VTE assessment for pregnant and postpartum women

Assess women on an individual basis.
Liaise with a team experienced in prophylactic assessment and management as required

Early in pregnancy assess:
- Personal/family history of VTE
- Presence of thrombophilia
- Known risk factors
- Medical comorbidities
- Contraindications to prophylaxis
- Signs/symptoms of VTE

Perform VTE risk assessment

Develop VTE prevention plan

Monitor and reassess risk

Prepare for discharge/ongoing care

Advise women of:
- Increased risk of VTE in pregnancy and puerperium
- Signs/symptoms of VTE
- Importance of mobilising and avoiding dehydration
- Options and risks/benefits of prophylaxis

As indicated by assessment
- Liaise with expert
- Offer/recommend prophylaxis
  - GCS
  - IPC or SCD
  - LMWH
- Discuss
  - Side effects of prophylaxis
  - Implications for birth
  - Ongoing risk of VTE

Repeat assessment if:
- Antenatal hospital admission
- Pregnancy complications
- Prolonged immobility
- Other change in risk status

If prophylaxis indicated
- Plan intrapartum care (consider planned birth if indicated)
- Consider anaesthetic referral from 32 weeks
- Precautions for neuraxial blockade

Postnatal risk
- Assess intrapartum or within 6 hours of birth
- Review VTE prevention plan and adjust as required

Prepare for discharge/ongoing care

Advise women of:
- Increased risk of VTE postpartum
- Signs/symptoms of VTE and seeking help
- Importance of correct use, application and duration of prophylaxis
- Implications for future pregnancy

Pharmacological prophylaxis
- Provide prescription for entire postnatal course

Signs and symptoms VTE
- PE: dyspnoea, palpitations/tachycardia, chest pain, haemoptysis, tachypnoea, hypotension, collapse
- DVT: unilateral leg pain, swelling in extremity, increase in calf circumference (more than 2 cm), increased temperature, prominent superficial veins, pitting oedema