

# APPENDIX 1 Thromboprophylaxis Risk Assessment and Management Quick Reference Guide

			Score
<b>Major risk factors</b>		Any previous VTE except a single event related to major surgery	4
		High-risk thrombophilia	3
		Hospital admission	*
		Previous VTE related to major surgery	3
	PN only	Caesarean section in labour	2
		BMI 30-39.9	1
		BMI ≥ 40	2
	PN only	Readmission or prolonged admission (≥3 days) in the puerperium	3
	PN only	Any surgical procedure in the puerperium except immediate repair of the perineum	3
<b>Medical co-morbidities</b>		Heart Failure	3
		Active Systemic Lupus Erythematosus (SLE)	3
		Cancer	3
		Inflammatory Bowel Disease (IBD)	3
		Inflammatory Polyarthropathy	3
		Nephrotic Syndrome	3
		Sickle cell disease	3
		Current Intravenous Drug User	3
		Type 1 DM with nephropathy	3
		Additional information/considerations (eg. Prolonged admission)	**
<b>SCORE</b> (Major risk factors and medical co-morbidities)			
<b>SCORE</b> (Pregnancy related risk factors)			
<b>TOTAL SCORE</b>			

\*Consider thromboprophylaxis for all pregnant women during an antenatal admission.

\*\*This list of co-morbidities is not prescriptive, and other issues may be contributory.

			Score
<b>Pregnancy related risk factors</b>	AN only	Ovarian hyperstimulation syndrome (OHSS)- First trimester only	1
		Age >35	1
		Parity ≥ 3	1
		Smoker	1
	PN only	Elective caesarean section	2***
		Gross varicose veins	1
		Current pre-eclampsia	1
		Current systemic infection	1
		Immobility eg. Paraplegia, PGP, long distance travel	1
		Family history of unprovoked or oestrogen-related VTE in 1 <sup>st</sup> degree relative	1
		Low-risk thrombophilia	1
		Multiple pregnancy	1
	AN only	IVF/ART – First trimester only	1
	PN only	Preterm birth in this pregnancy (<37+0 weeks)	1
	PN only	Stillbirth in this pregnancy	1
	PN only	Mid-cavity rotational or operative birth	1
	PN only	Prolonged labour (>24 hours)	1
	PN only	PPH > 1 litre or blood transfusion	1
	AN only	Hyperemesis ( <i>transient risk factor</i> )	3
		Dehydration ( <i>transient risk factor</i> )	1
	Identified Bleeding Risk	1	
	COVID-19	1	

\*\*\*BadgerNet will apply a score of 1. However GGC recommends thromboprophylaxis after all caesarean sections.

Total score	Action
<b>Antenatal</b> • <i>Booking</i> • <i>28 weeks</i>	≥ 4 Consider thromboprophylaxis from the first trimester
	3 Consider thromboprophylaxis from 28 weeks
	≥ 2 Reassess routinely as per guideline, or if risk profile changes
<b>Antenatal admission</b> (including admissions to other specialties, eg surgery)	Consider thromboprophylaxis for all pregnant women during an antenatal admission, unless admitted in suspected labour, for induction of labour, or with bleeding.
<b>Postnatal</b> • <i>Post-birth on LW</i> • <i>72 hours postnatal (if ongoing inpatient admission)</i> • <i>PN discharge to community</i> • <i>Any postnatal readmission</i>	≥ 2 Consider thromboprophylaxis for at least 10 days
	Required AN enoxaparin or multiple PN risk factors Consider thromboprophylaxis for 6 weeks

Woman's most recent weight (Weigh at booking and 28 weeks)	Prophylactic dose of enoxaparin
<50kg	20 mg daily
50 – 90.9 kg	40 mg daily
91 – 130.9 kg	60 mg daily
131 – 170 kg	80 mg daily
>170 kg	0.6 mg/kg daily

Recommended thromboprophylaxis is low molecular weight heparin (LMWH). The drug of choice in GGC is enoxaparin.

If LMWH is contraindicated, consider using anti-embolism stockings.