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Rivaroxaban use in Pregnancy – A Case Report

Dr. Gabrielle Dore (MBBS)[1], Dr Shveta Kapoor (FRANZCOG)[1], Dr. Vishwas Raghunath (FRACP)[1]

INTRODUCTION

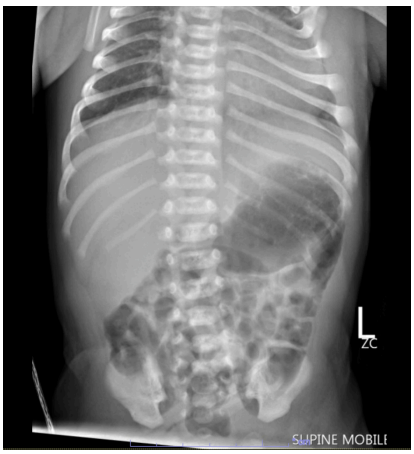
Rivaroxaban and other direct oral anticoagulants (DOACS) are not recommended for use in pregnancy as animal trials suggest toxic effects on the fetus including abnormal ossification, liver anomalies and intracranial bleeds. Pregnant women were excluded from large human trials of DOACS.

CASE

A 32-year-old female elected to continue rivaroxaban throughout pregnancy and breast feeding, despite extensive counselling. She was taking rivaroxaban for recurrent unprovoked pulmonary embolism. She did not have combined first trimester screening or NIPT testing. Tertiary morphology and subsequent growth ultrasounds were normal. She was induced with a balloon catheter at 37+4 gestation to facilitate enoxaparin bridging. The patient progressed to a spontaneous vaginal birth of a morphologically normal male. The total EBL was 300mls after active third stage management.

RESULTS

- APGARs 8,9
- Vitamin K was administered at birth
- Birthweight 3322g.
- Day 1 of life baby developed blood stained stools, with deranged coagulation profile
  - INR 1.6, PT 19, APTT 56
- No further bleeding was noted after period of observation
- Normal abdominal x-ray
- There was no evidence of intracranial haemorrhage or other structural anomalies
- Baby now 11 months old - healthy with nil issues



DISCUSSION

Limited data is available regarding DOAC use in pregnancy and the maternal and neonatal outcomes. It is likely this information will only be obtained from case reports such as this to truly determine the implications of its use in pregnancy.

1. Ipswich Hospital

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