Primary Care Guideline for Anticoagulation During Pregnancy

Scope

This document provides guidance for primary care on the following three scenarios when women, trans men and non-binary people who are pregnant require Low Molecular Weight Heparin (LMWH):

1. Women, trans men and non-binary people who require ante-natal **thromboprophylaxis as identified at their first anti-natal appointment** due to risk factors.
2. Women, trans men and non-binary people who require anti-natal **thromboprophylaxis from week 28** due to risk factors.
3. Women, trans men and non-binary people who require urgent ante-natal **thromboprophylaxis** due to the presence of a previously identified risk factor for pregnancy (this will be initiated by the hospital (Specialist Initiation)).

Prescribing recommendations

Dalteparin is the LMWH of choice for prophylaxis across Cambridgeshire and Peterborough.

General Practice can initiate or continue the prescription of Dalteparin, including those patients started by obstetrics or haematology.

Exclusions

The following are not absolute contraindications. For all women, trans men and non-binary people who require thromboprophylaxis during pregnancy, the risk of bleeding should be carefully balanced against the risk of thrombosis.

- Haemophilia or other known bleeding disorder (e.g. von Willebrand disease or acquired coagulopathy).
- Active antenatal or postpartum bleeding.
- Women considered at increased risk of major haemorrhage (e.g. placenta praevia).
- Thrombocytopenia (platelet count <75 $\times 10^9$/L).
- Acute stroke in previous four weeks (haemorrhagic or ischaemic).
- Severe renal disease (glomerular filtration rate < 30ml/minute/1.73m^2).
- Severe liver disease (prothrombin time above normal range or known oesophageal varices).
- Uncontrolled hypertension (BP: systolic >200mmHg or diastolic >120mmHg).

Dosing

The following table shows the Royal College of Obstetricians & Gynaecologists (RCOG) recommended prophylactic LMWH doses to prescribe for these patients.

Table 1. Recommended doses of LMWH for thromboprophylaxis in pregnancy
For thromboprophylaxis the booking or most recent weight can be used to guide dosing.

Booking maternal weight (kg)	**<50 Kg**	**50-90 Kg**	**91-130 Kg**	**131-170 Kg**	**>170kg**
Dalteparin sodium (Fragmin®) (give 28 **prefilled syringes** depending on dosage)	2,500 units ONCE a day (1 x 2,500units in 0.2mL.)	5,000 units ONCE a day (1 x 5,000units in 0.2mL)	7,500 units ONCE a day (1 x 2,500units in 0.2mL and 1 x 5,000units in 0.2mL) Please note: [Off-label 1 x 7,500units in 0.3mL may be used also]	10,000 units ONCE a day (1 x 10,000units in 0.4mL)	75units/kg ONCE a day (round to the nearest syringe size)

Monitoring - In an otherwise fit and healthy women, trans men and non-binary people baseline blood tests are not routinely advised.

Some women, trans men and non-binary people may be advised to take aspirin daily during their pregnancy alongside LMWH. Aspirin reduces pre-eclampsia risk and LMWH reduces VTE risk. The two medications can safely be taken together.

Prescribing in Practice

GPs issuing prescriptions for LMWH for pregnant women, trans men and non-binary people should ensure that:

- Every patient receives a prescription for a Sharpsguard 1L sharps bin and advice on safe disposal of used syringes.
    - The patient's local council will be able to advise on where sharps bin can be taken to be disposed of safely.
- Patients are given advice / training on how to self-administer the LMWH by subcutaneous injection. NHS Golden Jubilee National Hospital has recorded a video which may support patients with self-administration, available at: Dalteparin - Self Injection Demonstration.

References

1. Reducing the Risk of Venous Thromboembolism during Pregnancy and the Puerperium- - Royal College of Obstetricians and Gynaecologists (RCOG)- RCOG Green-top Guideline No. 37a.
2. Fragmin 5000 IU/0.2 ml solution for injection, Summary of Product Characteristics (SmPC). Date of revision of SmPC: 03/2025.

Document ratification details

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