

Maine Medical

PARTNERS

Women's Health

A department of Maine Medical Center

DVT Prophylaxis for Cesarean Sections

It is the recommendation of the Division of Maternal Fetal Medicine that DVT prophylaxis (heparin or venodynes) be used for all cesarean sections.

Cesarean delivery is an independent risk factor for thromboembolic events. Fitting inflatable compression devices on a woman's legs prior to cesarean is safe and cost effective preventive intervention. They should be left in place until a woman is walking after delivery or if on blood thinners during pregnancy, until anticoagulation is resumed.

Certain high risk groups (not well defined) may benefit from combined prophylaxis (heparin and venodynes)

Prolonged therapy with heparin may be considered in some high risk groups, i.e. prior DVT on anticoagulation during pregnancy, homozygous Leiden Factor V, Prothrombin Gene Mutation, or compound heterozygotes, or immobilized patients.

This is in accordance with national guidelines.

This is an opt-out only policy.

References:

1. ACOG Practice Bulletin No. 84. Prevention of deep vein thrombosis and pulmonary embolism. August 2007 (reaffirmed 2016).
2. ACOG Practice Bulletin No. 123. Thromboembolism in pregnancy. September 2011. (reaffirmed 2014).