

OB/GYN VTE SAFETY RECOMMENDATIONS FOR THE PREVENTION OF VTE IN MATERNAL PATIENTS

antepartum

intrapartum

postpartum

Applies to: Cesarean and Vaginal Delivery

STEP 1 Admission/Transfer of Care

Assess Patient for VTE Risk and Document

Risk Factor(s)

(check all that apply)

1 point

- 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 (history)
- Preeclampsia (history / current)
- Smoking (history / current)
- Postpartum hemorrhage (current)
- Unexplained stillbirth (history)

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)

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)

5 points

In last month, patient has had:

- Major surgery
- Elective major lower extremity arthroplasty
- Hip, pelvis or leg fracture
- Stroke
- Multiple trauma
- Acute spinal cord injury (paralysis)
- Personal or family history of blood clots or clotting disorders

of Risk Factors

$$\boxed{} \times 1 = \boxed{}$$

of Risk Factors

$$\boxed{} \times 2 = \boxed{}$$

of Risk Factors

$$\boxed{} \times 3 = \boxed{}$$

of Risk Factors

$$\boxed{} \times 5 = \boxed{}$$

Risk Factor Assessment (RFA) =

Recommended Prophylaxis Regimen RFA @ _____

LOW

RFA 1

Antepartum

- Pharmacological prophylaxis **not recommended unless indicated**:
 - ordered:
 - Prophylactic low-molecular weight heparin
 - or if LMWH unavailable: unfractionated heparin 5000 IU BID
 - not ordered (*why?* _____)

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*):
 - Ordered if previous VTE, thrombophilia BMI>25kg/m² & antepartum immobilization:
 - Prophylactic low-molecular weight heparin
 - or UFH 5000 IU BID
 - not ordered (*why?* _____)
- Mechanical prophylaxis initiated:
 - graduated compression stockings & either:
 - intermittent pneumatic compression
 - or venous foot pump
- Mechanical prophylaxis ongoing:
 - 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)
 - or venous foot pump (VFP)
 - or no IPC/VFP
 - if evaluated for IPC/VFP, initiate availability on discharge

MEDIUM

RFA 2

Antepartum

- Pharmacological prophylaxis **not recommended unless indicated**:
 - ordered:
 - low-molecular weight heparin
 - or if LMWH unavailable: unfractionated heparin 5000 IU BID
 - not ordered (*why?* _____)
- Mechanical prophylaxis prescribed:
 - graduated compression stockings & either:
 - intermittent pneumatic compression
 - or venous foot pump

Mechanical prophylaxis:

- on patient
- properly worn
- patient provided with information on proper use and wearing

Postpartum

- Early ambulation as prescribed by health provider
- Pharmacological prophylaxis **considered** (*not administered until 12 hours after vaginal delivery/epidural removal or 24 hours after cesarean delivery*):
 - ordered if multiple postpartum VTE Risk Factors
 - Prophylactic low-molecular wt. heparin
 - or if LMWH unavailable, unfractionated heparin (UFH) 5000 IU BID
 - not ordered (*why?* _____)
- Mechanical prophylaxis initiated:
 - graduated compression stockings & either:
 - intermittent pneumatic compression
 - or venous foot pump
- Mechanical prophylaxis ongoing:
 - 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)
 - or venous foot pump (VFP)
 - or no IPC/VFP
 - if evaluated for IPC/VFP, initiate availability on discharge

HIGH

RFA 3-4

Antepartum

- Pharmacological prophylaxis:
 - Ordered if VTE unprovoked and/or thrombophilia and/or hormonally provoked:
 - Prophylactic low-molecular wt. heparin
 - or if LMWH unavailable: unfractionated heparin 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
 - or venous foot pump
- Mechanical prophylaxis:
 - on patient
 - properly worn
 - patient provided with information on proper use and wearing

Postpartum

- 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*):
 - ordered:
 - Prophylactic low-molecular wt. heparin
 - or if LMWH unavailable, unfractionated heparin (UFH) 5000 IU BID
 - not ordered (*why?* _____)
- Mechanical prophylaxis initiated:
 - graduated compression stockings & either:
 - intermittent pneumatic compression
 - or venous foot pump
- Mechanical prophylaxis ongoing:
 - 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)
 - or venous foot pump (VFP)
 - or no IPC/VFP
 - if evaluated for IPC/VFP, initiate availability on discharge

HIGHEST

RFA 5+

Antepartum

- Pharmacological prophylaxis:
 - Ordered:
 - Prophylactic low-molecular wt. heparin
 - or if LMWH unavailable: unfractionated heparin 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
 - or venous foot pump
- Mechanical prophylaxis:
 - on patient
 - properly worn
 - patient provided with information on proper use and wearing

Postpartum

- 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*):
 - ordered:
 - Prophylactic low-molecular wt. heparin
 - or if LMWH unavailable, unfractionated heparin 5000 IU BID
 - not ordered (*why?* _____)
- Mechanical prophylaxis initiated:
 - graduated compression stockings & either:
 - intermittent pneumatic compression
 - or venous foot pump
- Mechanical prophylaxis ongoing:
 - on patient
 - properly worn
 - patient provided with information on proper use and wearing
- Initiate discharge planning:
 - discussed with patient/family
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STEP 3 Patient Reassessment

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
 - or intermittent pneumatic compression
 - or 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)
 - or venous foot pump (VFP)
 - or no IPC/VFP
 - if evaluated for IPC/VFP, initiate availability on discharge

STEP 4 Patient 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)
 - or venous foot pump (VFP)
 - or 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)
 - or 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