### Maternal Venous Thromboembolism (VTE) Risk Assessment Tool

#### Personal history of unprovoked VTE

#### Personal history of VTE with hormonal risk factor* 

#### Antithrombin deficiency AND family history of VTE in a first-degree relative

#### Homozygous Factor V Leiden OR more than one thrombophilia (regardless of family history of VTE in a first-degree relative)

#### Ovarian hyperstimulation syndrome requiring admission (up to 14 weeks gestation)

<table>
<thead>
<tr>
<th>Postpartum Period</th>
<th>Any woman requiring antenatal Low Molecular Weight Heparin (LMWH) for maternal VTE prophylaxis</th>
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</table>

#### If ≥ 1 of the above present: HIGHER RISK

#### Personal history of provoked VTE with non-hormonal risk factor* 

#### Protein C or Protein S deficiency (regardless of family history of VTE in a first-degree relative)

#### Homozygous Prothrombin G20210A (PT) (regardless of family history of VTE in a first-degree relative)

#### 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/m²)

#### Non-obstetric surgery during pregnancy (requiring general or regional anaesthesia)

#### Current sepsis (requiring IV antibiotics)

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<tr>
<th>Postpartum Period</th>
<th>Any surgical procedure except immediate repair of the perineum Caesarean section in labour</th>
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#### If ≥ 1 of the above present: INTERMEDIATE RISK

#### Antithrombin deficiency with NO family history of VTE in a first-degree relative

#### Heterozygous Factor V Leiden or Heterozygous Prothrombin G20210A (regardless of family history of VTE in a first-degree relative)

#### Stillbirth in the current pregnancy

#### Age (> 40 years)

#### Obesity (BMI ≥ 30kg/m²)

#### Parity ≥ 3

#### Smoker

#### Extensive varicose veins

#### Prolonged restricted immobility eg. antenatal bed rest, paraplegia, long distance travel

#### Family history of VTE in a first-degree relative (with no known thrombophilia)

#### Pre-eclampsia in current pregnancy

#### Dehydration/hyperemesis

#### Multiple pregnancy

#### Abruption

#### Premature pre-labour rupture of membranes (PPROM)

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<tr>
<th>Postpartum Period</th>
<th>Elective Caesarean section PPH &gt; 1 litre or blood transfusion</th>
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#### If ≥ 3 cumulative risk factors above present: INTERMEDIATE RISK

#### If ≤ 2 cumulative risk factors above present: LOWER RISK
### 2. Identify Possible Contraindications to Pharmacological Prophylaxis: Tick if present

<table>
<thead>
<tr>
<th>Possible Contraindications</th>
<th>Date:</th>
<th>Date:</th>
<th>Date:</th>
<th>Management</th>
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<tbody>
<tr>
<td>Haemophilia, von Willebrand disease, acquired coagulopathy, or other bleeding disorder</td>
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<td>Where a contraindication is present the balance of risks of bleeding and clotting must be discussed in consultation with an O&amp;G consultant and/or a consultant physician. These conditions may CONTRAIN DICATE the use of pharmacological prophylaxis</td>
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<tr>
<td>Current antenatal bleeding</td>
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<td>Women considered at risk of major haemorrhage (e.g. placenta praevia, high order multiple pregnancy)</td>
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<td>Thrombocytopenia (platelet count &lt;75 x 10^9)</td>
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<td>Acute stroke in previous 4 weeks</td>
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<td>Severe renal disease (glomerular filtration rate &lt;30 ml/minute/1.73m²)</td>
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<td>Severe liver disease (prothrombin time above normal range, known varices, HELLP syndrome)</td>
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<td>Uncontrolled hypertension (BP &gt;170 mmHg systolic or &gt;110 mmHg diastolic)</td>
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<td>Impending Caesarean Section</td>
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<td>Discussion must occur with anaesthetist</td>
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<td><strong>CAUTION:</strong> Epidural catheter in situ (risk of epidural haematoma on insertion/removal of epidural catheter)</td>
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### 3. Patient Education and Documentation of Risk Level and Management

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#### Document
- [ ] Discussed VTE risk assessment outcome with woman. Provided written information (where applicable)
- [ ] Document risk level on:
  - Health Care Record
  - Antenatal Hand Held Record (Antenatal Yellow Card)

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

#### LOWER RISK
- All women should have the following: encourage mobilisation, adequate hydration and consider graduated compression stockings or intermittent calf compressors

#### INTERMEDIATE RISK
- Involvement of appropriate specialist should be considered in cases of uncertainty
- Consider pharmacological prophylaxis with LMWH
- Requires at least 7 days pharmacological prophylaxis with LMWH
- NOTE: if persisting risk or > 3 intermediate risk factors (non-cumulative) **consider** extending prophylaxis to at least 8 weeks

#### HIGHER RISK
- Involvement of appropriate specialist should be considered in cases of uncertainty
- Requires pharmacological prophylaxis with LMWH
- For women with OHSS who are not pregnant, pharmacological prophylaxis should be ceased 4 weeks after resolution of OHSS
- Requires at least 6 weeks pharmacological prophylaxis with LMWH
- For pregnant women with OHSS as their only risk factor, pharmacological prophylaxis should not continue after 13 weeks gestation

*Hormonal risk factors include: pregnancy, use of oral contraception or estrogen receptor modulator
*Non-hormonal risk factors include: surgery, trauma, immobilisation/bed rest, active cancer etc

Please note that this tool does not preclude the use of clinical judgement. The guidance within this tool has been adapted from the American Society of Hematology 2018 guidelines for the management of venous thromboembolism: venous thromboembolism in the context of pregnancy.