

Weight-based enoxaparin dosing best for obese after C-section

29 May 2015



effective than BMI-stratified dosing in achieving adequate anti-Xa concentrations," the authors write.

More information: [Full Text](#)

Copyright © 2015 [HealthDay](#). All rights reserved.

(HealthDay)—Weight-based dosing of enoxaparin is more effective than body mass index (BMI)-based dosing for venous thromboembolism prophylaxis among morbidly obese women after cesarean delivery, according to a study published in the June issue of *Obstetrics & Gynecology*.

Rachael T. Overcash, M.D., M.P.H., from the University of California, San Diego, and colleagues conducted a prospective sequential cohort study involving women with BMI of 40 kg/m² or greater who underwent cesarean delivery. Participants were randomized to weight-based (42 women) or BMI-stratified (43 women) enoxaparin dosing to prevent venous thromboembolism formation.

The researchers found that the weight-based group had significantly higher concentrations of anti-Xa compared with the BMI-stratified group (0.29 ± 0.08 versus 0.17 ± 0.07 international units/mL). Eighty-six percent of the weight-based dosing group and 26 percent of the BMI-stratified dosing group had anti-Xa concentrations within the prophylactic range. None of the patients met the threshold for venous thromboembolism prophylaxis (anti-Xa concentration of 0.6 international units/mL or greater).

"In morbidly obese [women](#) after cesarean delivery, weight-based dosing of [enoxaparin](#) for [venous thromboembolism](#) prophylaxis is significantly more

APA citation: Weight-based enoxoparin dosing best for obese after C-section (2015, May 29) retrieved 2 June 2022 from

<https://medicalxpress.com/news/2015-05-weight-based-enoxoparin-dosing-obese-c-section.html>

This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.