

# TREATMENT OF EARLY INTRAUTERINE GROWTH RESTRICTION WITH LOW MOLECULAR WEIGHT HEPARIN: “TRACIP” STUDY: A RANDOMIZED CLINICAL TRIAL

González A<sup>1</sup>; Mazarico E<sup>1</sup>; Peguero A<sup>2</sup>; Camprubí M<sup>1</sup>; Rovira C<sup>1</sup>; Gomez Roig MD<sup>1</sup>; Oros D<sup>3</sup>; Ibáñez-Burillo, P<sup>3</sup>; Schoorlemmer J<sup>4</sup>; Masoller N<sup>2</sup>; Tàssies MD<sup>2</sup>; Figueras F<sup>2</sup>

1. Hospital Sant Joan de Déu, University of Barcelona, Barcelona, Spain; 2. Hospital Clínic, University of Barcelona, Barcelona, Spain; 3. Hospital Clínico Universitario Zaragoza, Zaragoza, Spain; 4. Institute for Health Research (IIS Aragón).

## AIM

- To demonstrate the effectiveness of low molecular weight heparin (LMWH) in prolonging gestation in pregnancies with early-onset IUGR.

## METHODS

Phase IV, multicenter, triple-blind, parallel-arm randomized clinical trial.

### Inclusion criteria:

Singleton pregnancies qualifying for early (20–32 weeks at diagnosis) placental IUGR (according to Delphi criteria)

### Intervention:

Bemiparin 3500 IU/0.2 mL/day sc. or placebo sc (with identical presentation than the LMWH injection) from inclusion at diagnosis to the time of delivery.

### Primary outcome:

- Gestational age at live birth.
- Prolongation of pregnancy: time from inclusion to live birth.

## RESULTS

A total of **50 patients** were included. One was excluded at birth due to a postnatal diagnosis of a genetic syndrome. There were no significant differences in maternal characteristics between both groups.

	PLACEBO (n=26)	LWHP (n=23)	
Maternal age (years)	33.3	32.5	p>0.05
Nulliparous (%)	53	52,2	P>0.05
GA inclusión (weeks)	28	28.28	P>0.05
Birth Weight (gr)	1535	1628	P>0.05

	PLACEBO GROUP	LMWH GROUP	DIFFERENCE	
GESTATIONAL AGE AT DELIVERY	33.3 weeks	34.1 weeks	0.8 weeks [95%CI -2.9 to 1.4]	P >0.05
PROLONGATION OF PREGNANCY	39 days	38 days	1.8 days [95%CI -15 to 12]	P >0.05

## CONCLUSION

The use of LMWH in pregnancies with early growth restriction is not followed by a significant prolongation of pregnancy.