



Royal Free London
NHS Foundation Trust

Low Pregnancy Associated Plasma Protein A (PAPP-A)

Information for patients

You have been given this leaflet because your recent combined screening blood test has shown that you have low PAPP-A levels.

Firstly, please do not worry. This leaflet will go through some of the key information and ways in which we will support you during your pregnancy. It is important to note that with some extra care and support, most pregnancies with low PAPP-A levels will result in the birth of healthy babies and mothers.

What is a PAPP-A?

PAPP-A stands for Pregnancy Associated Plasma Protein A, which is a protein produced by the placenta – the organ that provides oxygen and nutrients to your baby whilst it is growing. PAPP-A is one of the hormones that is measured during the first trimester in the combined screening test.

Low PAPP-A levels are found in approximately 5 per cent of all pregnancies. Research tells us that in some women with low PAPP-A levels, the placenta has to work harder than in pregnancies with higher PAPP-A levels and that as a result, the pregnancy might be affected by:

- Low birth weight babies
- Raised blood pressure and protein in the urine, known as pre-eclampsia.

The risk of these complications is small. However, when such results are found we offer closer monitoring for both mother and baby to ensure that both are kept as safe as possible. The extra monitoring usually comes in the form of extra blood pressure monitoring and additional growth scans for the baby.

What will this mean for my pregnancy?

Now that you have received your blood test results, you will now be booked in for a telephone consultation. This will give you the opportunity to ask any questions that you may have and will give you the time to discuss the plan of care for the rest of your pregnancy with your midwifery team caring for you.

During your routine 20-week scan you will also be offered a Uterine Artery Dopplers measurement. This is a measurement that gives us information about the blood flow from you (the mother) to your baby (in your womb).

In addition, you will be offered a series of growth scans to monitor the growth of your baby and to assess the amniotic fluid volume (water around baby). These extra scans and measurements give us important information which can help us to support you and your baby during your pregnancy.

During your pregnancy we will also continue to check your blood pressure and urine at your routine antenatal appointments. This is so any changes can be identified at an early stage.

What is next?

If you are not allergic to aspirin and do not have any of the conditions listed below, we will recommend taking aspirin during your pregnancy. This is because aspirin may reduce the risk of some of the complications of pregnancy (please see the details at “Why I should take aspirin?” section of this leaflet).

We recommend that you take a total of 150mg of aspirin once per day. It is best to take your aspirin once daily after your evening meal. Most aspirin come in 75mg tablets, so you would need to take two tablets to make up the 150mg dose.

Conditions that mean you should not take aspirin:

- If you have / have had a history of asthma
- If you have active or previous peptic ulceration – sores that develop on the lining of the stomach
- If you have any bleeding disorders such as haemophilia
- If you are under the age of 16 due to the risk of reye syndrome
- If you have experienced severe cardiac failure.

When should I start and stop taking aspirin?

You should start taking aspirin from now until 36 weeks of your pregnancy. If you go into labour before 36 weeks, please stop taking the aspirin immediately and advise your midwife.

Why should I take aspirin?

Research has shown that taking aspirin can help to reduce the risk of pre-eclampsia (a condition in pregnancy which includes having high blood pressure and protein in your urine) developing in women who are at risk by improving the formation of the placenta.

Taking aspirin helps to improve the blood flow to your baby during the early stages of pregnancy which means that your baby can grow to its full potential. So, taking aspirin can help to reduce the risk of having a small baby – especially if you have had a small baby before in previous pregnancies.

Is there anything I can do help my baby to grow well?

If you smoke, it is extremely important that you stop. Smoking can affect the placental function and impair the baby's growth. Your midwife can refer you for help to stop smoking.

Who can I speak to for further information?

We understand that receiving the news that you have low PAPP-A levels may be worrying. Please be reassured that usually this does not mean that there will be a problem with your pregnancy. We ensure that with the additional monitoring mentioned in this leaflet, most pregnancies result in the birth of healthy babies.

You will get the chance to discuss this further in your telephone consultation. However, if you would like to speak further you should contact your named midwife.

More information

For more information about the maternity service at the Royal Free London, please visit our website:

www.royalfree.nhs.uk/services/services-a-z/maternity-services/

Your feedback

If you have any feedback on this leaflet or for a list of references for it, please email: rf.communications@nhs.net

Alternative formats

This leaflet is also available in large print. If you need this leaflet in another format – for example Braille, a language other than English or audio – please speak to a member of staff.

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