Antenatal and postnatal thromboprophylaxis according to risk

	1	ANY ONE OF Pre-pregnancy therapeutic anticoagulation (any reason) Any previous VTE plus high risk thrombophilia*# Recurrent unprovoked VTE (2 or more) VTE in current pregnancy (seek expert advice)		 Therapeutic anticoagulation Continue/commence antenatal Continue 6 weeks postpartum High prophylactic dose may be appropriate
High risk	2	ANY ONE OF Any single previous VTE not provoked by surgery Recurrent provoked VTE (2 or more) Active autoimmune or inflammatory disorder Medical co-morbidity: (e.g. cancer, nephrotic syndrome, heart failure, sickle cell, type I diabetes with nephropathy)		LMWH standard prophylaxis From first trimester Continue 6 weeks postpartum
	3	IF THROMBOPHILIA ☐ High or low risk thrombophilia* (no personal history VTE)		Refer to Flowchart: VTE prophylaxis if thrombophilia
	4	ANY ONE OF Antenatal hospital admission Ovarian hyperstimulation syndrome (first trimester Any surgery (pregnancy or postpartum) Severe hyperemesis or dehydration requiring IV for		LMWH Standard prophylaxis While in hospital or until resolves
All risk	5	☐ Stillbirth in current pregnancy ☐ Caesarean hysterectomy 3 Sum all rick scores	ALL 2 ≥ 3 All caesa • Reco	Antenatal risk score Mobilise, avoid dehydration LMWH standard prophylaxis • From 28 weeks LMWH standard prophylaxis • From time of assessment Postnatal risk score antenatal + postnatal score Mobilise early, avoid dehydration LMWH standard prophylaxis • Until discharge LMWH standard prophylaxis • 7 days (or longer if ongoing risk) arean sections ommend IPC or SCD until next day ockings r for postnatal women until fully mobile lend if receiving LMWH parin: standard prophylaxis (subcut) 40 mg daily 10 60 mg daily 11 131-170 kg 80 mg daily 12 171 kg 0.5 mg/kg

* High risk thrombophilia: > 1 laboratory thrombophilia, APS, antithrombin deficiency, protein C deficiency, protein S deficiency, homozygous FVL, homozygous prothrombin mutation, compound heterozygous FVL/prothrombin mutation

Low risk thrombophilia: heterozygous FVL, heterozygous prothrombin mutation, antiphospholipid antibodies

APS: antiphospholipid syndrome, ART: artificial reproductive technology, BMI: body mass index, FVL: factor V Leiden, GCS: graduated compression stockings, IPC: intermittent pneumatic compressions, IVF: in-vitro fertilisation, LMWH: low molecular weight heparin, PE: pulmonary embolism, PPH: Primary postpartum haemorrhage, SCD: sequential compression device, SLE: systemic lupus erythematosus, TEDS: thromboembolic deterrent stockings VTE: venous thromboembolism, ≥: greater than or equal to, >: greater than

Queensland Clinical Guideline. VTE prophylaxis in pregnancy and the puerperium. Flowchart: Flowchart: F20.9-2-V2-R25

