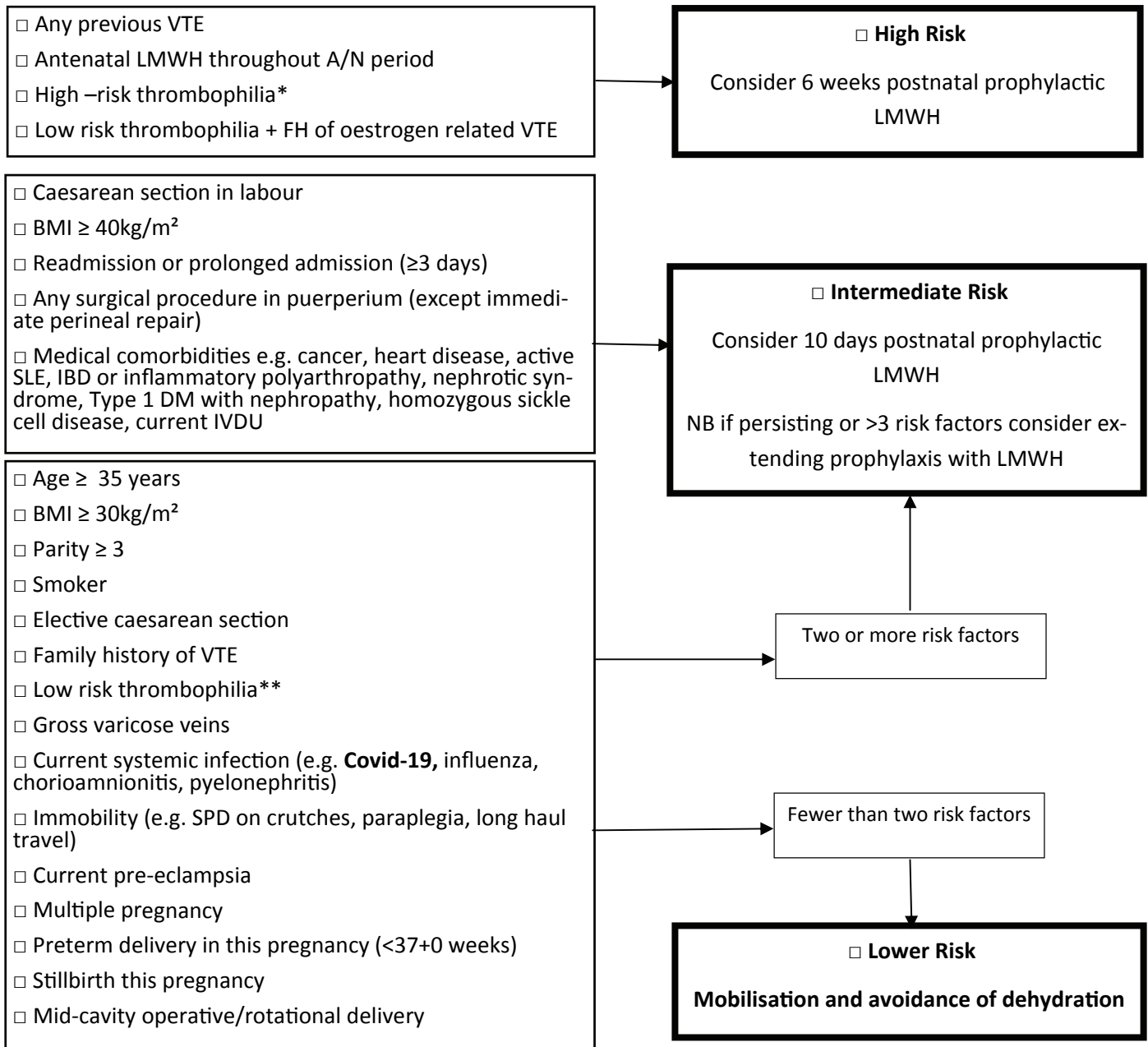


## Postnatal venous thromboprophylaxis (VTE) risk assessment and management



### Bleeding risks / exclusion —use alternative e.g. flowtrons

Thrombocytopenia (platelets  $<75 \times 10^9/\text{L}$ )  
 Uncontrolled hypertension ( $>200$  mmHg systolic or  $>120$  mmHg diastolic)  
 Active bleeding  
 Acquired bleeding disorders (e.g. acute liver failure)  
 Untreated Inherited bleeding disorders (eg haemophilia, von Willebrand's disease)  
 Concurrent use of anticoagulants known to increase risk of bleeding (e.g. warfarin)  
 Severe renal (CrCl  $<30\text{ml/min}$ ) or liver disease (raised PT/APTT)  
 Acute stroke

### Thrombophilias

**Low risk \*\***  
 Heterozygous PT gene mutation /Factor V Leiden  
 Protein C deficiency  
 Protein S deficiency

**High risk \***  
 Homozygous PT gene mutation Factor V Leiden  
 Anti-thrombin deficiency: Anti-phospholipid syndrome  
 Anticardiolipin antibodies / Lupus anticoagulant

## Postnatal venous thromboprophylaxis (VTE) risk assessment and management

Assess women postnatally immediately after birth AND if readmitted to hospital for ANY reason in the 6 weeks postnatal

Assess women who call maternity triage with any new systemic infection (e.g. Covid-19 new diagnosis postnatally)

ALL women must be give verbal and written information on VTE.

Information given

Date	Gestation	Risk Category	Action	Comments	Signature/role
		High	LMWH		
		Intermediate	LMWH		
		Low	Advice only		

Date	Gestation	Risk Category	Action	Comments	Signature/role
		High	LMWH		
		Intermediate	LMWH		
		Low	Advice only		

Date	Gestation	Risk Category	Action	Comments	Signature/role
		High	LMWH		
		Intermediate	LMWH		
		Low	Advice only		

Balance risk of bleeding against risk of VTE. Women at high risk of haemorrhage with risk factors including major APH, coagulopathy, progressive wound haematoma, suspected intra abdominal bleeding and post partum haemorrhage may be managed with foot impulse devices, intermittent pneumatic compression devices or anti-embolic stocking.

### Postnatal prophylactic dose of Low Molecular Weight Heparin (Dalteparin)

Booking weight	Dalteparin Once daily dosing
<50 kg	2500 units once daily
50—90 kg	5000 units once daily
91—130 kg	7500 units once daily
131—170 kg	10000 units once daily
>170 kg	Discuss with consultant haematologist

Remember to prescribe the **WHOLE COURSE** for the patient to take home on discharge