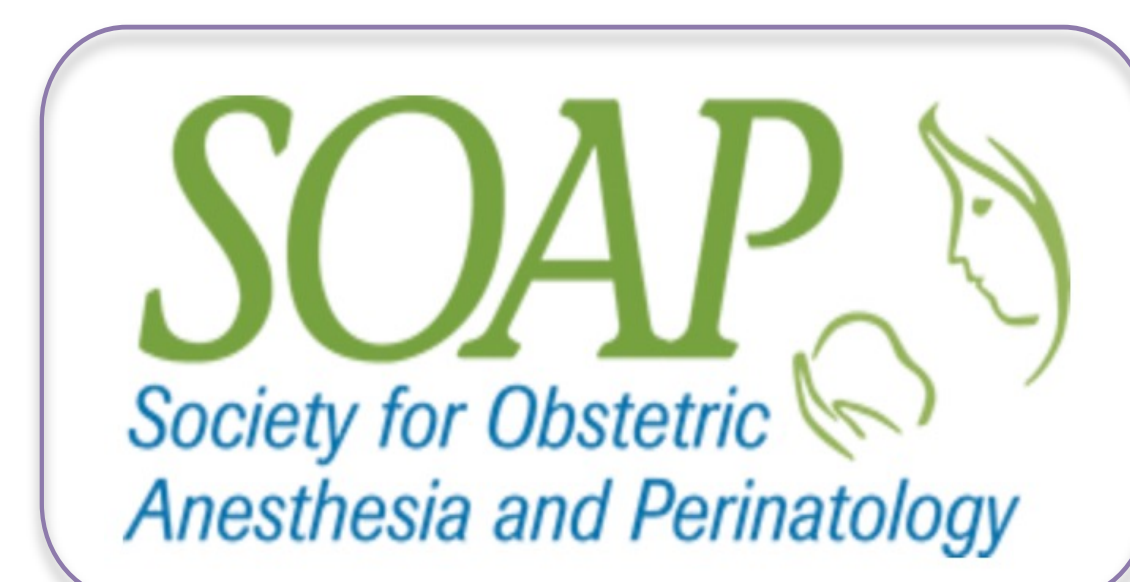


A CASE OF A HIGH-RISK PARTURIENT ON THERAPEUTIC FONDAPARINUX

P. Ripchik, M. Vaidyanathan. Northwestern University, Chicago, IL

Fondaparinux:

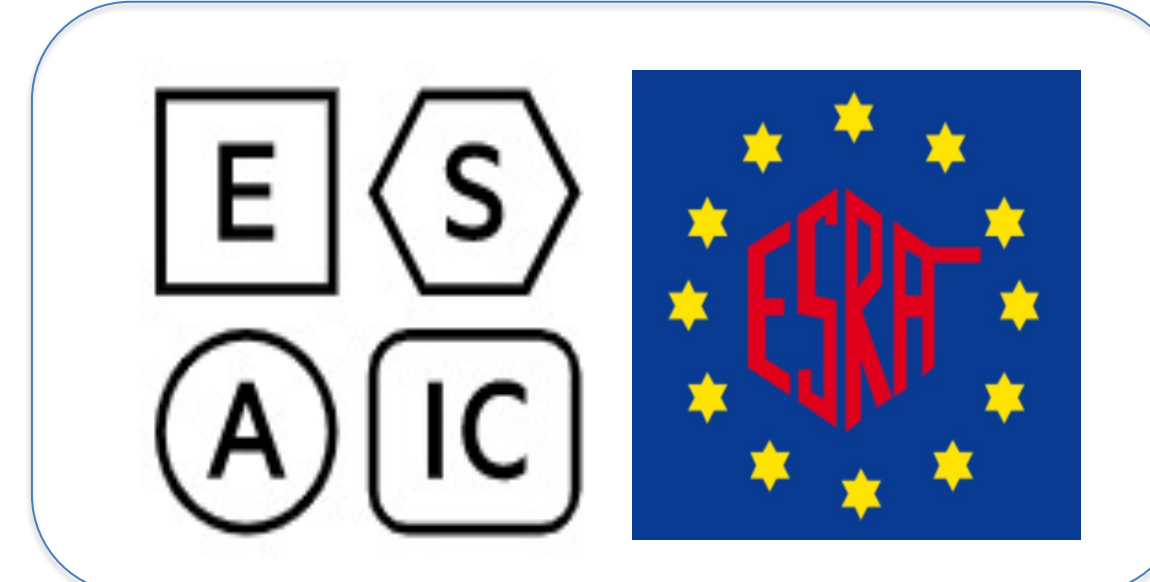
- Indications for VTE prophylaxis in pregnancy:
 - Adverse reactions to heparins
 - Heparin-induced thrombocytopenia (HIT)
- Half-life: 17 to 21 hours
- No routine lab for monitoring anticoagulant effect
- Conflicting and sparse societal recommendations



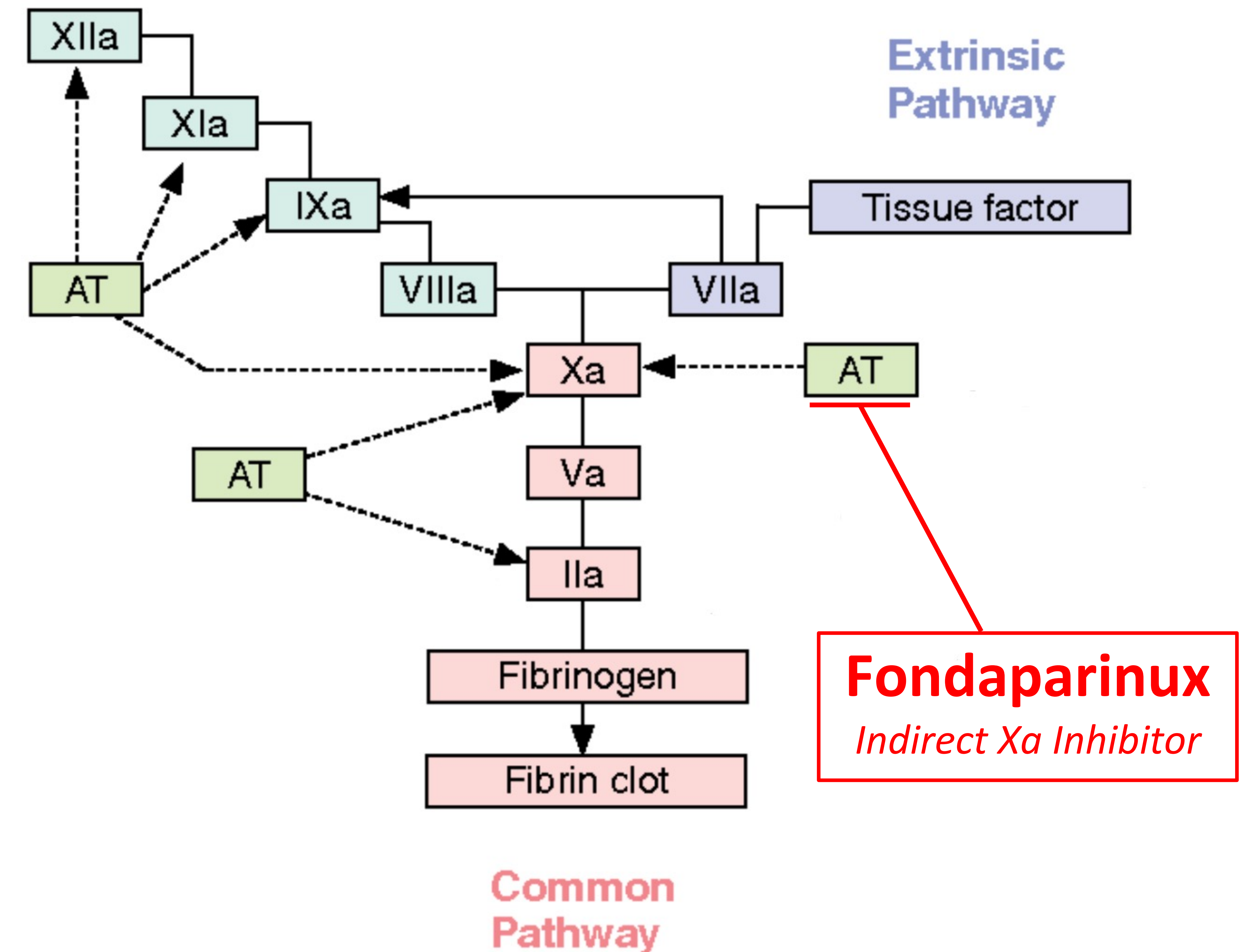
No
recommendation



No
recommendation



Hold for 4 days
+
Normal anti-Xa activity

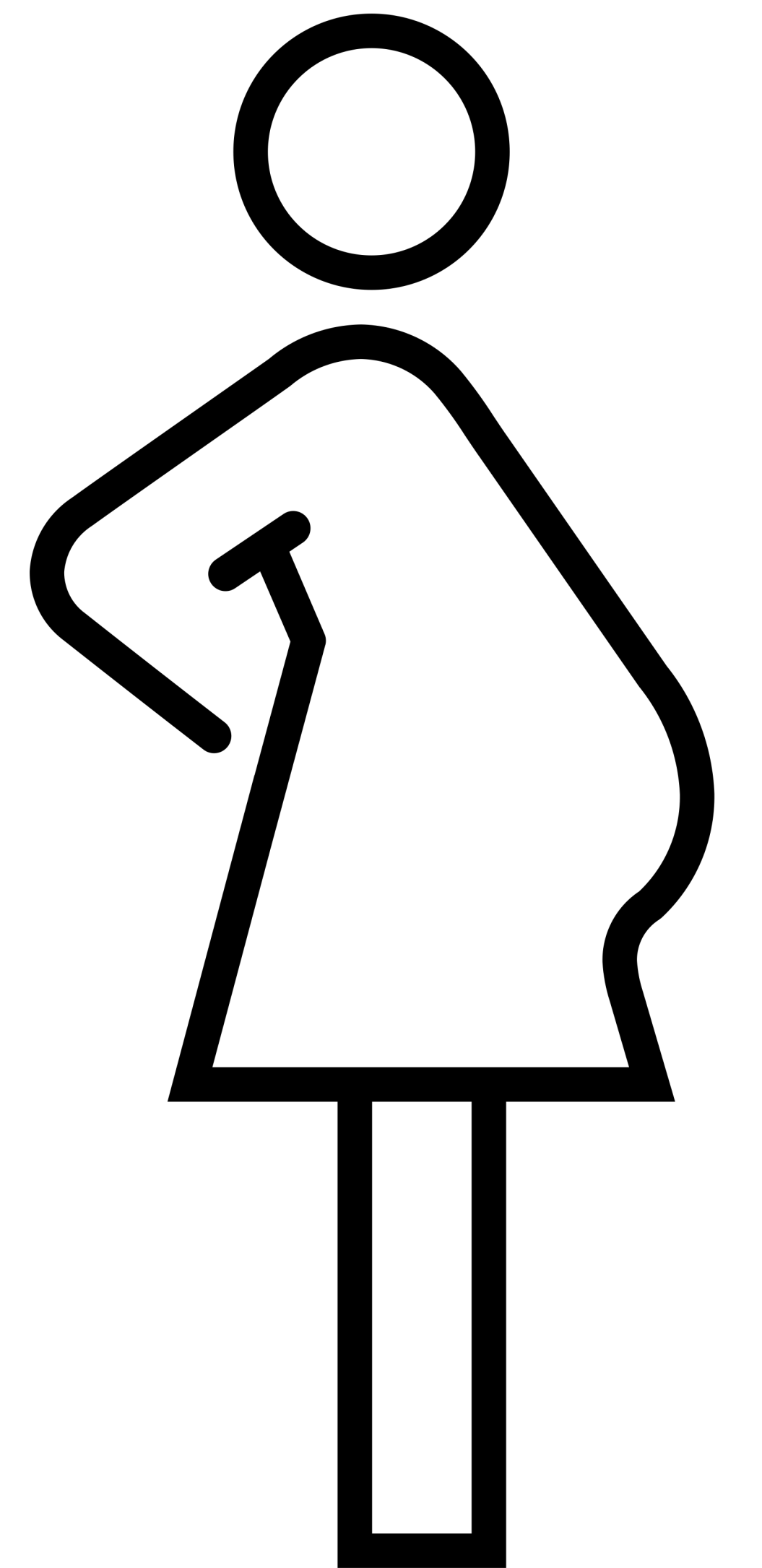


Case Presentation:

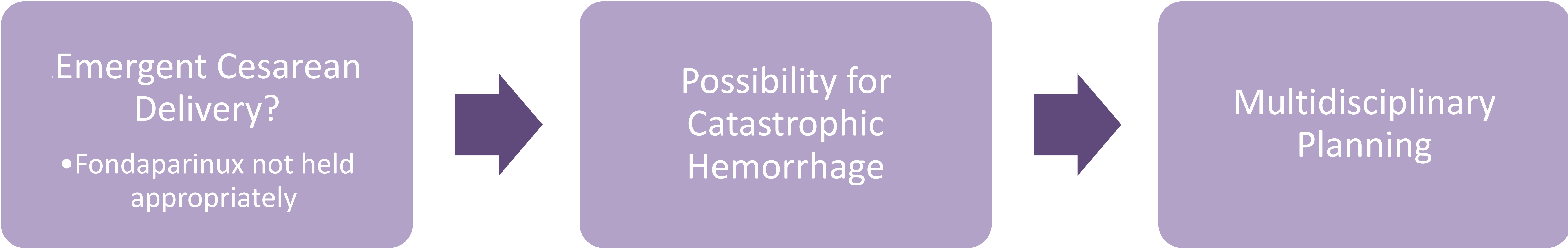
- 38-year-old, G3P0020 pregnant female presented for *obstetric anesthesiology consultation* for management in the setting of THERAPEUTIC FONDAPARINUX.

- Past Medical History:
 - Antiphospholipid syndrome
 - Mesenteric vein thrombosis
 - Heparin-induced thrombocytopenia (HIT)
 - Placenta previa
 - BMI 44

- Antepartum admissions for gestational hypertension.
- Held Fondaparinux for 72 hours prior to scheduled Cesarean delivery.
- Uneventful intrapartum & postpartum course.



Discussion:



- Antepartum admissions may warrant transitioning to **argatroban**.
- Can the effect of Fondaparinux be bypassed in the setting of PPH?

Pharmacy	•Activated Prothrombin Complex Concentrates [aPCC] •Prothrombin Complex Concentrates [PCC] •Recombinant FVIIa
Blood Bank	•Crossmatched Blood Products