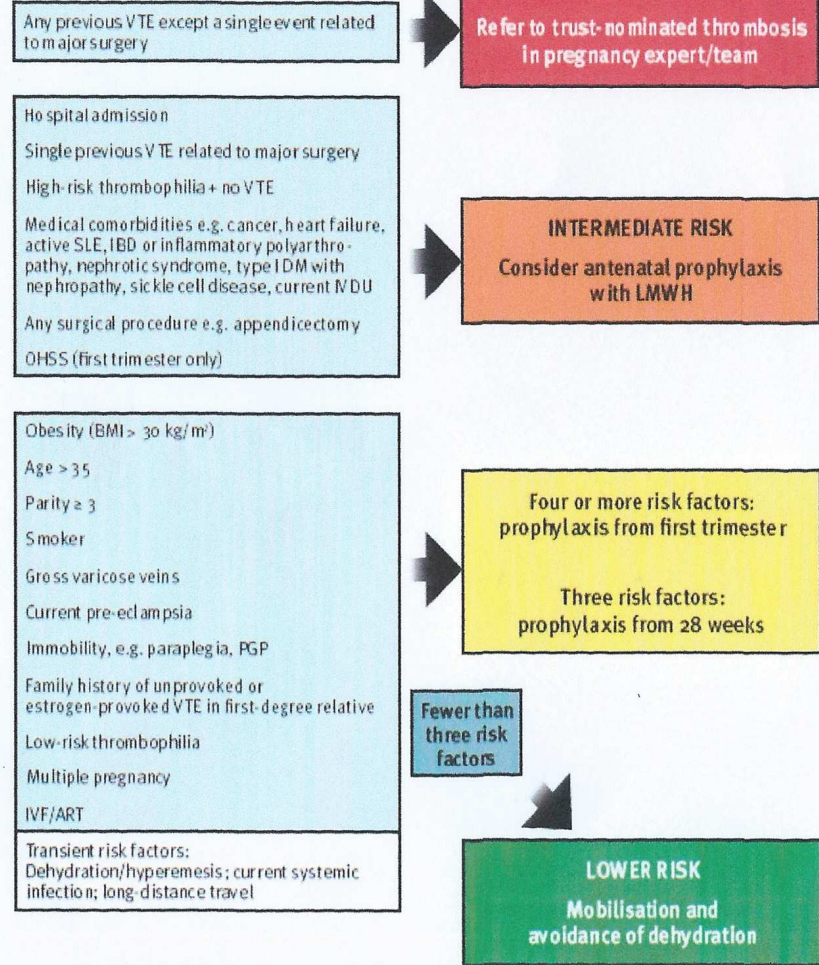
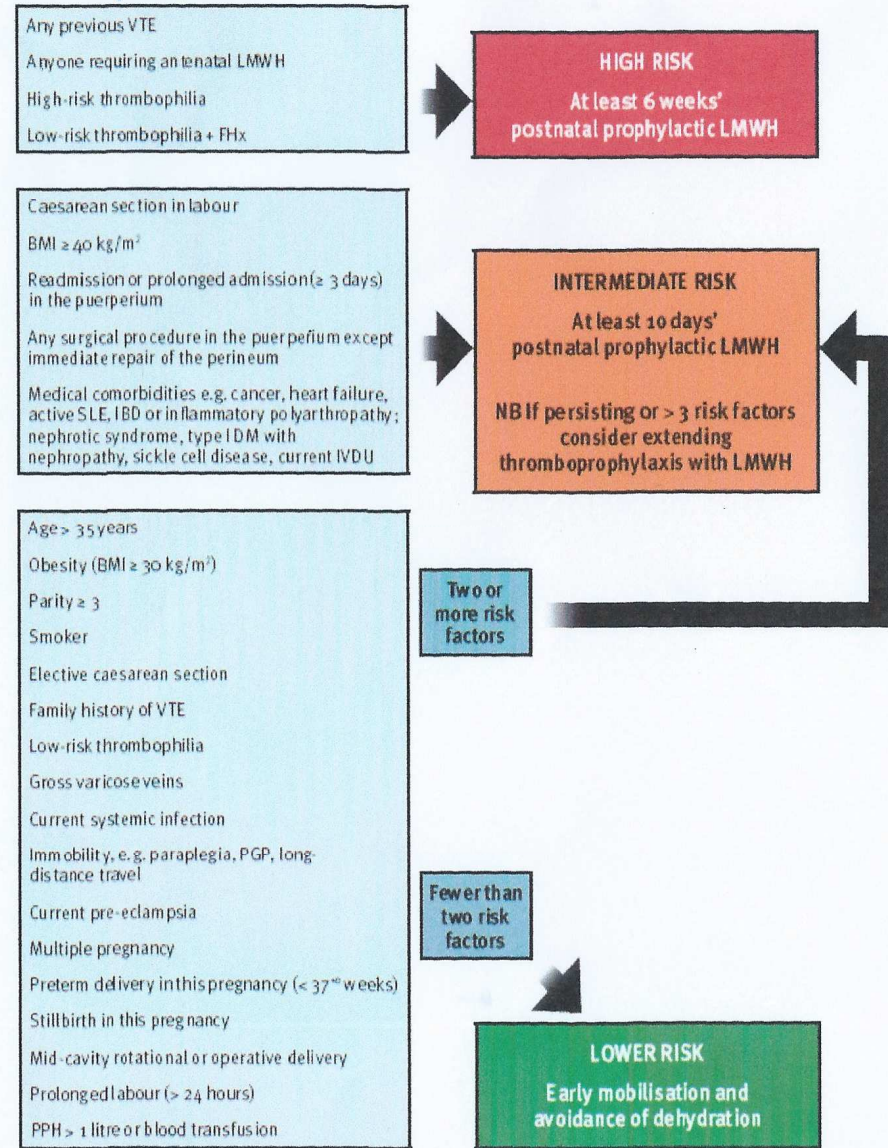


**Antenatal assessment and management (to be assessed at booking and repeated if admitted)**



**Postnatal assessment and management (to be assessed on delivery suite)**



APL = antiphospholipid antibodies (lupus anticoagulant, anticardiolipin antibodies,  $\beta_2$ -glycoprotein 1 antibodies); ART = assisted reproductive technology; BMI based on booking weight; DM = diabetes mellitus; FHx = family history; gross varicose veins = symptomatic, above knee or associated with phlebitis/oedema/skin changes; high-risk thrombophilia = antithrombin deficiency, protein C or S deficiency, compound or homozygous for low-risk thrombophilias; IBD = inflammatory bowel disease; immobility =  $\geq 3$  days; IVDU = intravenous drug user; IVF = in vitro fertilisation; LMWH = low-molecular-weight heparin; long-distance travel =  $> 4$  hours; low-risk thrombophilia = heterozygous for factor V Leiden or prothrombin G20210A mutations; OHSS = ovarian hyperstimulation syndrome; PGP = pelvic girdle pain with reduced mobility; PPH = postpartum haemorrhage; thrombophilia = inherited or acquired; VTE = venous thromboembolism.

**Antenatal and postnatal prophylactic dose of LMWH**

Weight < 50 kg = 20 mg enoxaparin/2500 units dalteparin/3500 units tinzaparin daily  
 Weight 50–90 kg = 40 mg enoxaparin/5000 units dalteparin/4500 units tinzaparin daily  
 Weight 91–130 kg = 60 mg enoxaparin/7500 units dalteparin/7000 units tinzaparin daily  
 Weight 131–170 kg = 80 mg enoxaparin/10000 units dalteparin/9000 units tinzaparin daily  
 Weight > 170 kg = 0.6 mg/kg/day enoxaparin/ 75 u/kg/day dalteparin/ 75 u/kg/day tinzaparin