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In Reply

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We thank Drs. Gizzo, Nardelli, and Noventa for their interest in our article, and their comments give us an opportunity to elaborate on several aspects of our analysis.¹ The main objective of our analysis was to calculate the incidence of venous thromboembolism among postpartum women through postpartum week 12 and to examine how certain factors affect that risk according to timing postpartum. Our objectives did not include examining when or how to apply thromboprophylaxis. We agree that the interpretation of epidemiologic studies should consider relevant limitations. In our article, we acknowledge a number of limitations, including concerns about the accuracy and completeness of claims data and the inability to account for the influence of associated factors such as peripartum pharmacologic thromboprophylaxis and non-pharmacologic thromboprophylaxis. Despite limitations, the results from our work add to the field of knowledge on postpartum venous

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thromboembolism. Venous thromboembolic disease remains an important cause of peripartum morbidity and mortality,^{2,3} and our findings highlight the fact that the risk extends into the postpartum period, particularly among women with certain risk factors. We hope our article will help to increase awareness among clinicians and stimulate further study on this issue, including implications for postpartum thromboprophylaxis.

References

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