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FOGSI celebrates 75 years -
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Deep Vein Thrombosis in Pregnancy & Postpartum

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Introduction -

- Thrombosis of the leg veins and pelvic veins is one of the common and important complications in puerperium
- Thrombophilia is associated with complications of pregnancy, including fetal loss, pre-eclampsia, intrauterine growth restriction, and placental abruptio.

Why in pregnancy?

- In a normal pregnancy there is rise in concentration of coagulation factors I, II, VII, VIII, IX, X, XII. Plasma fibrinolytic inhibitors are produced by the placenta. Level of protein S is markedly (40%) decreased.
- Venous stasis is increased due to compression of gravid uterus to the inferior vena cava and iliac veins
- Thrombophilias-
 - Acquired- Lupus anticoagulant and Antiphospholipid antibodies.
 - Inherited- Deficiencies of antithrombin III, protein C, protein S and prothrombin gene mutation.

Risk Factors-

- High risk:** Previous VTE, thrombophilia
- Intermediate risk:** (a) Heart disease, (b) SLE, (c) Surgical procedures (LSCS)
- Low risk:** (a) age >35 years, (b) Obesity (BMI >35), (c) Parity 23, (d) Immobility, (e) Dehydration, (f) Hyperemesis, (g) Multiple pregnancy

Case Report- This is an case of 31 years old G3P2L1IUFD1 with previous 2 LSCS With k/c/o chronic hypertension with history of B/L upper limb thrombosis in previous pregnancy.

Investigations-

- Pt is ANA positive with mixed pattern
- Renal Doppler shows grade 1 MRD
- B/L upper limbs and lower limbs show normal doppler study

- She started on Tab Nicardia 20mg QID, Tab Labet 100 mg BD, Inj LMWH 0.4 s/c, Tab Aspirin 75mg OD.
- Decision to terminate the pregnancy at 36 weeks was taken. She do not require lifelong anticoagulation, but still require anticoagulation for the first 6 weeks postpartum.

