Antenatal assessment and management of VTE prophylaxis

**Antenatal VTE assessment and management**
- Evidence correlating risk factors and the occurrence of VTE is limited
- Assess each woman individually for VTE risk. The flowchart does not replace clinical judgement
- Assess risk early in pregnancy, repeat if hospitalised and if there is a change in clinical circumstances
- Assess the risks associated with VTE prophylaxis (guideline section 1.4)
- Discuss options for VTE prophylaxis with the woman
- Document a plan of care
- Liaise with a team experienced in prophylactic assessment/management as required
- Refer to the full text of the guideline for detailed prophylaxis assessment and management

**High Risk Factors**
- Single prior unprovoked VTE
- Single prior VTE pregnancy or COCP related
- Single prior VTE + thrombophilia
- Single prior VTE + family history of thrombophilia
- Prior recurrent VTE (>1)
- Family history VTE (but no personal history VTE) + antithrombin deficiency

**Known Risk Factors**
- **Socio-demographic**
  - Age ≥ 35 years
  - BMI ≥ 30 kg/m²
  - Cigarette smoker (>10/day)
- **Medical history**
  - Systemic lupus erythematosus
  - Cardiac or lung disease
  - Sickle cell disease
  - Gross varicose veins
  - Inflammatory conditions
  - Nephrotic syndrome
  - Cancer
  - Pre-existing diabetes
  - Ovarian hyperstimulation
- **Pregnancy related**
  - Immobility (e.g. bed rest, long distance travel)
  - Preeclampsia/eclampsia
  - Artificial reproductive therapy
  - Gestational diabetes
  - Multiparity (> 2)
  - Multiple pregnancy
  - Intrauterine growth restriction
  - Hyperemesis/dehydration
  - Current systemic infection (requiring antibiotics or hospitalisation)
  - Antepartum haemorrhage
  - Surgical procedure in pregnancy
- **VTE/Thrombophilias**
  - Single prior provoked VTE (not COCP related)
  - Asymptomatic thrombophilia (inherited or acquired)
  - Family history VTE
  - Family history VTE (but no personal history VTE) + thrombophilia (excluding antithrombin deficiency)
  - No personal or family history of VTE but significant laboratory thrombophilia
  - Antiphospholipid antibodies

**Hospitalised + ≥ 2 risk factors or ≥ 3 risk factors**
- **High Risk**
  - Discuss GCS
  - #LMWH prophylaxis
  - Consider IPC if hospitalised

**0 - 2 risk factors**
- **Moderate Risk**
  - Discuss GCS
  - Consider IPC if hospitalised
  - Consider #LMWH prophylaxis

**All Risk**
- **Lower Risk**
  - Clinical surveillance
  - Encourage mobilisation
  - Avoid dehydration

Abbreviations: COCP: Combined oral contraceptive pill GCS: Graduated compression stockings HIT: Heparin induced thrombocytopenia IPC: Intermittent pneumatic compression LMWH: Low molecular weight heparin ≥: Greater than or equal to >: Greater than

Refer to full guideline - Section 5: Specific patient groups and Appendix A: Drug information.