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

Obstetric thromboprophylaxis risk assessment and management

High risk
- Requires antenatal prophylaxis with LMWH
- Refer to trust-nominated thrombosis in pregnancy expert/team

Intermediate risk
- Consider antenatal prophylaxis with LMWH
- Seek trust-nominated thrombosis in pregnancy expert/team advice

Lower risk
- 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/6500 units tinzaparin daily
- Weight 91–130 kg: 60 mg enoxaparin/7500 units dalteparin/9000 units tinzaparin daily
- Weight 131–170 kg: 80 mg enoxaparin/10000 units dalteparin/11000 units tinzaparin daily
- Weight > 170 kg: 0.6 mg/kg/day enoxaparin; 75 units/kg/day dalteparin; 75 units/kg/day tinzaparin daily

Key
- ART = assisted reproductive therapy
- BMI = body mass index (based on booking weight)
- Gross varicose veins = symptomatic, above the knee or associated with phlebitis/oedema/skin changes
- Immobility = ≥ 3 days
- LMWH = low-molecular-weight heparin
- OHSS = ovarian hyperstimulation syndrome
- PPH = postpartum haemorrhage
- SLE = systemic lupus erythematosus
- SPD = symphysis pubis dysfunction with reduced mobility
- VTE = venous thromboembolism

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

Obstetric thromboprophylaxis risk assessment and management

High risk
- At least 6 weeks postnatal prophylactic LMWH

Intermediate risk
- At least 7 days postnatal prophylactic LMWH
- Note: if persisting or > 3 risk factors, consider extending thromboprophylaxis with LMWH

Lower risk
- Mobilisation and avoidance of dehydration

Figure 1. Obstetric thromboprophylaxis risk assessment and management