

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.

From: ACOG Practice Bulletin No. 123. Thromboembolism in pregnancy. Obstet Gynecol 2011;118(3): 718-729

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.

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