

Table 2. Recommended Thromboprophylaxis Complicated by Inherited Thrombophilias¹

| Clinical Scenario | Antepartum Management | Postpartum Management |
|--|--|---|
| Low-risk thrombophilia ² without previous VTE | Surveillance without anticoagulation therapy or prophylactic LMWH or UFH | Surveillance without anticoagulation therapy or postpartum anticoagulation therapy if the patient has additional risk factors ³ |
| Low-risk thrombophilia ² with a single previous episode of VTE – Not receiving long-term anticoagulation therapy | Prophylactic or intermediate-dose LMWH/UFH or surveillance without anticoagulation therapy | Postpartum anticoagulation therapy or intermediate-dose LMWH/UFH |
| High-risk thrombophilia ⁴ without previous VTE | Prophylactic LMWH or UFH | Postpartum anticoagulation therapy |
| High-risk thrombophilia ⁴ with a single previous episode of VTE – Not receiving long-term anticoagulation therapy | Prophylactic, intermediate-dose, or adjusted-dose LMWH/UFH regimen | Postpartum anticoagulation therapy or intermediate or adjusted-dose LMWH/UFH for 6 weeks (therapy level should be at least as high as antepartum therapy) |
| No thrombophilia with previous single episode of VTE associated with transient risk factor that is no longer present – Excludes pregnancy- or estrogen-related risk factor | Surveillance without anticoagulation therapy | Postpartum anticoagulation therapy ⁵ |
| No thrombophilia with previous single episode of VTE associated with transient risk factor that was pregnancy- or estrogen-related | Prophylactic-dose LMWH or UFH ⁵ | Postpartum anticoagulation therapy |
| No thrombophilia with previous single episode of VTE without an associated risk factor (idiopathic) – Not receiving long-term anticoagulation therapy | Prophylactic-dose LMWH or UFH ⁵ | Postpartum anticoagulation therapy |
| Thrombophilia or no thrombophilia with two or more episodes of VTE – Not receiving long-term anticoagulation therapy | Prophylactic or therapeutic-dose LMWH or Prophylactic or therapeutic-dose UFH | Postpartum anticoagulation therapy or Therapeutic-dose LMWH/UFH for 6 weeks |
| Thrombophilia or no thrombophilia with two or more episodes of VTE – Receiving long-term anticoagulation therapy | Therapeutic-dose LMWH or UFH ⁵ | Resumption of long-term anticoagulation therapy |

Abbreviations: LMWH, low molecular weight heparin; UFH, unfractionated heparin; VTE, venous thromboembolism.

¹Postpartum treatment levels should be greater or equal to antepartum treatment. Treatment of acute VTE and management of antiphospholipid syndrome are addressed in other Practice Bulletins.

²Low-risk thrombophilia: factor V Leiden heterozygous; prothrombin G20210A heterozygous; protein C or protein S deficiency.

³First-degree relative with a history of thrombotic episode before age 50 years, or other major thrombotic risk factors (eg, obesity, prolonged immobility).

⁴High-risk thrombophilia: antithrombin deficiency; double heterozygous for prothrombin G20210A mutation and factor V Leiden; factor V Leiden homozygous or prothrombin G20210A mutation homozygous.

⁵Surveillance without anticoagulation is supported as an alternative approach by some experts.

Table 3. Anticoagulation Regimens

| Management Type | Dosage |
|--|--|
| Prophylactic LMWH ¹ | <ul style="list-style-type: none"> • Enoxaparin, 40 mg SC once daily • Dalteparin, 5,000 units SC once daily • Tinzaparin, 4,500 units SC once daily |
| Therapeutic LMWH ² (also referred to as weight-adjusted, full-treatment dose) | <ul style="list-style-type: none"> • Enoxaparin, 1 mg/kg every 12 hours • Dalteparin, 200 units/kg once daily • Tinzaparin, 175 units/kg once daily • Dalteparin, 100 units/kg every 12 hours |
| Minidose prophylactic UFH | UFH, 5,000 units SC every 12 hours |
| Prophylactic UFH | <ul style="list-style-type: none"> • UFH, 5,000-10,000 units SC every 12 hours • UFH, 5,000-7,500 units SC every 12 hours in first trimester • UFH, 7,500-10,000 units SC every 12 hours in second trimester • UFH, 10,000 units SC every 12 hours in the third trimester, unless the aPTT is elevated |
| Therapeutic UFH (also referred to as weight-adjusted, full-treatment dose) | UFH, 10,000 units or more SC every 12 hours in doses adjusted to target aPTT in the therapeutic range (1.5-2.5, 6 hours after injection) |
| Postpartum anticoagulation | <ul style="list-style-type: none"> • Prophylactic LMWH/UFH for 4-6 weeks or • Vitamin K antagonists for 4-6 weeks with a target INR of 2.0-3.0, with initial UFH or LMWH therapy overlap until the INR is 2.0 or more for 2 days |
| Surveillance ³ | |

Abbreviations: LMWH, low molecular weight heparin; SC, subcutaneously; UFH, unfractionated heparin; aPTT, activated partial thromboplastin time; INR, international normalized ratio.

¹Although at extremes of body weight, modification of dose may be required.

²May target an anti-Xa level in the therapeutic range of 0.6-1.0 units/mL for twice daily regimen; slightly higher doses may be needed for a once-daily regimen.

³Clinical vigilance and appropriate objective investigation of women with symptoms suspicious of deep vein thrombosis or pulmonary embolism may be needed.