Does low dose aspirin reduce the risk of miscarriage?

By Dr David Moore, 3 April 2014

According to an RCT published in The Lancet this week -maybe...

Low-dose (75-100mg) daily aspirin ("LDA"), commenced before 16 weeks,has been shown in high-powered studies to outcomes such as pre-eclampsia, fetalgrowth restriction, and preterm birth. The effect is strongest in high-risk women (v events in previous pregnancies; see Villa *et al*, BJOG 2013 and Roberge *et al*Ultrasound O&G 2013). As often happen we become tempted to prescribe these*proven*therapies for indications in which they are*unproven*. Recurrent miscarriage as three or more consecutive pregnancies ending in miscarriage before 20 weeks) causes immeasurable anguish to c mitigating against future pregnancy loss. Interestingly, LDA coupled with low dose heparin has been shown to reduce th with RPL*who also have antiphospholipid syndrome*; whereas this recipe has no effect in women with RPL in the absence *al*Cochrane 2009).

The use of LDA in women *without* RPL (that is, one or two miscarriages only) has found mixed results with small, unpov most recent, large, placebo-controlledRCT (dubbed the "EAGeR study") sought to scrutinise this relationship more clea such women on LDA before conception, and found no improvement in livebirth or miscarriagerates for women who h concluded that routine LDA should not be used in this group. Interestingly, however, their data *did* reveal a statistically livebirth rates in a group of women who had one previous miscarriage, before 20 weeks, within the last year. Hmm... perhaps it's a statistical anomaly ("Lies, damned lies, and statistics"), but certainly that little chestnut requires more rese of causes, and there's no biologically plausible way that aspirin would improve many of them (such as chromosomal prob

So, bottom line, LDA shouldn't be used indiscriminately with the hope of improving livebirth rates - we have good evider benefit, and quality evidence to refute benefit in other populations. This study adds to this knowledge.

PS- I often get raised eyebrows when discussing aspirin use in pregnancy ("isn't that harmful?") - there is extensive evid *suitably prescribed* in pregnancy (James*et al*O&G Survey 2008).

About Dr David Moore

David is a Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, a Queensland. He is highlyskilled in the management of complex and high-risk pregnancies, and has specia endometriosis, pelvic floor and incontinence surgery. David has completed a Master of Reproductive Medi management of fertility problems, and can offer the full range of assisted reproductive treatments. He is a Queensland Medical School, and has published both medical journal and textbook contributions.

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