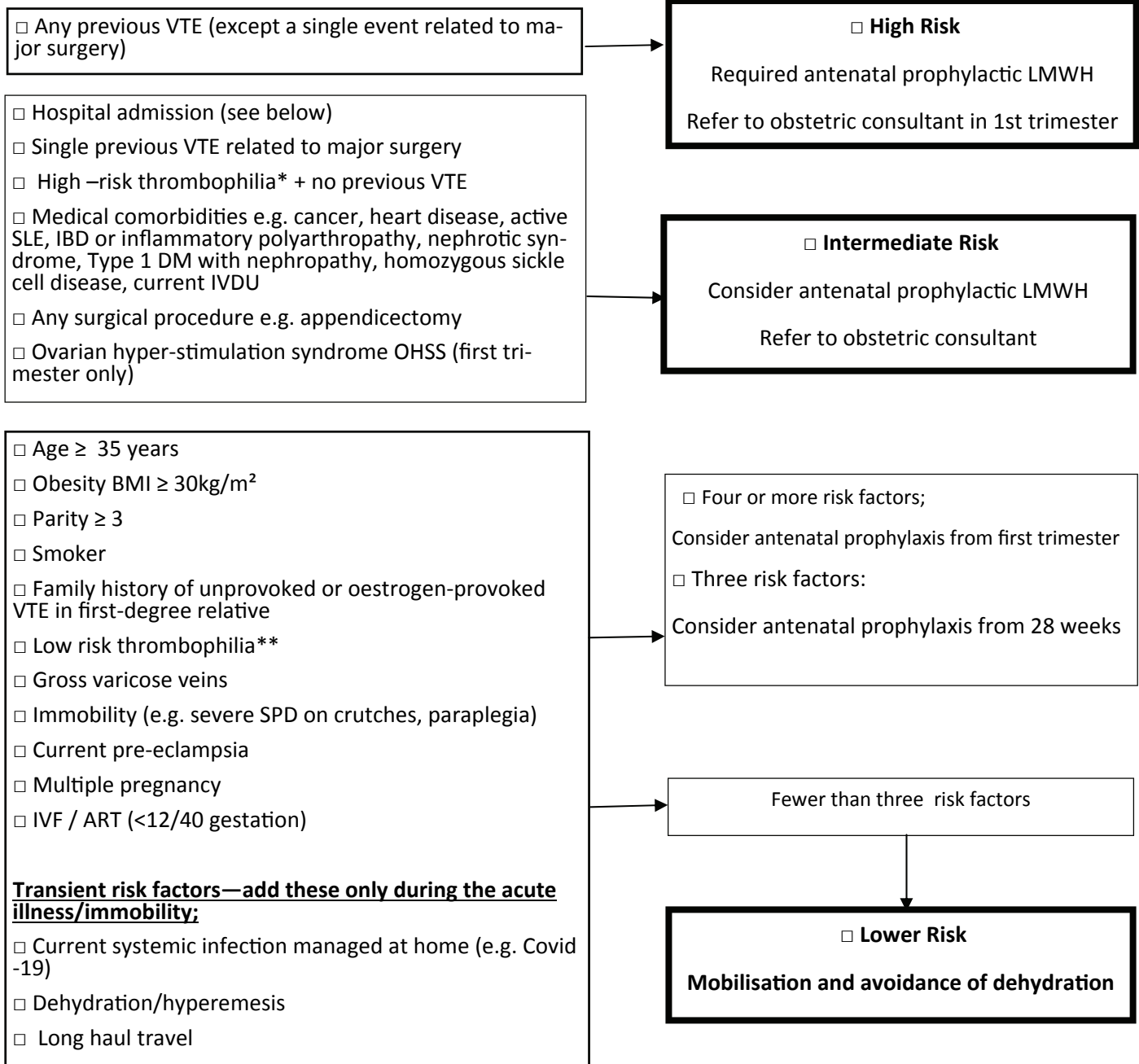


Antenatal venous thromboprophylaxis (VTE) risk assessment and management

Tick box below. Document on risk assessment sheet overleaf



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

- Thrombocytopenia (platelets <75 x 10/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 <30ml/min) or liver disease (raised PT/APTT)
- Acute stroke
- Epidural/ spinal within the previous 4 hours or the next 12 hours
- Major bleeding risk e.g. placenta praevia

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

Hospital admissions:

All women should receive LMWH for the duration of their admission.

If prolonged admission for 3 or more days or persistent transient risk factors, then LMWH should be considered for the duration of the pregnancy and up to 6 weeks postnatal.

Antenatal venous thromboprophylaxis (VTE) risk assessment and management

Assess women at booking AND if admitted to hospital for ANY reason in pregnancy

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

ALL women must be give verbal and written information on VTE and what to do if transient risk factors. 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		
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		High	LMWH		
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Date	Gestation	Risk Category	Action	Comments	Signature/role
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		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.

Women with transient risk factors may require dalteparin for the period of their illness or immobility. If unable to attend hospital due to illness (Covid-19)

Antenatal 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