

ANTENATAL

**Venous Thromboembolism (VTE)
Risk Assessment For Maternity**

Name:
Date of Birth: DD /MM /YYYY
MRN Number:
NHS Number:
(or affix hospital label here)

Perform risk assessment at: (Refer to A2014 Diagnosis and Treatment of VTE Disorders)

- Booking
- Every admission to hospital

Personal history of DVT, PE or thrombophilia (DVT – deep vein thrombosis, PE – pulmonary embolism) → Refer for senior obstetric opinion
A/N thromboprophylaxis advised

Additional risk factors (indicate ✓ in box below) → If more than 3, refer for obstetric opinion
If more than 2 and admitted, seek obstetric opinion

Additional Risk Factors			
Permanent Risk Factors			
Age more than 35 at booking	Gross varicose veins		
BMI of 35 or more at booking	Paraplegia		
Parity of 3 or more	Sickle cell disease		
Smoker (more than 10/day)	Serious medical conditions, cancer		
Intravenous drug users	Other – specify:		
Transient Risk Factors		Date(s)	Date(s)
Dehydration / Hyperemesis		Immobility more than 3 days A/N	
Ovarian hyperstimulation syndrome		Any surgical procedure A/N	
Multiple pregnancy, assisted conception		Long-distance travel more than 4 hours	
Current severe infection		Moderate to severe pre-eclampsia	

Assess degree of risk to determine recommended thromboprophylaxis

Degree of Risk	Clinical scenarios	Recommended A/N thromboprophylaxis
High risk (HR)	Personal history of VTE / Thrombophilia	Plan made by senior obstetrician Fragmin 5,000 U daily (see guideline for dose)
Moderate risk (MR)	Single VTE no thrombophilia / FH Thrombophilia no VTE 3 or more additional risk factors (as above), 2 or more if admitted	Consider A/N thromboprophylaxis. Fragmin 5,000 U daily Below knee antiembolic stockings if admitted Review if transient risk factor resolves
Low risk (LR)	0 – 1 or 2 additional risk factors	Early mobilisation, hydration, reassessment

Assess risk of bleeding and contraindications to Fragmin (see inpatient prescription chart)

No risk factors for bleeding – prescribe Fragmin Fragmin contraindicated, mechanical method

Gestation	Degree of risk (HR, MR, LR)	Obstetrician informed (Y/N)	Treatment prescribed	Date assessed	Risk assessed by: (Initial and print)
Booking					

Referred to	Signature	Designation	Date	Time

Complete further form if additional admissions