Royal College of Obstetricians and Gynaecologists Green-Top Guideline No. 37a, Avril 2015

Appendix I: Obstetric thromboprophylaxis risk assessment and management Postnatal assessment and management (to be assessed on delivery suite) Antenatal assessment and HIGH RISK

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

Any previous VTE except a single event related to major surgery

Ho spital admission

Single previous VTE related to major surgery

High-risk thrombophilia + no VTE

Medical comorbidities e.g. cancer, heart failure, active SLE, IBD or inflammatory polyarthropathy, nephrotic syndrome, type IDM with nep hropathy, sickle cell disease, current NDU

Any surgical procedure e.g. appendicectomy

OHSS (first trim ester only)

INTERMEDIATE RISK

Consider antenatal prophylaxis with LMWH

Requires antenatal prophylaxis

with LMWH

Refer to trust-nominated thrombosis

in pregnancy expert/team

Obesity (BMI > 30 kg/m²)

Age > 35

Parity 2 3

Smoker

Gross varicose veins

Current pre-eclampsia

Immobility, e.g. paraplegia, PGP

Family history of unprovoked or estrogen-provoked VTE in first-degree relative

Low-risk thrombophilia

Multiple pregnancy

IVF/ART

Transient risk factors: Dehydration/hyperemesis; current systemic infection; long-distance travel

Four or more risk factors: prophylaxis from first trimester

> Three risk factors: prophylaxis from 28 weeks

Fewer than three risk factors

LOWER RISK

Mobilisation and avoidance of dehydration

APL = antiphospholipid antibodies (lupus anticoagulant, anticardiolipin antibodies, 8.-glycoprotein 1 antibodies); ART = assisted reproductive technology; BMI based on booking weight; DM = diabet es 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 5 defidency, compound or homozygous for low-risk thrombophilias; IBD = inflammatory bowel disease; immobility = 2 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 G2o210A mutations; OHSS = ovarian hyperstimulation syndrome; PGP = pelvicgirdle pain with reduced mobility: PPH = postpartum haemorrhage; thrombophilia = inherited or acquired; VTE = venous thromboembolism.

Any previous VTE

Anyone requiring an tenatal LMW H HIGH RISK

High-risk thrombophilia

Low-risk thrombophilia + FHx

At least 6 weeks' postnatal prophylactic LMWH

Caesarean section in labour

BMI > 40 kg/m2

Readmission or prolonged admission(≥ 3 days) in the puerperium

Any surgical procedure in the puerpefium except immediate repair of the perineum

Medical comorbidities e.g. cancer, heart failure. active SLE, IBD or inflammatory polyarthropathy: nephrotic syndrome, type IDM with nephropathy, sickle cell disease, current IVDU

INTERMEDIATE RISK

At least 10 days' postnatal prophylactic LMWH

NB If persisting or > 3 risk factors consider extending thromboprophylaxis with LMWH

Age > 35 years

Obesity (BMI ≥ 30 kg/m²)

Parity ≥ 3

Smoker

Elective caesarean section

Family history of VTE

Low-risk thrombophilia

Gross varicos e veins

Current systemic infection

Immobility, e.g. paraplegia, PGP, longdistance travel

Current pre-eclampsia

Multiple pregnancy

Preterm delivery in this pregnancy (< 37 weeks)

Stillbirth in this pregnancy

Mid-cavity rotational or operative delivery

Prolonged labour (> 24 hours)

PPH > 1 litre or blood transfusion

Twoor more risk factors

Fewerthan two risk factors

LOWER RISK

Early mobilisation and avoidance of dehydration

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 enoxapariny 7500 units dalteparin/7000 units tirzaparin 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 dalte parin/ 75 u/kg/day tinzaparin