NSW GOVERNMENT Health

Facility:

FAMILY NAME	MRN
GIVEN NAME	☐ MALE ☐ FEMALE
D.O.B. ____/____/____	M.O.
ADDRESS	
LOCATION / WARD	
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE	

MATERNAL VENOUS THROMBOEMBOLISM (VTE) RISK ASSESSMENT TOOL

SMR060251

For **ante/postpartum women** during: **(NB: This tool has the capacity for THREE occasions of screening)**

- Booking-in
- Any antenatal admission
- When clinical situation alters
- Following a birth (vaginal or caesarean section) in the birth environment

1. Assess Venous Thromboembolism Risk: Tick if VTE risk factor is present to determine risk level

NB: Women who are admitted during the first trimester following an IVF pregnancy are at an increased risk of VTE and require ongoing risk assessment with particular attention to the cumulative risk factors listed below.

VTE Risk Factor		Date: __/__/__	Date: __/__/__	Date: __/__/__
Personal history of previous VTE and high risk thrombophilia** (Antithrombin deficiency, Antiphospholipid Syndrome, Homozygous Factor V Leiden, Compound Factor V Leiden, Homozygous Prothrombin G20210A, Prothrombin G20210A, or MTHFR)				
Recurrent VTE with no known history of thrombophilia				
Ovarian hyperstimulation syndrome requiring admission **(within the first trimester only)**				
Long term therapeutic anticoagulation is used prior to and/or during pregnancy for persistent indication				
Postpartum Risk	Any woman requiring antenatal Low Molecular Weight Heparin (LMWH) for maternal VTE prophylaxis			
If ≥ 1 present: HIGHER RISK		☐	☐	☐
Personal history of VTE with no known thrombophilia				
Asymptomatic high risk thrombophilia (as above)				
Low risk thrombophilia and personal history of provoked VTE (Protein C deficiency, Protein S deficiency,Heterozygous Factor V Leiden, Prothrombin G20210A or MTHFR)				
Current medical condition, eg. heart or lung disease, SLE, cancer, systemic inflammatory condition, nephrotic syndrome, sickle cell disease, pre-existing diabetes with vascular complication				
Obesity (BMI ≥ 40kg/m^2)				
Non obstetric surgery during pregnancy				
Peripartum/postpartum infection				
Postpartum Risk	Stillbirth in the current pregnancy			
	Any surgical procedure except immediate repair of the perineum			
	Caesarean section in labour			
If ≥ 1 present: INTERMEDIATE RISK		☐	☐	☐
Cumulative Intermediate Risk Factors	Age (>40 years)			
	Obesity (BMI ≥ 30kg/m^2)			
	Parity ≥3			
	Smoker			
	Current systemic sepsis			
	Extensive varicose veins			
	Prolonged restricted immobility, e.g. antenatal bed rest, paraplegia, long distance travel			
	Family history of 1st degree relative with VTE			
	Pre-eclampsia in current pregnancy			
	Dehydration/hyperemesis			
	Multiple pregnancy			
	Abruption			
	Premature pre labour rupture of membranes (PPROM)			
	Postpartum Risk Elective caesarean section			
	Postpartum Risk PPH > 1 litre or blood transfusion			
If ≥ 3 cumulative risk factors present: INTERMEDIATE RISK		☐	☐	☐
If ≤ 2 cumulative risk factors present: LOWER RISK		☐	☐	☐

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2. Identify Possible Contraindications to Pharmacological Prophylaxis: Tick if present

Possible Contraindications	Date: __/__/__	Date: __/__/__	Date: __/__/__	Management
Haemophilia, von Willebrand disease, acquired coagulopathy, or other bleeding disorder				For women with an identified bleeding risk, the balance of risks of bleeding and clotting should be discussed in consultation with a consultant O&G and /or a consultant physician. These conditions may CONTRAINDICATE the use of pharmacological prophylaxis.
Current antenatal bleeding				
Women considered at risk of major haemorrhage (e.g. placenta praevia, high order multiple pregnancy)				
Thrombocytopenia (platelet count <75 x 10^9)				
Acute stroke in previous 4 weeks				
Severe renal disease (glomerular filtration rate <30 ml/minute/1.73m^2)				
Severe liver disease (prothrombin time above normal range, known varices, HELLP syndrome)				
Uncontrolled hypertension (BP >170 mmHg systolic or > 110 mmHg diastolic)				
Impending Caesarean Section				
CAUTION: Epidural catheter in situ (risk of epidural haematoma on insertion/removal of epidural catheter)				Discussion **must** occur with anaesthetist

3. Patient Education and Documentation of Risk Level and Management

Date: ___/___/_____	Date: ___/___/_____	Date: ___/___/_____
☐ Discussed VTE risk assessment outcome with women. Provided written information (where applicable) Document risk level on: ☐ Health Care Record ☐ Antenatal Hand Held Record (Antenatal Yellow Card) ☐ eMaternity Alert Box	☐ Discussed VTE risk assessment outcome with women. Provided written information (where applicable) Document risk level on: ☐ Health Care Record ☐ Antenatal Hand Held Record (Antenatal Yellow Card) ☐ eMaternity Alert Box	☐ Discussed VTE risk assessment outcome with women. Provided written information (where applicable) Document risk level on: ☐ Health Care Record ☐ Antenatal Hand Held Record (Antenatal Yellow Card) ☐ eMaternity Alert Box
Name:	Name:	Name:
Time:	Time:	Time:
Signature:	Signature:	Signature:
Designation:	Designation:	Designation:

4. Prophylaxis Guidance for Medical Officers According to Determined Risk Level

Risk Level		Antepartum Management	Postpartum Management	
HIGHER RISK	Refer to Obstetrician/ High Risk Obstetric team for management	As for lower risk below, PLUS Requires **<u>therapeutic</u>** anticoagulation	As for lower risk below, PLUS Requires at least 6 weeks **pharmacological prophylaxis** with LMWH	Where an epidural is in use, discussion with anaesthetist **must** occur
INTERMEDIATE RISK	Involvement of appropriate specialist should be considered in cases of uncertainty	As for lower risk below, PLUS Consider pharmacological prophylaxis with LMWH	As for lower risk below, PLUS Requires at least 7 days pharmacological prophylaxis with LMWH Note: if persisting or > 3 intermediate risk factors (non-cumulative) consider extending prophylaxis	
LOWER RISK	Encourage mobilisation, adequate hydration and consider graduated compression stockings or intermittent calf compressors			

**Thrombophilia is when the blood has an increased tendency to form clots. When screening, ask the woman if is she aware of having an increased tendency to form clots, and if so, whether she has had blood test indicating this. Blood tests should not be performed unless requested by an experienced clinician. Most women do NOT require thrombophilia testing.

NO WRITING