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University Health Board

<b>Standard Operating Procedure (SOP) for:</b>  Maternity Risk Assessment for Antenatal Venous Thromboembolism (VTE)	
<b>Version Number</b>	<b>2</b>
<b>Version Date</b>	<b>January 2022</b>
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Amendment 29 March 2023

Statement added: If the birthing person has been on anti-coagulation pre-pregnancy, this SOP and VTE proforma should **not** be used and an urgent referral should be made to the Obstetric Haematology ANC

## Standard Operating Procedure

### Maternity Risk Assessment for Antenatal Venous Thromboembolism (VTE).

If the birthing person has been on anti-coagulation pre-pregnancy, this SOP and VTE proforma should **not** be used and an urgent referral should be made to the Obstetric Haematology ANC

VTE risk assessment to be completed at **booking** by **Community Midwife**

VTE score checked following **dating scan**.  
Score of 2 or more?

**NO**

LMWH not required at this time.

**YES**

Give RCOG leaflet "Reducing the risk of venous thromboembolism in pregnancy and after birth".

**MLC**

At dating appointment discussion around VTE prophylaxis and if consenting to therapy

- If total score = 2, book into ADAU for prescription and collection of sharpes box, Tuesday am (Sing) Tuesday pm (NPTH) at 36/40 weeks.
- **Singleton:** Dr Shaw will review Tuesday am if available, if not Gynae Reg to review.  
**NPTH:** Clinic consultant to review notes and prescribe if appropriate.
- **If total score =3 full discussion held around antenatal thromboprophylaxis if opting into recommended prophylaxis transfer to Obstetric led care. Labour Ward is the recommended place of birth for women on antenatal thromboprophylaxis due to small increased chance in PPH >500ml and >1500 ml**

**CLC**

- If total score = 2 Consultant/Senior Registrar to arrange ANC at 36/40 weeks for consideration 10 day postnatal prophylaxis.
- If total score of 3, arrange ANC clinic at 28 weeks to consider thromboprophylaxis from this time.
- If total score 4 midwife to book woman in the next ANC to consider thrombo-prophylaxis from first trimester. Labour ward is the recommended birth setting due to small increased chance of PPH in women on anticoagulants.

- Information regarding the collection of prescription to be given to the woman **Advise women to take LMWH to birth area when attending in labour. Midwife responsible for the birth to demonstrate administration prior to discharge.**

- Give woman an appointment depending on VTE score to attend consultant clinic and liaise with ADAU for demonstration. Script to be collected from pharmacy.

**NEW ADMISSION TO ADAU/AAU/WARD/CD**

Risk Assess VTE on existing purple VTE form and follow key on chart. If score  $\geq 3$  Obstetrician to consider LMWH  
**Note: If admitted to hospital during the antenatal period reassess VTE and consider LMWH this may sometimes only be a transient prescription. Review intended place of birth in light of VTE thromboprophylaxis**

## Maternity Services

### Checklist for Clinical Guidelines being Submitted for Approval

Title of Guideline:	Standard Operating Procedure Maternity Risk Assessment for Antenatal Venous Thromboembolism (VTE).
Name(s) of Author:	Karen Thomas, Vicky Langford
Chair of Group or Committee approving submission:	Antenatal Forum
Brief outline giving reasons for document being submitted for ratification	
Details of persons included in consultation process:	
Name of Pharmacist (mandatory if drugs involved):	
Issue / Version No:	2
Please list any policies/guidelines this document will supercede:	
Date approved by Group:	January 2022
Next Review / Guideline Expiry:	January 2025
Please indicate key words you wish to be linked to document	Antenatal Venous Thromboembolism, VTE
File Name: Used to locate where file is stores on hard drive	