

Important Notice: Non-steroidal anti-inflammatory drugs (NSAIDs)

Date: June 18, 2021

Further to the notice from Health Canada on use of NSAIDs, the SOGC reminds members that:

- National guidelines, from SOGC and internationally, recommend the use of low -dose-ASA (100-180 mg po qhs) starting before 16 weeks and stopping by 36 weeks, for the prevention of pre-eclampsia and pre-term birth. Low-dose ASA may be given in the form of two baby aspirin (162 mgm total) at bedtime.
- Screening for risk of pre-eclampsia, prior to 16 weeks, is best practice in prenatal care.
- Low-dose ASA is recommended for women at increased risk, including those with a history of pre-eclampsia in a previous pregnancy, those with certain underlying medical conditions and those with abnormal findings on Doppler ultrasound or first trimester serum biomarkers. Women at risk can also be identified on the basis of clinical characteristics including age, BMI, blood pressure and ethnicity.

There may be other medical conditions for which an NSAID is the best treatment choice. The notice from Health Canada does not exclude these indications, with appropriate informed consent.

References

1. The role of aspirin dose on the prevention of preeclampsia and fetal growth restriction: systematic review and meta-analysis. Roberge S, Nicolaides K, Demers S, Hyett J, Chaillet N, Bujold E. *Am J Obstet Gynecol.* 2017 Feb;216(2):110-120.e6. doi: 10.1016/j.ajog.2016.09.076. Epub 2016 Sep 15. PMID: 27640943
2. Antiplatelet agents for preventing pre-eclampsia and its complications. Duley L, Meher S, Hunter KE, Seidler AL, Askie LM. *Cochrane Database Syst Rev.* 2019 Oct 30;2019(10):CD004659. doi: 10.1002/14651858.CD004659.pub3. PMID: 31684684