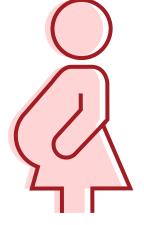
## **VTE in the Context of Pregnancy**



What it covers

Why it matters

Who it affects





What are the highlights

- 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
- 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.
- 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
- 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-molecularweight 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., & Rochwerg, B. American Society of Hematology 2018 guidelines for management of venous thromboembolism: venous thromboembolism in the context of pregnancy. Blood Advances. 2:3317-3359.

For more information on the ASH Clinical Practice Guidelines on Venous Thromboembolism, visit www.hematology.org/VTEguidelines

ASH guidelines are reviewed annually by expert work groups convened by ASH. Resources derived from guidelines that require updating are removed from the ASH website. The American Society of Hematology (ASH) (*www.hematology.org*) is the world's largest professional society of hematologists dedicated to furthering the understanding, diagnosis, treatment, and prevention of disorders affecting the blood. For more than 60 years, the Society has led the development of hematology as a discipline by promoting research, patient care, education, training, and advocacy in hematology.

