COMPLICATIONS OF PREGNANCY
VENOUS THROMBOSIS AND EMBOLISM IN PREGNANCY AND THE PUERPERIUM

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Authorised by: OGCCU
Review Team: OGCCU

VTE PROPHYLAXIS FOR WOMEN WITH A PREVIOUS THROMBOTIC EVENT + WITH PROVEN THROMBOPHILIA

KEY WORDS
Venous thromboembolism, VTE, thrombophilia, thromboprophylaxis, pulmonary embolus, anticoagulants, low molecular weight heparin, LMWH, antithrombin deficiency

AIM
Venous thromboembolism (VTE) prophylaxis in pregnant women with a previous thrombotic event.

BACKGROUND
Venous thromboembolism (VTE) in pregnancy and the postpartum period is uncommon but clinically important. Previous VTE is one of the most important risk factors for pregnancy associated (PA) VTE. The risk of recurrence is higher following previous unprovoked (no identified risk factors) than provoked (associated with a risk factor) event.

WOMEN WITH PRIOR VTE
1. Women with a single unprovoked VTE (irrespective of family history or thrombophilia screening) are at significant risk for recurrence of PA-VTE. Extended antenatal and postpartum thromboprophylaxis is recommended.
2. For women with prior VTE associated with pregnancy antenatal thromboprophylaxis is recommended.
3. For women with prior VTE associated with the combined oral contraceptive pill, antenatal thromboprophylaxis should be considered, particularly in the presence of other risk factors or if the prior event was a pulmonary embolus or proximal DVT.
4. For women with prior provoked VTE not associated either with the COCP or pregnancy, antenatal thromboprophylaxis should only be considered if other risk factors are present.
5. Extended postpartum thromboprophylaxis is recommended for all women with prior VTE.

WOMEN ON LONG-TERM ANTICOAGULANTS FOR PRIOR VTE AND WOMEN WITH ANTIPHOSPHOLIPID SYNDROME ASSOCIATED WITH PRIOR ARTERIAL / VENOUS THROMBOSIS.
These women are considered to be high risk and require intermediate, or therapeutic doses of low molecular weight heparin (LMWH) during pregnancy, particularly if on long-term warfarin therapy.
1. Women who require permanent anticoagulation outside pregnancy and those with antiphospholipid syndrome who have a history of arterial or venous thrombosis should receive antenatal and postpartum anticoagulation.
2. Women on therapeutic dose anticoagulation before pregnancy should receive therapeutic dose LMWH during pregnancy, returning to warfarin in the postpartum period.

WOMEN WITH ANTITHROMBIN DEFICIENCY.
1. Women with prior VTE and antithrombin deficiency should have antenatal and postpartum thromboprophylaxis with therapeutic dose LMWH.
2. Pregnant women with antithrombin deficiency who have a family history of VTE but no personal history, require antenatal and postpartum thromboprophylaxis. Therapeutic or intermediate doses of LMWH are favoured over prophylactic doses for these women.

REFERENCE