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Low molecular weight heparin as a prophylactic treatment better than aspirin in patients at high risk of Fetal Growth Restriction

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Objetive

Compare whether low molecular weight heparin is superior in preventing pre-eclampsia to aspirin, in pregnant patients with a positive Fetal Growth Restriction (FGR) screening in first trimester.

Methods

Prospective cohort study between 2015 and 2024. Primigravid patients without any medical relevant history, with a high-risk screening for FGR (risk 1/87) on a genetic screening made between weeks 11–14, according to the standards the Fetal Medicine Foundation (FMF) and performed by an observer certified by it; were included in first trimester. Patients with medical conditions, < 18-years and multiple pregnancies were excluded.

Participants were allocated (1:1) to 150mg of aspirin daily or low molecular weight heparin (LMWH) at a dose of 1 mg/kg daily. The primary outcome was FGR, and diagnosis was made according to the ISUOG definition. Chi square analysis were made and descriptive statistics used.

Results

Figure 1 shows the result diagram. Mean age within the two sub-groups was similar. Aspirin and LMWH heparin were suspended as indicated on guidelines before delivery. No association with high bleeding rate and or other delivery complication was reported.

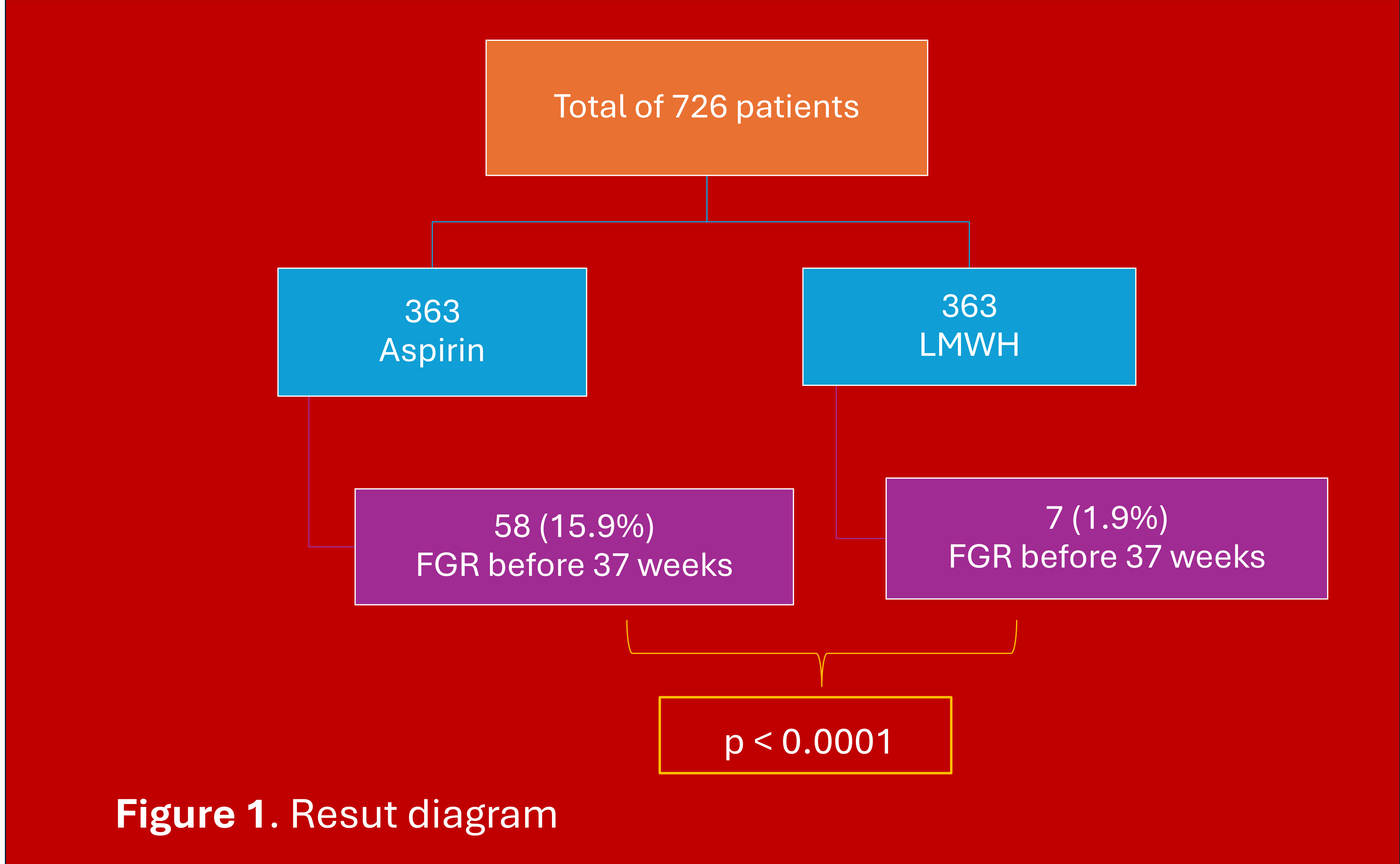


Figure 1. Resut diagram

Conclusion

In our experience, in pregnancies at high risk for FGR (risk <1/87 on the FMFM screening), LMWH is superior to aspirin as a prophylactic agent for FGR before 37 weeks.