

THROMBOPHILIA IN PREGNANCY – CURRENT ISSUE OF MODERN PERINATOLOGY

*Dragana Radović-Janošević^{1,2}, Jasmina Popović^{1,2},
Aleksandra Tubić-Pavlović¹, Dane Krtinić³*

Clinic of Gynecology and Obstetrics, Clinical Centre Niš, Serbia¹
University of Niš, Faculty of Medicine, Niš, Serbia²
Clinic of Oncology, Clinical Centre Niš, Serbia³

Contact: Dane Krtinić
Svetozara Markovića 3,
18000 Niš, Serbia
E-mail: kdane86@gmail.com

Pregnancy is a condition of increased affinity to blood clotting. The most important changes of coagulation system in pregnancy involve the increase of the following coagulation factors: fibrinogen production, level of numerous blood coagulation factors- FII, FVII, FVIII, FX, FXII, acquired activated protein C resistance, and the decrease of: fibrinolysis due to the increase of a large number of fibrinolytic activator inhibitors PAI-1 and PAI-2, thrombin activatable fibrinolysis inhibitor TAFI, and levels of proteins S and C. This disease is not a disease on its own, but a group of inherited and acquired coagulation disorders that increase the predisposition to thrombosis. The treatment of choice in pregnancy are low-molecular-weight heparins (LMWHs) which are derived from standard heparin by controlled hydrolysis, thus obtaining heparins of a lower molecular mass. The most commonly used LMWHs are: dalteparin sodium, enoxaparin, nadroparin-calcium, reviparin. LMWH is given in prophylactic doses - low and medium doses in therapeutic doses. Thromboprophylaxis in pregnancy is implemented as: intrapartum, intra- and postpartum according to the official recommendations of the American Association of Obstetricians and Gynecologists (ACOG). Specific recommendations of ACOG refer to the treatment of hereditary thrombophilia in pregnancy. *Acta Medica Medianae 2015;54(3):54-58.*

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