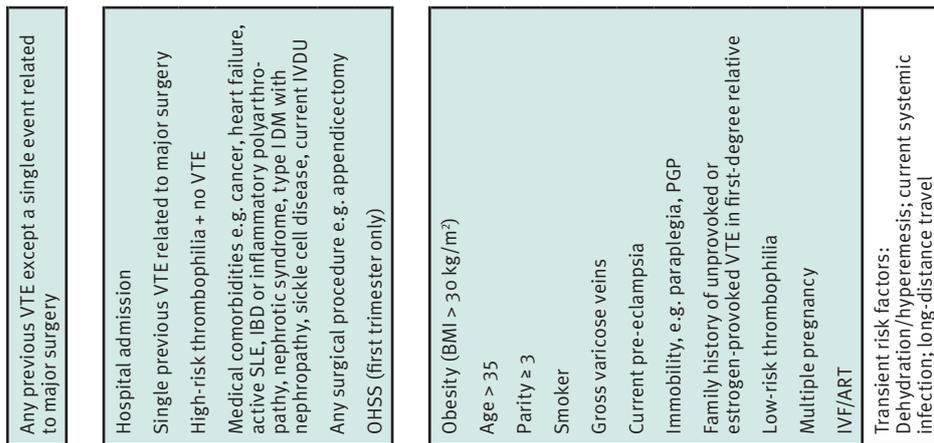


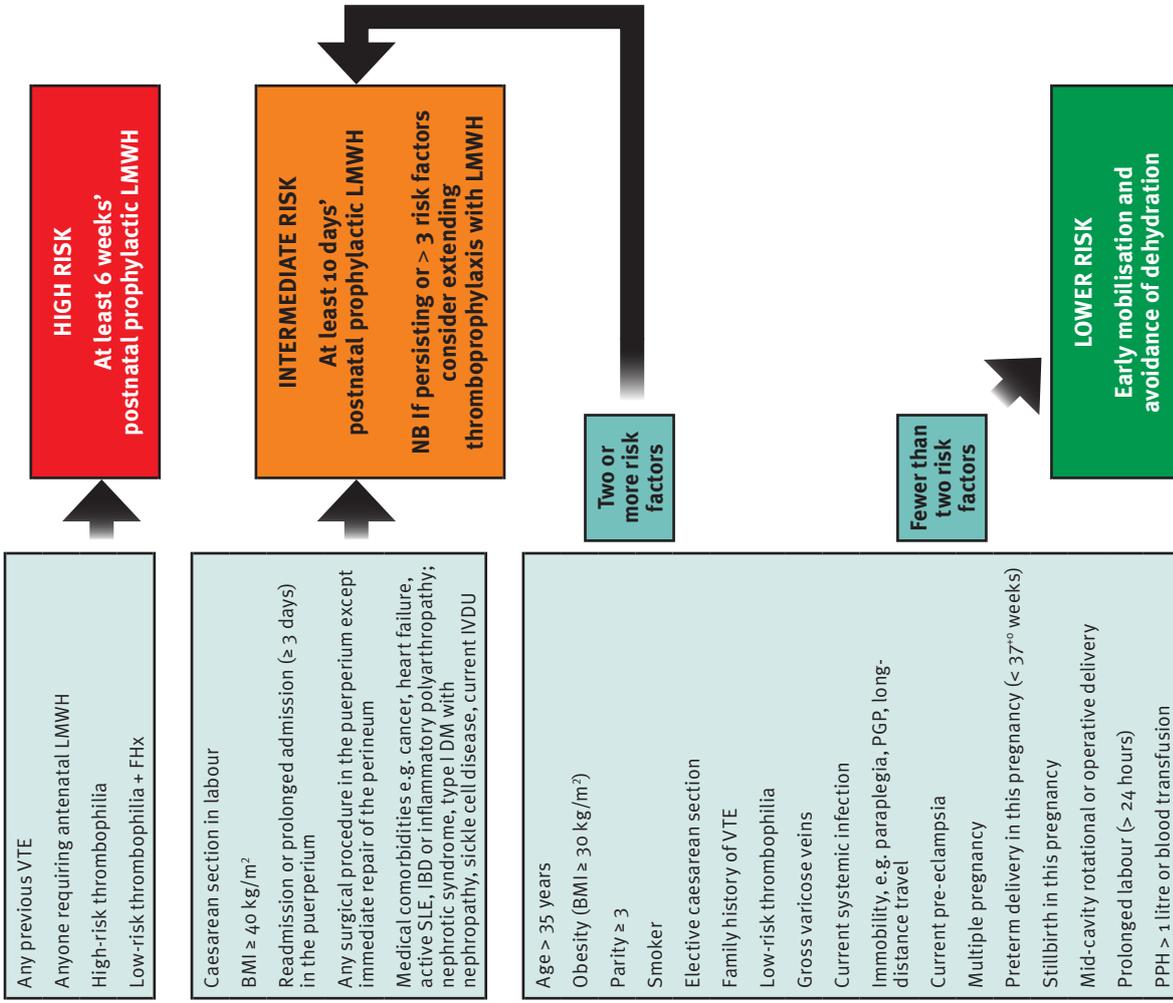
Appendix I: Obstetric thromboprophylaxis risk assessment and management

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



APL = antiphospholipid antibodies (lupus anticoagulant, anticardiolipin antibodies, β_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 = ≥ 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.

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



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/10 000 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

Appendix III: Risk assessment for venous thromboembolism (VTE)

- If total score ≥ 4 antenatally, consider thromboprophylaxis from the first trimester.
- If total score 3 antenatally, consider thromboprophylaxis from 28 weeks.
- If total score ≥ 2 postnatally, consider thromboprophylaxis for at least 10 days.
- If admitted to hospital antenatally consider thromboprophylaxis.
- If prolonged admission (≥ 3 days) or readmission to hospital within the puerperium consider thromboprophylaxis.

For patients with an identified bleeding risk, the balance of risks of bleeding and thrombosis should be discussed in consultation with a haematologist with expertise in thrombosis and bleeding in pregnancy.

Risk factors for VTE

Pre-existing risk factors	Tick	Score
Previous VTE (except a single event related to major surgery)		4
Previous VTE provoked by major surgery		3
Known high-risk thrombophilia		3
Medical comorbidities e.g. cancer, heart failure; active systemic lupus erythematosus, inflammatory polyarthropathy or inflammatory bowel disease; nephrotic syndrome; type I diabetes mellitus with nephropathy; sickle cell disease; current intravenous drug user		3
Family history of unprovoked or estrogen-related VTE in first-degree relative		1
Known low-risk thrombophilia (no VTE)		1 ^a
Age (> 35 years)		1
Obesity		1 or 2 ^b
Parity ≥ 3		1
Smoker		1
Gross varicose veins		1
Obstetric risk factors		
Pre-eclampsia in current pregnancy		1
ART/IVF (antenatal only)		1
Multiple pregnancy		1
Caesarean section in labour		2
Elective caesarean section		1
Mid-cavity or rotational operative delivery		1
Prolonged labour (> 24 hours)		1
PPH (> 1 litre or transfusion)		1
Preterm birth < 37 th weeks in current pregnancy		1
Stillbirth in current pregnancy		1
Transient risk factors		
Any surgical procedure in pregnancy or puerperium except immediate repair of the perineum, e.g. appendicectomy, postpartum sterilisation		3
Hyperemesis		3
OHSS (first trimester only)		4
Current systemic infection		1
Immobility, dehydration		1
TOTAL		

Abbreviations: ART assisted reproductive technology; IVF in vitro fertilisation; OHSS ovarian hyperstimulation syndrome; VTE venous thromboembolism.

^a If the known low-risk thrombophilia is in a woman with a family history of VTE in a first-degree relative postpartum thromboprophylaxis should be continued for 6 weeks.

^b BMI $\geq 30 = 1$; BMI $\geq 40 = 2$

Contraindications/cautions to LMWH use

Known bleeding disorder (e.g. haemophilia, von Willebrand's disease or acquired coagulopathy)	
Active antenatal or postpartum bleeding	
Women considered at increased risk of major haemorrhage (e.g. placenta praevia)	
Thrombocytopenia (platelet count $< 75 \times 10^9/l$)	
Acute stroke in previous 4 weeks (haemorrhagic or ischaemic)	
Severe renal disease (glomerular filtration rate [GFR] < 30 ml/minute/1.73m ²)	
Severe liver disease (prothrombin time above normal range or known varices)	
Uncontrolled hypertension (blood pressure > 200 mmHg systolic or > 120 mmHg diastolic)	

Clinical and laboratory thresholds are taken from the Department of Health's guidelines based on evidence from the nonpregnant population.⁵