standard tablet forms should be swallowed whole.

	• There is no evidence to suggest that low dose aspirin increases the risk of bleeding during pregnancy or at the time of birth. • No other NSAID or aspirin containing products including over the counter analgesic preparations should be taken. • The aspirin should be continued until delivery • Any remaining tablets not taken by the end of the pregnancy should be returned to a community pharmacy for disposal.
Advice / Follow-up treatment	• The individual should be advised to seek medical advice in the event of an adverse reaction. • Individual to seek further advice if they have any concerns • Normal midwifery antenatal and postnatal reviews.
Records to be kept	• The consent of the individual and, o if the individual over 16 years of age and not competent to consent, record action taken • Name of individual, address, date of birth • GP contact details where appropriate • Relevant past and present medical history, including medication history. • Examination finding where relevant e.g. weight • Any known allergies • Name of registered health professional operating under the PGD • Name of medication supplied • Date of supply • Dose supplied • Quantity supplied • Advice given, including advice given if excluded or declines treatment • Details of any adverse drug reactions and actions taken • Advice given about the medication including side effects, benefits, and when and what to do if any concerns • Any referral arrangements made • Any supply outside the terms of the product marketing authorisation • Recorded that supplied via Patient Group Direction (PGD) Depending on the clinical setting where supply is undertaken, the information should be recorded manually or electronically, in one (or more) of the following systems, as appropriate:

	• BadgerNet – Digital Maternity Notes. • HEPMA. • Individual's GP records if appropriate. • Individual service specific systems. Records should be signed and dated (or password controlled e-records) and securely kept for a defined period in line with local policy. All records should be clear, legible and contemporaneous. A record of all individuals receiving treatment under this PGD should also be kept for audit purposes in accordance with local policy.

Key references (accessed July 2024)

- SmPC on MHRA website
- Current edition of British National Formulary
- NICE Medicines practice guideline MPG2 - Patient Group Directions - Last Updated 27 March 2017
- NICE Hypertension in pregnancy: diagnosis and management – last updated 17 April 2023
- Maternal, Newborn and Infant Clinical Outcome Review Programme Saving Lives, Improving Mothers' Care Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2015-17 MBRRACE Report
- Royal College of Obsetricians and Gynaecologists The Investigation and Management of the Small–for–Gestational–Age Fetus Green–top Guideline No. 31 2nd Edition | February 2013 | Minor revisions – January 2014
- NHS Grampian Guidance - Low Dose Aspirin Guidance Aug 2025.html
- Grampian Area Formulary
- NHSG Over labelled guidance

Appendix 1

Healthcare Professional Agreement to Supply Medicine(s) Under Patient Group Direction

I: _____ (Insert name)

Working within: _____ e.g. Area, Practice

Agree to supply the medicine(s) contained within the following Patient Group Direction:

Patient Group Direction For The Supply of Aspirin Tablets For Individuals At High Risk Of Pre-Eclampsia In Pregnancy by Approved Healthcare Professionals Working Within NHS Grampian, Orkney And Shetland, Version 2.0

I have completed the appropriate training to my professional standards enabling me to supply the medicine(s) under the above direction. I agree not to act beyond my professional competence, nor out with the recommendations of the direction.

Signed: _____

Print Name: _____

Date: _____

Profession: _____

Professional Registration number/PIN _____

Appendix 2

Healthcare Professionals Authorisation to Supply Medicine(s) Under Patient Group Direction

The Lead manager/Professional of each clinical area is responsible for maintaining records of all clinical areas where this PGD is in use, and to whom it has been disseminated.
The Senior Nurse/Professional who approves a healthcare professional to supply the medicine(s) under this PGD is responsible for ensuring that they are competent, qualified and trained to do so, and for maintaining an up-to-date record of such approved persons.
The Healthcare Professional that is approved to supply the medicine(s) under this PGD is responsible for ensuring that they understand and are qualified, trained and competent to undertake the duties required. The approved person is also responsible for ensuring that supply is carried out within the terms of the direction, and according to their individual code of professional practice and conduct.
Patient Group Direction For The Supply of Aspirin Tablets For Individuals At High Risk Of Pre-Eclampsia In Pregnancy by Approved Healthcare Professionals Working Within NHS Grampian, Orkney And Shetland, Version 2.0
Local clinical area(s) where the listed healthcare professionals will operate under this PGD:

Name of Healthcare Professional	Signature	Date	Name of Manager	Signature	Date

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Name of Healthcare Professional	**Signature**	**Date**	**Name of Manager**	**Signature**	**Date**