Supplementary Table S5.

Recommended regimens of heparin (low molecular weight heparin –LMWH- or unfractionated heparin –UFH-) during pregnancy and puerperium according to the patient's history and serological profile. All regimens are intended in association with low dose aspirin (LDA), preferably started before conception or at positive pregnancy index. LDA should be continued until 36 weeks of gestation or two weeks prior to a planned delivery.

Heparin Regimen	Recommended use
Prophylactic dose of heparin (once daily for LMWH, two daily doses for UFH)[1]	• Women with SLE and/or APS with pregnancy failure despite treatment with LDA.
	• Women with SLE and/or APS with a high-risk aPL profile (primary prophylaxis of first maternal event and/or obstetrical adverse outcome).
	• All aPL positive (any aPL profile) women with SLE and/or APS during the puerperium (up to 6 weeks after delivery).
Full anticoagulant dose of heparin (preferably in two daily doses)[1]	• Women with SLE and/or APS with a history of thrombosis (during pregnancy and also puerperium, as bridging treatment to oral anticoagulation if used prior to pregnancy or for at least 6 weeks if no oral anticoagulation is planned).
	• Women with SLE and/or APS with pregnancy failure despite treatment with prophylactic dose of heparin.
	• Women with SLE and/or APS at high risk of the first thrombotic event (high risk aPL profile plus concomitant risk factors and/or additional non-criteria APS manifestations).

High risk aPL profile: see definition in paragraph 1 (counselling and risk stratification).

*1. Bates SM, Greer IA, Middeldorp S, et al. VTE, thrombophilia, antithrombotic therapy, and pregnancy: Antithrombotic Therapy and Prevention of Thrombosis, 9th ed: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines. Chest 2012;**141**(2 Suppl):e691S-736S.*