

## COMPLICATIONS OF PREGNANCY

### VENOUS THROMBOSIS AND EMBOLISM IN PREGNANCY AND THE PUERPERIUM

## PROPHYLAXIS FOR WOMEN WITH A PRIOR THROMBOTIC EVENT IN WHOM NO THROMBOPHILIA HAS BEEN IDENTIFIED

### ANTEPARTUM

These women have sustained thrombosis or pulmonary embolism in the past, whether in relation to pregnancy or not. No thrombophilic disorder was detected. There is no need to perform thrombophilia testing in these women. If such testing is contemplated they should be referred for 'pre test counselling' to the Pregnancy Medicine clinic.

***For these women, a benefit from thromboprophylaxis IN THE ANTENATAL PERIOD has not been proven and decisions must be based on an individual assessment of the risk of recurrence.***

Below are detailed the general varieties of thrombotic event and an approach to each. In most cases, consultation with the Obstetric Physician or Haematologist is advisable.

1. **CALF VEIN THROMBOSIS where there were provocative factors in the previous event** (e.g. cigarette smoking whilst taking the oral contraceptive pill, after knee surgery when the leg immobilised), provided these factors no longer operate:
  - Give either low dose aspirin alone, or no prevention.
2. **ILIOFEMORAL THROMBOSIS, PULMONARY EMBOLISM OR MORE THAN ONE PREVIOUS THROMBOSIS:**
  - LMWH in a prophylactic dose in the antenatal period should be given unless the previous event occurred in a situation of high risk for thrombosis (e.g. long hospital admission, leg surgery). Starting gestation depends on individual assessment. If LMWH not given, give low dose aspirin.
3. **ANY UNPROVOKED VENOUS THROMBOSIS DURING A PREVIOUS PREGNANCY**, i.e. no apparent clinical risk (e.g. post-operative, prolonged bed rest) was present
  - Give LMWH prophylaxis during pregnancy, commencing at a gestation a few weeks prior to the index event
4. **ANY PREVIOUS DEEP VEIN THROMBOSIS OR PULMONARY EMBOLISM WHERE THE WOMAN IS OVER 35 YEARS OF AGE, HAS A BMI > 30, HAS POST THROMBOTIC SYNDROME OR SEVERE VARICOSE VEINS.**
  - Give antenatal prophylaxis as above.

## POSTPARTUM

The risk of recurrent thrombosis in all of these cases is sufficiently high, and the risks of prophylaxis sufficiently low, to favour 6 weeks therapy with LMWH or Warfarin **at a prophylactic dose** in most women with a history of thrombosis.

Low Molecular Weight Heparin should be given as part of either one of the following protocols:

1. Once daily subcutaneous LMWH injection for 6 weeks postpartum commenced within 4 hours of delivery **UNLESS** there is evidence of abnormal bleeding.
  - The dose to be used is the standard prophylactic dose: Enoxaparin 40mg daily OR Dalteparin 5,000 units daily

When using LMWH in this dose, **no monitoring of factor Xa levels is required.**

2. For women who prefer Warfarin as their prophylaxis, daily subcutaneous LMWH is commenced postpartum within 4 hours **UNLESS** there is evidence of abnormal bleeding.
  - WARFARIN is commenced at 6pm on day 2. No loading dose is given. Warfarin is commenced and continued at the dose judged to be the correct prophylactic dose (usually 5-6mg) for at least 4 days. Protocols used for non-obstetric patients are not relevant to this situation.
  - If Warfarin is to be prescribed PROPHYLACTICALLY (to be distinguished from THERAPEUTIC use), this should be done in consultation with the Obstetric Medicine Consultant/Registrar or Haematologist. **The TARGET INR for prophylaxis is 1.7 – 2.2 for 6 weeks.** A detailed letter must be sent to the patient's GP to clarify the TARGET INR.
  - LMWH is used for 4-5 days until the INR is above 1.5. It is rarely necessary to continue LMWH beyond 4-5 days. This should only be with the advice of the Obstetric Medicine Consultant/Registrar or Haematologist.

For those choosing Warfarin, it is necessary to provide reassurance that Warfarin is compatible with breastfeeding and has no effect on the breastfeeding infant.

REFERENCES / STANDARDS	
National Standards – 1- Care provided by the clinical workforce is guided by current best practice	
Legislation - Nil	
Related Policies - Nil	
Other related documents – Nil	
RESPONSIBILITY	
Policy Sponsor	Medical Director OGCCU
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