New 2018 ASH Clinical Practice Guidelines on Venous Thromboembolism:
What You Should Know

The American Society of Hematology (ASH) has long recognized the need for a comprehensive set of guidelines for hematologists and other clinicians on the treatment of venous thromboembolism (VTE), a common and serious blood clotting condition that includes both deep-vein thrombosis (DVT) and pulmonary embolism (PE).

In partnership with the McMaster University GRADE Centre, a world leader in guideline development and an authority on thrombosis, ASH brought together more than 100 experts including hematologists, clinicians, specialists, and patient representatives to synthesize the research and develop new clinical practice guidelines for VTE.

What follows is a high-level summary of the first six chapters of the 2018 ASH Clinical Practice Guidelines for Venous Thromboembolism, with four additional chapters forthcoming.

For more information on the 2018 ASH Clinical Practice Guidelines on Venous Thromboembolism, visit www.hematology.org/VTE.
VTE in the Context of Pregnancy

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