

Is there a significant thrombosis risk (Step 1)

Antenatal: Score ≥ 3

Postnatal: score ≥ 2

No

Yes

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)

No

Yes

Thromboprophylaxis not currently indicated
Use mechanical prophylaxis only

High Risk

Antenatal: Score ≥ 3

Postnatal: score ≥ 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)

Weight (Kg)	Dose
<50	20mg daily
50-90	40mg daily
91-130	60mg daily*
131-170	80mg daily*

High prophylactic dose: Clexane twice daily
(refer to maternity VTE thromboprophylaxis guidelines)

*consider two divided doses

Antenatal Thromboprophylaxis required
Throughout pregnancy

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

Postnatal thromboprophylaxis for 6 weeks

- Antenatal thromboprophylaxis with LMWH
- Thrombophilia
- Previous VTE
- BMI > 40kg/m²

NB Renal failure: estimated glomerular filtration rate (eGFR) < 30ml/min/1.73m² use half dose Enoxaparin (Clexane) 20mg

Anticoagulation with LMWH indicated on Discharge		Duration of Anticoagulation		Blood card given for platelet count 2 weeks after commencement of anticoagulation
Yes	No	Antenatal+Postnatal for 6weeks	<input type="checkbox"/>	Yes <input type="checkbox"/>
		Postnatal for 6weeks	<input type="checkbox"/>	
		1 week	<input type="checkbox"/>	
		Others specify	<input type="checkbox"/>	

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

Mechanical Prophylaxis(e.g. Flowtrons) indicated	Information Leaflet Given to patient
Yes No	Yes <input type="checkbox"/>

Please insert this VTE Risk Assessment in to the patients Medical Records.