





















# Consensus Statement on Anesthetic Management of Pregnant and Postpartum Women Receiving Thromboprophylaxis or Higher Dose Anticoagulants

## Unfractionated Heparin

Intrapartum			Postpartum			
Subcutaneous	Elective	Class	Urgent and Emergent	Class	Recommendation	Class
 Low dose Ex. 5000 U SQ BID or TID	 Wait a minimum of <b>4-6h</b> or consider assessing coagulation status before neuraxial	Ila C-EO	 In circumstances involving select high-risk parturients receiving venous thromboembolism prophylaxis and requiring urgent interventions for maternal or fetal indications, the risk of general anesthesia may be greater than neuraxial anesthesia, and exceptions or modifications of the guidelines may be appropriate.	Ila C-EO	 Regardless of dose, wait <b>≥1h</b> after neuraxial placement or catheter removal before next dose of UFH   Indwelling catheters can be maintained on UFH 5000 U SQ BID or TID (catheter removal <b>≥4-6h</b> after last dose and subsequent dose <b>≥1h</b> after removal)	Ilb C-EO
 Intermediate dose Ex. 7500-10,000 U SQ BID	 Wait a minimum of <b>12h</b> and assess coagulation status before neuraxial	Ila C-EO		Ila C-EO		
 High dose Ex. >10,000 U SQ per dose or >20,000 U SQ total daily dose	 Wait a minimum of <b>24h</b> and assess coagulation status before neuraxial	Ila C-EO		Ilb C-EO		
Intravenous	Elective	Class	Urgent and Emergent	Class	Recommendation	Class
	 Wait a minimum of <b>4-6h</b> and assess coagulation status before neuraxial	Ila C-EO			 Wait <b>≥1h</b> after neuraxial placement before initiating or restarting UFH	Ilb C-EO

## Low Molecular Weight Heparin

Intrapartum			Postpartum			
Subcutaneous	Elective	Class	Urgent and Emergent	Class	Recommendation	Class
 Low dose Ex. Enoxaparin ≤40 mg SQ daily or ≤30 mg SQ BID	 Wait a minimum of <b>12h</b> before neuraxial	I C-EO	 In circumstances involving select high-risk parturients receiving venous thromboembolism prophylaxis and requiring urgent interventions for maternal or fetal indications, the risk of general anesthesia may be greater than neuraxial anesthesia, and exceptions or modifications of the guidelines may be appropriate.	Ilb C-EO	 Wait a minimum of <b>12h</b> after neuraxial placement and a minimum of <b>4h</b> after catheter removal before next dose of LMWH  Indwelling catheters can be maintained on low dose LMWH (catheter removal <b>≥ 12h</b> after last dose and subsequent dose <b>≥4h</b> after removal)	I C-EO
 Intermediate dose Ex. Enoxaparin >40 mg SQ daily or >30 mg SQ BID AND <1 mg/kg SQ BID or 1.5 mg/kg SQ daily	 Wait a minimum of <b>24h</b> before neuraxial (insufficient data to recommend shortening interval compared to high dose)	Ilb C-EO		Ilb C-EO		
 High dose Ex. Enoxaparin ≥1 mg/kg SQ BID or ≥1.5 mg/kg SQ daily	 Wait a minimum of <b>24h</b> before neuraxial	I C-EO		Ilb C-EO		

UFH - unfractionated heparin; LMWH - low molecular weight heparin; SQ - subcutaneous; BID - twice daily; TID - three times daily; U - units

\*Class (strength of recommendation) and level (quality of evidence) of each recommendation based on American Heart Association grading scale. All recommendations assume normal renal function, body weight > 40 kg, and no other contraindications to neuraxial anesthesia.

This is not to be interpreted as medical advice, and every patient circumstance must be individualized.



This infographic represents a summary of the recommendations in the "Consensus Statement on the Anesthetic Management of Pregnant and Postpartum Women Receiving Thromboprophylaxis or Higher Dose Anticoagulants". Please reference the full consensus statement for further information.