VENOUS THROMBOEMBOLISM (VTE) RISK ASSESSMENT

ANTENATAL ASSESSMENT

HIGH RISK
- Any previous VTE (except a single event related to major surgery)

Intermediate Risk
- Hospital admission
- Single previous VTE related to major surgery
- High-risk thrombophilia + no VTE
  - Antithrombin deficiency
  - Protein C deficiency
  - Protein S deficiency
- More than 1 thrombophilia
- Medical co-morbidities
  - Cancer
  - Heart failure
  - Active SLE
  - Inflammatory bowel disease
  - Nephrotic syndrome
  - Type 1 Diabetes with nephropathy
  - Sickle cell disease
  - Current IVDU
- Any surgical procedure during pregnancy
- OHSS (first trimester only)

CUMULATIVE RISK
Score 1 for each risk factor - Total score =

- BMI >30kg/m²
- BMI >40kg/m² (= 2 risk factors)
- Age >35
- Parity >=3
- Smoker
- Gross Varicose veins
- Current pre-eclampsia
- Immobility (paraplegia, PGP)
- Family history of unprovoked or oestrogen-provoked VTE in 1st degree relative
- Multiple pregnancy
- IVF/ART
- Low-risk thrombophilia
- Transient risk factors
  - Dehydration/Hyperemesis
  - Current systemic infection
  - Long-distance travel

Assessment at booking Date _____ Sign ____________________________

Assessments must be made on each admission or with any change in the clinical picture
2. Sign ____________________ 4. Sign ____________________

TINZAPARIN DOSES
- <50kg: 3500 units daily
- 50-90kg: 4500 units daily
- 91-130kg: 7000 units daily
- 131-170kg: 9000 units daily
- >170kg: 75 units/kg/day

*May be given in divided doses

For women with an identified bleeding risk, discuss the balance of bleeding and clotting with consultant obstetrician & haematologist.

Author: Mable Pereira (February 2018)
VENOUS THROMBOEMBOLISM (VTE) RISK ASSESSMENT

POSTNATAL ASSESSMENT

HIGH RISK

- Any previous VTE
- Anyone requiring antenatal LMWH
- High risk thrombophilia
  - Anti-thrombin deficiency
  - Protein C deficiency
  - Protein S deficiency
- Low risk thrombophilia + Family history

INTERMEDIATE RISK

- Caesarean section in labour
- BMI > 40kg/m²
- Readmission in puerperium
- Prolonged admission >3 days
- Any surgical procedure in the puerperium except immediate repair of the perineum
- Medical co-morbidities
  - Cancer
  - Heart failure
  - SLE
  - Inflammatory bowel disease
  - Nephrotic syndrome
  - Type 1 DM with nephropathy
  - Sickle cell disease
  - Current IVDU

CUMULATIVE RISK

Score 1 for each risk factor - Total score =

- Age >35
- BMI 30-40kg/m²
- Parity >=3
- Smoker
- Elective Caesarean Section
- Gross Varicose veins
- Current pre-eclampsia
- Immobility (paraplegia, PGP, long-distance travel)
- Family history of VTE in 1st degree relative
- Multiple pregnancy
- Low-risk thrombophilia
- Preterm delivery <37 weeks in this pregnancy
- Stillbirth in this pregnancy
- Mid-cavity or rotational operative delivery
- Legs in lithotomy >1hr
- Prolonged labour >24 hours
- PPH >1 litre or blood transfusion

HIGH RISK

At least 6 WEEKS postnatal thromboprophylaxis

INTERMEDIATE RISK

At least 10 days postnatal thromboprophylaxis

=>3 factors consider extending thromboprophylaxis

ELECTIVE LSCS

- Flowtrons in Theatre and post-delivery till mobile or given first dose of Tinzaparin

EMERGENCY PROCEDURE

- Emergency cases that already have TEDs on should then go to Tinzaparin post op if required. Emergency cases with no TEDs on should have Flowtrons in theatre and then go on to Tinzaparin.

DELAY WITH ADMINISTRATION OF TINZAPARIN

- Flowtrons till Tinzaparin commenced, then remove

DO NOT USE TEDs & FLOWTRONS TOGETHER UNDER ANY CIRCUMSTANCE

TINZAPARIN DOESES

<table>
<thead>
<tr>
<th>Weight</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
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<tr>
<td>&gt; 170kg</td>
<td>75 units/kg/day</td>
</tr>
</tbody>
</table>

Assessment post-delivery

Date ______ Sign________________

References:

1 RCOG GreenTop Guideline No 37a: Reducing the risk of venous thromboembolism during pregnancy and the puerperium

Author: Mable Pereira (March 2019)