

**MANAGEMENT OF DELIVERY
FOR WOMEN RECEIVING LOW MOLECULAR WEIGHT HEPARINS**

- Planned delivery* should be managed by discontinuing the low molecular weight heparin 12 hours prior to induction of labor (i.e., take p.m. dose but not a dose the morning of induction) and 18 hours prior to planned C-section. In both situations, epidural anesthesia should be safe from a hemostatic perspective.
- For *unplanned labor*, Fragmin should discontinue immediately and none administered after the onset of labor.
- For *imminent delivery or an emergency C-section*, when the interval between the last Fragmin dose and delivery is less than 12 hours, **placement of an epidural catheter may be associated with bleeding and should be avoided**. Excess obstetric bleeding should be treated with local measures avoiding aspirin and NSAIDs. Tissue sealant may be very useful to aid in local control of obstetric bleeding. Protamine may be given but does not completely reverse the anticoagulant effects of low molecular weight heparin.
- Post-partum*, **the interval from the last dose of low molecular weight heparin to re-starting anticoagulation (*period of increased risk*) should be kept to a minimum and in general should not exceed 24 hours**. Fragmin should be restarted as soon as there is good obstetric hemostasis and Coumadin (5-mg P.O. q hs) started the evening of delivery. No loading dose of Coumadin is given. Coumadin is safe for breast feeding infants and will reduce the mother's risk for post-partum venous thromboembolism. Three days after initiating Coumadin, a Protine and INR should be checked. If the INR is greater than 2.0, the Fragmin can be safely discontinued. If the INR is less than 2.0, it should be repeated daily until greater than 2.0. Dose adjustments to therapy are made to maintain an INR of 2.0 – 2.5 for 8-12 weeks following delivery.
- If there are any questions regarding management of anticoagulation prior to, during or after delivery please call (1-312-942-5983) or page (1-800-847-1674) me.

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