

**MANAGEMENT OF THERAPEUTIC ANTICOAGULATION IN PREGNANCY, DELIVERY AND POSTPARTUM**

<p><b>Patient Information</b></p>
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- DVT in current pregnancy
  - PE in current pregnancy
- Or/**
- Long term anticoagulation pre pregnancy

Date of event:.....

Gestation at time of event:.....

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 LWMH 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:**

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**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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Approved by Obstetric Guideline Group:.....Approved by Obstetric Governance Group:.....

Implementation Date:.....04/12/18.....Review Date:.....01/12/23.....