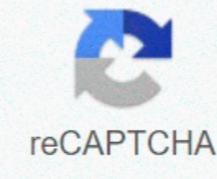




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[PubMed] [CrossRef] [Google Researcher] Summary page 2Guideline - choiceamerican anticoagulant College of Obstetric and Gynecology (ACOG) [17, 18] Society of Obstetricians and Gynaecologists of Canada (SOGC) [19] Royal College of Obstetricians and Obstetricians (RCOG) [20, 21] Australia / New Zealand [22] American College of Thoracic Physicians (ACCP) [23] During pregnancy heparin compounds are preferred anticoagulants during pregnancy (Level B) LMWH is the drug's preferred agent of UFH for the treatment of VTE during pregnancy (II-2A) LMWH is the preferred drug agent on UFH for prenatal thrombosis (III-A) LMWH is the preferred More agent of UFH for postpartum thromboplieout (IIA) vitamin K antibodies should be considered only to treat VTE in exceptional circumstances (II-2A) recommend against the use of oral Xa inhibitors and direct oral thromboembolism inhibitors (II-D) LM WH is the preferred anticoagulant for the treatment of acute VTE during pregnancy (b) LMWHs are preferred factors of prenatal and posinatal coagulation (A) due to its harmful effects on the fetus, vitamin K antibodies should not be used to treat prenatal VTE (C) women should be advised Who receive long-term anti-vitamin K treatment about the risks of vitamin K antibiotics to the fetus it is recommended to stop these drugs and change to LMWH once the pregnancy is confirmed (ideally within 2 weeks of the lost period and before the sixth week of pregnancy) (no degree) oral thromline thrombinin xa inhibitors in pregnant women (no grade) women with VTE should not be treated in pregnancy with vitamin K antibodies, such as warfarin (compatibility level 1) for pregnant patients. LMWH recommends for prevention and treatment From VTE, instead of UFH (Grade 1B) for pregnant women, it is recommended to avoid the use of oral direct thrombin and Xa inhibitor suppter (grade 1C) for women who need long-term vitamin K antagonists who are trying to become pregnant and candidates for LMWH replacement, I suggest repeated pregnancy tests and LMWH replacement to deduct vitamin K when achieving pregnancy instead of switching to LMWH during pregnancy attempt (grade 2C) [Note : Women who do not put little value on risk avoidance, discomfort, LMWH treatment costs of an uncertain duration awaiting pregnancy and high value on reducing the risk of early abortion associated with vitamin K discount therapy are more likely to choose LMWH during pregnancy]if hit or other heparin sensitivity is preferred if there is severe sensitivity heparin dermal or HIT (not grade) consultation with a hematologist or blood clot is recommended to consider using heinoids if hetinoids occur (hetinoids occur) II-3B) Pregnant women who are infected with HIT or have heparin allergy and require continued anticoagulant treatment should be administered an alternative anticoagulant under specialized advice (C) should be given consideration to the use of fondaparinux, argatroban, or r-hirudin in pregnant women who cannot tolerate Heparin, UFH or danaparoid sought continuous anticoagulant therapy (D) for pregnant women, suggesting a reduction in the use of thrombin inhibitors directly and fondaparinux and ereral directly for those with severe allergic reactions to heparin (such as HIT) who They cannot get danaparoid (grade 1C) during breastfeeding and warfarin, LMWH, non-grated heparin compatible with breastfeeding (Level B) women should be advised that LMWH, danaparoid, or r-hirudin (grade 1b)) For breastfeeding women, suggest alternative anticoagulants instead of fondaparinux (grade 2C) for breastfeeding women, we recommend alternative anticoagulants instead of direct oral coagulation and Xa inhibitors factor (grade 1C) for lactating women using LMWH, danaparoid, or r-hirudin who wish to breastfeed, recommend continued use of LMWH, danaparoid, or r-hirudin (grade 1b)) For breastfeeding women, suggest alternative anticoagulants instead of fondaparinux (grade 2C) for breastfeeding women, we recommend alternative anticoagulants instead of direct oral coagulation and Xa inhibitors factor (grade 1C) for lactating women using a low dose of aspirin to indicate blood vessels who wish to breastfeed Natural, we suggest continuing this drug (grade 1B) 1B)

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