**PREGNANCY**

**Antepartum VTE Prophylaxis**

Prefer prophylaxis with unfractionated heparin near time of expected delivery rather than low molecular weight heparin (LMWH) to facilitate intrapartum conduction anesthesia:

<table>
<thead>
<tr>
<th>Trimester</th>
<th>Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>First day of Last Menstrual Period – 12 6/7 weeks</td>
<td>Heparin 5000 units every 12h</td>
</tr>
<tr>
<td>13 0/7 weeks to 27 6/7 weeks</td>
<td>Heparin 7500 units every 12h</td>
</tr>
<tr>
<td>Greater than or equal to 28 weeks</td>
<td>Heparin 10000 units 12h</td>
</tr>
</tbody>
</table>

OR

Enoxaparin 40mg subcutaneous every 24h

- Please refer to Medical/Surgical VTE prophylaxis section on dose adjustments in elevated BMI and renal function.

ESRD/Dialysis*: Heparin 5000 units subcutaneous every 12h

**Post-Partum VTE Prophylaxis**

For post-partum VTE prophylaxis, when indicated, LMWH is recommended:

Enoxaparin 40mg subcutaneous every 24h

- Please refer to Medical/Surgical VTE prophylaxis section on dose adjustments in elevated BMI and renal function.

ESRD/Dialysis*: Heparin 5000 units subcutaneous every 8h

**HISTORY OF HEPARIN-INDUCED THROMBOCYTOPENIA**

Fondaparinux 2.5mg subcutaneous every 24h for CrCl ≥ 30ml/min

ESRD/Dialysis*: Consult pharmacist for assistance with fondaparinux dosing or argatroban infusion

**TRAUMA**

Enoxaparin 30mg subcutaneous every 12h

Enoxaparin 30mg subcutaneous every 24hr for CrCl 15-30ml/min

OR

Heparin 5000 units subcutaneous every 8h

ESRD/Dialysis*: Heparin 5000 units subcutaneous every 8h