Appendix: Ben Taub Perinatal Guideline

Prophylaxis for Thromboembolic Disease in Patients Undergoing Cesarean Delivery (December 2008)

Deep vein thrombosis and pulmonary embolism continue to contribute to maternal morbidity and mortality. The confidential inquiries into maternal deaths from the United Kingdom have established pulmonary embolism as the leading cause of maternal mortality in that country. As a result, the Royal College of Obstetricians and Gynecologists (RCOG) issued specific guidelines for prophylaxis for the prevention of venous thromboembolism.<zref>1<zrefx> As no quality trials have addressed these issues to date, the RCOG guidelines are based on epidemiologic data regarding venous thromboembolic risk factors in pregnancy and the puerperium, and on expert opinion and consensus. All gravidae should be assessed for venous thromboembolic risk factors<zref>1<zrefx> (classification of evidence: IV; grade of recommendation: C).

Women undergoing cesarean delivery who are aged older than 35 years or have a body mass index (BMI) more than 30 kg/m2 at that time are at moderate to high risk for venous thromboembolism. Consider administering a subcutaneous prophylactic dose of low molecular weight heparin (eg, 40 mg of enoxaparin [lsqb]Lovenox[rsqb]) 6 hours after completion of the cesarean delivery in such cases. If contraindications to the use of heparin are present (examples include postpartum hemorrhage or complications of regional anesthesia), employ graduated compression stockings as an alternative. A repeat prophylactic dose of low molecular weight heparin should be given daily until discharge from the hospital<zref>1<zrefx> (classification of evidence: IV/Good Practice Point).