## Is there a significant thrombosis risk (Step 1)

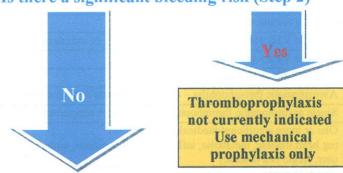
Antenatal: Score ≥ 3 Postnatal: score > 2 No



## Low Risk

- 1.VTE risk assessment
- 2. Patient Information leaflet
- 3. Early ambulation
- 4. Reassess within 24 hours and whenever clinical condition changes

## Is there a significant bleeding risk (Step 2)



## High Risk

Antenatal: Score ≥ 3 Postnatal:  $score \ge 2$ 

- 1. VTE risk assessment, 2. Patient information leaflet, 3. Early ambulation
- 4. Refer to maternity VTE guidelines, 5. Offer VTE prophylaxis as appropriate
  - 6. Reassess within 24 hours and whenever clinical condition changes

Thromboprophylaxis dose of Low Molecular Weight Heparin (LMWH) - Enoxaparin (Clexane)

Dose Weight (Kg) 20mg daily <50 High prophylactic dose: Clexane twice daily 40mg daily 50-90 (refer to maternity VTE thromboprophylaxis 91-130 60mg daily\* guidelines) 131-170 80mg daily\*

\*consider two divided doses

Antenatal Thromboprophylaxis required

Throughout pregnancy

- -Previous VTE (thrombophilia or family history)
- Previous VTE unprovoked/estrogen related
- Previous recurrent VTE (>1)
- Antithromin deficiency/factor v leiden homozygous
- -Thrombophilia (combined defects)

Postnatal thromboprophylaxis for 6 weeks

- -Antenatal thrombophylaxis with LMWH
- -Thrombophilia
- -Previous VTE
- $-BMI > 40 \text{kg/m}^2$
- NB Renal failure: estimated glomerular filtration rate (eGFR) < 30ml/mim/1.73m2 use half dose Enoxaparin (Clexane) 20mg

Anticoagulation with LMWH indicated on Discharge				Blood card given for platelet count 2 weeks after commencement of	
Yes	No	Antenatal+Postnatal for 6weeks Postnatal for 6weeks week tweek Others specify		anticoagulation Yes □	

Anti Embolic	stocking indicated	Low Molecular Weight I	Heparin Indicated	
Yes	No	Yes	No	

Mechanical Prophylaxis(e.g. Flowtrons) indicated		Information Leaflet Given to patient		
Yes	No	Yes □		