Ob/Gyn VTE Safety Recommendations
for the Prevention of VTE in Maternal Patients

Step 1: Admission/Transfer of Care
Assess Patient for VTE Risk and Document

Risk Factor(s)
(check all that apply)

- Minor surgery planned
- Age over 35 years old
- Prior major surgery < 1 month
- Pregnancy or < 1 month postpartum
- Varicose veins (current)
- Inflammatory bowel disease (history/current)
- Overweight (obesity BMI > 30 kg/m²)
- Oral contraceptives or hormone replacement therapy
- Preeclampsia (history/current)
- Smoking (history/current)
- Postpartum hemorrhage (current)
- Unexplained stillbirth (history)

# of Risk Factors
\[ \Box \times 1 = \Box \]

2 points

- Major surgery (> 45 min.)
- Laparoscopic surgery (> 45 min.)
- Patient confined to bed > 72 hrs.
- Currently on bedrest/restricted mobility in the antepartum/postpartum period
- Immobilizing plaster cast (current)
- Central venous catheter (current)
- Cesarean-section delivery (current)
- Diabetes (including pre-gestational diabetes) (history/current)
- Malignancy and/or chemotherapy (history/current)
- Parity > 5
- Assisted reproduction (current)

# of Risk Factors
\[ \Box \times 2 = \Box \]

3 points

Patient admitted for chronic major illness:
- Myocardial infarction
- Congestive heart failure
- Kidney disease
- Chronic hypertension
- Severe sepsis/infection (current)
- VTE (DVT or PE) (history)
- Factor V Leiden/activated protein C resistance (history/current)
- Antithrombin III deficiency (history/current)
- Protein C or S deficiency (history/current)
- Prothrombin 20210A (history/current)
- Homocysteinemia (history/current)
- Other congenital or acquired thrombophilia (history/current)
- Blood transfusion (history/current)

# of Risk Factors
\[ \Box \times 3 = \Box \]

5 points

In last month, patient has had:
- Major surgery
- Elective major lower extremity arthroplasty
- Hip, pelvic or leg fracture
- Stroke
- Multiple trauma
- Acute spinal cord injury (paralysis)
- Personal or family history of blood clots or clotting disorders

# of Risk Factors
\[ \Box \times 5 = \Box \]

Risk Factor Assessment (RFA) =

These recommended steps maximize VTE prevention, promote patient safety and health outcomes. There may be other indications for VTE prophylaxis that are not listed.

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<table>
<thead>
<tr>
<th>Step 2</th>
<th>LOW</th>
<th>MEDIUM</th>
<th>HIGH</th>
<th>HIGHEST</th>
</tr>
</thead>
</table>
| Antepartum | Pharmacological prophylaxis not recommended unless indicated: | Pharmacological prophylaxis not recommended unless indicated: | Pharmacological prophylaxis: | Pharmacological prophylaxis:
| ordered: | ordered: | ordered: | Ordered:
| Prophylactic low-molecular weight heparin | low-molecular weight heparin | if VTE unprovoked and/or thrombophilia and/or hormonally provoked: | Prophylactic low-molecular wt. heparin |
| or | if LMWH unavailable: | Prophylactic low-molecular wt. heparin | or |
| unfractinated heparin 5000 IU BID | unfractinated heparin 5000 IU BID | or | if LMWH unavailable, unfractionated heparin 5000 IU BID |
| Mechanical prophylaxis prescribed: | Mechanical prophylaxis prescribed: | Mechanical prophylaxis initiated: | Mechanical prophylaxis initiated: |
| graduated compression stockings & either: | graduated compression stockings & either: | graduated compression stockings & either: | graduated compression stockings & either: |
| intermittent pneumatic compression | intermittent pneumatic compression | intermittent pneumatic compression | intermittent pneumatic compression |
| or venous foot pump | or venous foot pump | or venous foot pump | or venous foot pump |
| Mechanical prophylaxis: | Mechanical prophylaxis: | Mechanical prophylaxis: | Mechanical prophylaxis: |
| on patient | on patient | on patient | on patient |
| properly worn | properly worn | properly worn | properly worn |
| patient provided with information on proper use and wearing | patient provided with information on proper use and wearing | patient provided with information on proper use and wearing | patient provided with information on proper use and wearing |
| Mechanical prophylaxis ongoing: | Mechanical prophylaxis ongoing: | Mechanical prophylaxis ongoing: | Mechanical prophylaxis ongoing: |
| discussed with patient/family | discussed with patient/family | discussed with patient/family | discussed with patient/family |
| anticipated discharge date determined | anticipated discharge date determined | anticipated discharge date determined | anticipated discharge date determined |
| evaluate patient for home use of: | evaluate patient for home use of: | evaluate patient for home use of: | evaluate patient for home use of: |
| intermittent pneumatic compression (IPC) | intermittent pneumatic compression (IPC) | intermittent pneumatic compression (IPC) | intermittent pneumatic compression (IPC) |
| or venous foot pump (VFP) | or venous foot pump (VFP) | or venous foot pump (VFP) | or venous foot pump (VFP) |
| if evaluated for IPC/VFP, initiate availability on discharge | if evaluated for IPC/VFP, initiate availability on discharge | if evaluated for IPC/VFP, initiate availability on discharge | if evaluated for IPC/VFP, initiate availability on discharge |

**Postpartum**

- Early ambulation as prescribed by health provider
- Pharmacological prophylaxis not recommended unless indicated (not administered until 12 hours after vaginal delivery/epidural removal or 24 hours after cesarean delivery):
  - Prophylactic low-molecular weight heparin or UFH 5000 IU BID
  - not ordered (why? ____________) 
- Mechanical prophylaxis initiated:
  - graduated compression stockings & either:
    - intermittent pneumatic compression
    - venous foot pump
- Mechanical prophylaxis: 
  - on patient
  - properly worn
  - patient provided with information on proper use and wearing
- Mechanical prophylaxis ongoing:
  - discussed with patient/family
  - anticipated discharge date determined
  - evaluate patient for home use of:
    - intermittent pneumatic compression (IPC)
    - venous foot pump (VFP)
  - if evaluated for IPC/VFP, initiate availability on discharge

**Factors to Consider**

- Ob/Gyn VTE Safety Recommendations
- if LMWH unavailable, unfractionated heparin 5000 IU BID (I trimester 5000 IU; II trimester 7500 IU; III trimester 10000 IU)
- not ordered (why? ____________) 
- Mechanical prophylaxis initiated:
  - graduated compression stockings & either:
    - intermittent pneumatic compression
    - venous foot pump
- Mechanical prophylaxis: 
  - on patient
  - properly worn
  - patient provided with information on proper use and wearing
- Mechanical prophylaxis ongoing:
  - discussed with patient/family
  - anticipated discharge date determined
  - evaluate patient for home use of:
    - intermittent pneumatic compression (IPC)
    - venous foot pump (VFP)
  - if evaluated for IPC/VFP, initiate availability on discharge

**Step 3**

- Early ambulation as prescribed by health provider
- Pharmacological prophylaxis (not administered until 12 hours after vaginal delivery/epidural removal or 24 hours after cesarean delivery):
  - Prophylactic low-molecular weight heparin or UFH 5000 IU BID
  - not ordered (why? ____________) 
- Mechanical prophylaxis initiated:
  - graduated compression stockings & either:
    - intermittent pneumatic compression
    - venous foot pump
- Mechanical prophylaxis: 
  - on patient
  - properly worn
  - patient provided with information on proper use and wearing
- Mechanical prophylaxis ongoing:
  - discussed with patient/family
  - anticipated discharge date determined
  - evaluate patient for home use of:
    - intermittent pneumatic compression (IPC)
    - venous foot pump (VFP)
  - if evaluated for IPC/VFP, initiate availability on discharge

**Step 4**

- Early ambulation as prescribed by health provider
- Pharmacological prophylaxis not recommended unless indicated (not administered until 12 hours after vaginal delivery/epidural removal or 24 hours after cesarean delivery):
  - Prophylactic low-molecular weight heparin or UFH 5000 IU BID
  - not ordered (why? ____________) 
- Mechanical prophylaxis initiated:
  - graduated compression stockings & either:
    - intermittent pneumatic compression
    - venous foot pump
- Mechanical prophylaxis: 
  - on patient
  - properly worn
  - patient provided with information on proper use and wearing
- Mechanical prophylaxis ongoing:
  - discussed with patient/family
  - anticipated discharge date determined
  - evaluate patient for home use of:
    - intermittent pneumatic compression (IPC)
    - venous foot pump (VFP)
  - if evaluated for IPC/VFP, initiate availability on discharge

**Recommendations**

- These recommended steps maximize VTE prevention, promote patient safety and health outcomes.
- There may be other indications for VTE prophylaxis that are not listed.

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Repeat assessment if Patient hospitalized longer than 24 hrs., before surgery or with any significant change in patient condition.

- Assess Patient for VTE Risk and Document (see step 1)
- Pharmacological prophylaxis:
  - continued as prescribed
  - not ordered (why?)
- Mechanical prophylaxis:
  - not prescribed
  - graduated compression stockings
  - intermittent pneumatic compression
  - venous foot pump
- Mechanical prophylaxis, if prescribed:
  - on patient
  - properly worn
  - patient provided with information on proper use and wearing
- Initiate discharge planning:
  - discussed with patient/family
  - anticipated discharge date determined
  - evaluate patient for home use of:
    - intermittent pneumatic compression (IPC)
    - venous foot pump (VFP)
    - no IPC/VFP
  - if evaluated for IPC/VFP, initiate availability on discharge

Discharge instructions include:
- healthcare provider contact information
- signs and symptoms of DVT and PE
- evaluate patient for home use of:
  - intermittent pneumatic compression (IPC)
  - venous foot pump (VFP)
  - no IPC/VFP

Discharge instructions:
- reviewed with patient and read back
- received by patient
- Patient understands DVT/PE risk factors and how to prevent in postpartum period
- Follow up appointment made

If immobility or bedrest required in antepartum period or extending 6 weeks postpartum:
- healthcare provider orders completed, including:
  - evaluated patient for home use of:
    - intermittent pneumatic compression (IPC)
    - venous foot pump (VFP)
  - length of IPC/VFP treatment
  - durable medical equipment unit notified of start date of IPC/VFP treatment
- patient provided with information on:
  - purpose of IPC/VFP
  - proper use and wearing
  - importance on maintaining use at home until MD discontinues
  - removed for ambulation and skin inspections (every 8 hrs)
  - worn minimally 18-20 hours per day