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Should we screen for and treat thrombophilia in women with adverse pregnancy outcome?

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The aim of the study is to understand the relationship between the various thrombophilia and pregnancy complication and to critically evaluate the benefit of thrombophilia testing and treatment in obstetrical setting. Thrombophilia, whether inherited or acquired, have been linked to placental mediated adverse pregnancy outcome such as preeclampsia, fetal growth restriction and stillbirth in addition to thrombosis and recurrent pregnancy loss in many but not all case-controlled studies. On the other hand, prospective cohort studies, have confirmed that the majority of women who carry inherited thrombophilia do not experience adverse pregnancy outcomes. The results of the main randomized controlled trials (APLS in pregnancy, Gris et al, LIVE-ENOX, HepASA, SPIN, ALIFE and ALIFE 2, FRUIT, HAPPY, TIPPS, HEPEPE and HBENOX) evaluating the role of thromboprophylaxis in women with placental mediated pregnancy complications are discussed and summarized. The ethical issue of withholding such test in women with pregnancy complication may deprive them the opportunity to prevent future thromboembolic complication. That said and given the heritable nature of most thrombophilia, it may have implications for family members as well. Testing for thrombophilia in women who have sustained adverse pregnancy outcome is not supported by evidence. It carries financial and familial risk profile. The treatment is unnecessary and invasive it did not confer any net benefit on the short or long term perinatal and maternal health outcome.

Recent Publications:

1. Gao H and Tao F G (2015) Prothrombin G20210A mutation is ssloss: a systematic review and meta-analysis update. *Thromb Res* 135(2):339-46.
2. Stevens S M , Woller S C, Bauer K A, Kasthuri R, Cushman M Steriff M, et al. (2016) Guidance for the evaluation & treatment of thrombophilia. *J Thromb Thromboprophylaxis* 41(1):154-64.
3. Branch D W and Silver R M (2016) Practical work-up and management of recurrent pregnancy loss for front-line clinician. *Clin Obstet Gynecol* 59(3):535-8.
4. de Vries J I, van Pampus M G, Hague W M, Bezemer P D, Joosten J H;FRUIT investigators (2012) Low-molecular-weight-heparin added to aspirin in the prevention of recurrent early onset opre eclampsia in women with inherited thrombophili: the FRUIT-RCT. *J Thromb Haemost* 10(1):64-72.
5. Gibson P S and Nerenberg K A (2014) TIPPING practice away from anticoagulation in pregnancy. *Lancet* 384(9955):1648-9.

Biography

Saboo Alomari is a Consultant Obstetrician and Gynecologist in Mediclinic Jowhara Hospital, Al Ain City, Abu Dhabi, UAE. She has Membership in Iraqi Medical Association; American Congress /College of Obstetricians & Gynecologist ACOG; Association of Early Pregnancy Units; Fetal Medicine Foundation and Affiliate member of BSCCP and FSRH. Her main interests and practices include Management of high risk pregnancies with medical or obstetrical complications with a particular interest in Diabetes in pregnancy and pregnancy induced hypertensive disorders in pregnancy.

Notes: