



### What it covers

- The diagnosis, prevention, and treatment of VTE during and after pregnancy, which are particularly challenging issues due to the need to consider fetal as well as maternal well-being



### Why it matters

- Pregnancy-associated VTE is a leading cause of maternal morbidity and mortality in Western countries.
- Factors such as prior VTE, inherited clotting disorders, increasing age, cesarean delivery, co-existent diseases (e.g., sickle cell disease, lupus), and obesity also increase risk.
- Pregnant women are more likely to be older, overweight, have additional medical conditions, and undergo a cesarean delivery than in the past.

### Who it affects

- Pregnant women, especially those who have previously experienced a blood clot or have other risk factors for blood clots
- Obstetrician-gynecologists, maternal fetal specialists, and internists



### What are the highlights

- A conservative approach to prescribing prophylaxis, in which prophylaxis is given only to those patients for whom the available research suggests benefit, is key to minimize potential harm from over treatment.
- In the majority of cases, low-molecular-weight heparin is likely to be the best approach for managing superficial thrombosis.
- For treatment of pulmonary embolism and deep-vein thrombosis with low-molecular-weight heparin, it is acceptable to do weight-based dosing instead of using regular blood tests to adjust the dose.
- A majority of pregnant women with newly diagnosed VTE at low risk of complications can be treated as outpatients, rather than admitted to hospital, as long as the right supports are in place.

**Total number of panel recommendations: 31**

#### REFERENCE

Bates, S. M., Rajasekhar, A., Middeldorp, S., McLintock, C., Rodger, M. A., James, A. H., Vazquez, S. R., Greer, I. A., Riva, J. J., Bhatt, M., Schwab, N., Barrett, D., LaHaye, A., & Rochweg, B. [American Society of Hematology 2018 guidelines for management of venous thromboembolism: venous thromboembolism in the context of pregnancy](#), *Blood Advances*. 2:3317-3359.