PIPADOR REVISION

MRCOG Part 1 Revision Notes

Anticoagulants

PHARMACOLOGY • LECTURE 384

VISUAL EXAMINATION REVISION NOTES

2026 Edition

384

MRCOG PART 1 REVISION NOTES | PHARMACOLOGY

Anticoagulants

Mechanisms, monitoring and reversal of anticoagulants and their use in pregnancy

LMWH	Warfarin	DOACs	Protamine
Anticoagulant of choice in pregnancy	Embryopathy 6–12 wk	Avoid in pregnancy & breastfeeding	Reverses heparin

■ **KEY FACTS: Learning objectives**

- Describe the mechanisms, monitoring and reversal of anticoagulants and antiplatelets.
- Describe their use in pregnancy (VTE prophylaxis/treatment, mechanical valves, APS).
- Describe peripartum and neuraxial management and breastfeeding.

384.1 Mechanisms

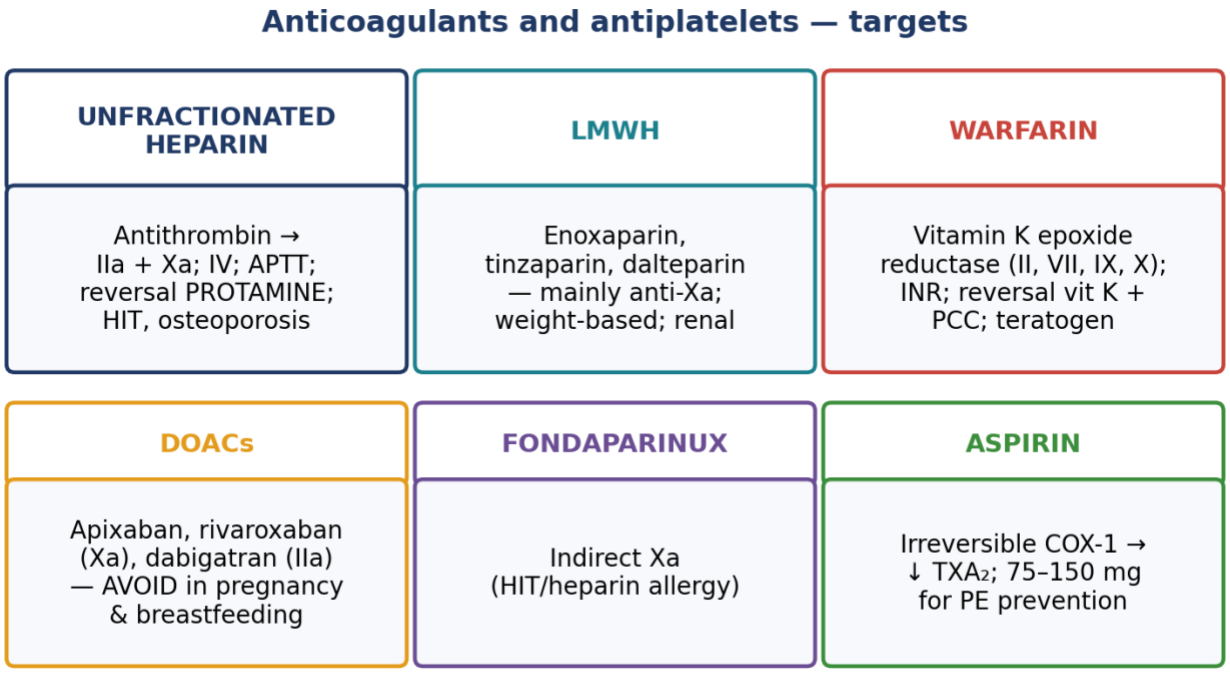


Figure 384.1 — Anticoagulants and antiplatelets

Drug	Monitoring / reversal / adverse effects
UFH	• APTT (or anti-Xa) • **Protamine** • HIT (check platelets), osteoporosis (long-term)
LMWH	• Anti-Xa in extremes of weight/renal impairment/pregnancy • Partial protamine reversal • Low HIT risk
Warfarin	• INR

Drug	Monitoring / reversal / adverse effects
	• **Vitamin K + prothrombin complex concentrate** • Many interactions (antibiotics, azoles)
DOACs	Andexanet (Xa), idarucizumab (dabigatran)
Aspirin	Irreversible — platelet function recovers over ≈ 7–10 days

384.2 Pregnancy

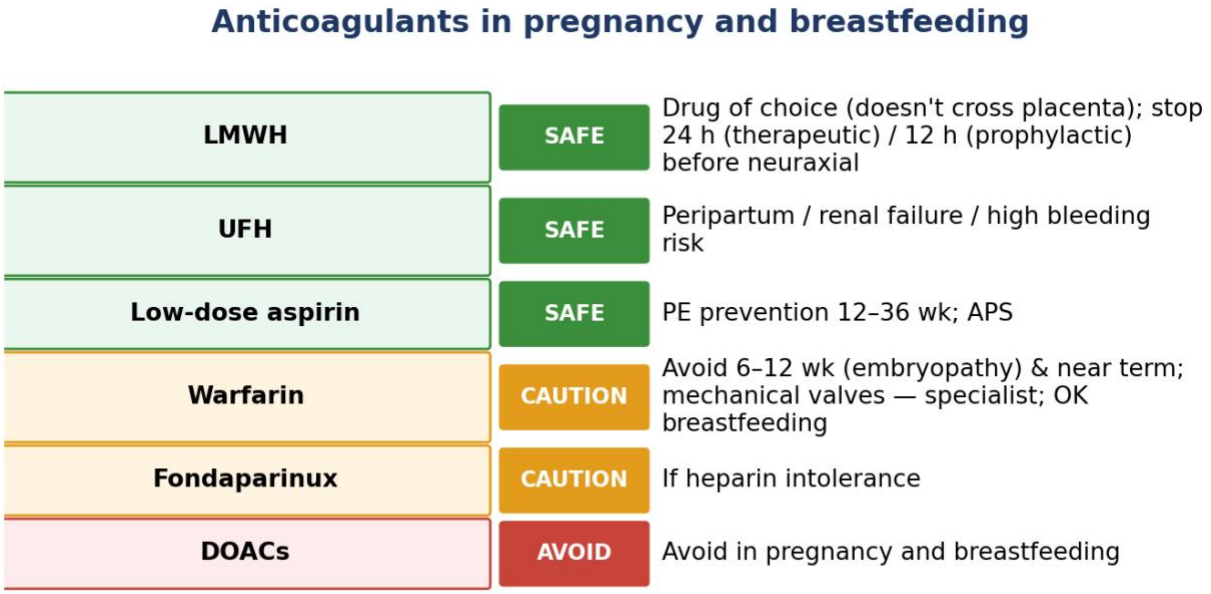


Figure 384.2 — Anticoagulants in pregnancy

- **VTE prophylaxis/treatment** (RCOG GTG 37a/b): weight-based LMWH; treatment continued for ≥ 6 weeks postnatally and ≥ 3 months total.
- **Neuraxial**: wait ≥ 12 h after prophylactic and ≥ 24 h after therapeutic LMWH before epidural/spinal; restart LMWH ≥ 4 h after catheter removal.
- **Mechanical heart valves**: highest-risk — warfarin (best valve protection but embryopathy) vs dose-adjusted LMWH with anti-Xa monitoring — specialist pregnancy heart team.
- **Antiphospholipid syndrome**: aspirin + prophylactic LMWH (obstetric) or therapeutic (thrombotic).
- Breastfeeding: LMWH, UFH, warfarin compatible.

384.3 Must-know summary

■ EXAM TIP

- LMWH (anti-Xa) is first choice in pregnancy — doesn't cross the placenta.
- Warfarin: embryopathy 6–12 wk; reversal vitamin K + PCC; OK breastfeeding.
- DOACs avoided in pregnancy and breastfeeding.
- Neuraxial timing: 12 h prophylactic / 24 h therapeutic LMWH.

■ MNEMONIC / MEMORY AID

'LMWH Loves pregnancy; Warfarin Warps the embryo; DOACs Don't'.