

MANAGEMENT OF THERAPEUTIC ANTICOAGULATION IN PREGNANCY, DELIVERY AND POSTPARTUM

<p>Patient Information</p>

Thrombosis History:

DVT in current pregnancy
Date of event:.....

PE in current pregnancy
Gestation at time of event:.....

Or/

Long term anticoagulation pre pregnancy
Anticoagulant:.....

Indication:.....

Anticoagulation during pregnancy

Agent:

Dose:

Planned Duration of Treatment:

Delivery Plan

Spontaneous labour (ensure patient knows not to take LMWH if suspects/in labour)

Or/

Planned delivery: Induction of labour caesarean section

Date of planned delivery:

Last dose of LMWH: Date.....Dose.....Time.....
(Therapeutic LMWH should be discontinued 24 hours prior to IOL or caesarean section)

Authorized by Dr.....Date.....

Post Delivery

1. Delivery with no bleeding complications:

- a. Prophylactic dose LMWH dosage..... 4 hours post delivery or 4 hours post epidural catheter removal
- b. Treatment dose LMWH 24 hours post prophylactic dose e.g. Clexane 1.5mg/kg single daily dose (use postpartum weight) Weight.....Dose.....

Authorized by Dr.....Date.....

2. Delivery with bleeding complications:

Options are to delay dose of LMWH, or in rare situations consider the use of UF Heparin. These cases should be discussed with the on-call haematology consultant

Plan:

Duration of postnatal anticoagulation

All women treated for a VTE in the current pregnancy require a minimum of 6 weeks postnatal anticoagulation at treatment dose and a total duration of therapy of 3 months (therefore for some women treatment dose anticoagulation will be extended beyond 6 weeks postpartum depending on when the VTE occurred). Women should not convert from LMWH to Warfarin or a DOAC until Day 5 postpartum. DOACs are contraindicated in breast feeding women

Planned duration of PN anticoagulation

Options: Continue LMWH LMWH/Warfarin DOAC

(Refer to GG&C Guideline Thromboembolic Disease in Pregnancy and the Puerperium – Acute Management for dosing regimens)

Postnatal Follow-up Arrangements:

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