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/m^2)
- ❑ Oral contraceptives or hormone replacement therapy (history)
- ❑ Preeclampsia (history / current)
- ❑ Smoking (history / current)
- ❑ Postpartum hemorrhage (current)
- ❑ Unexplained stillbirth (history)

# of Risk Factors ☐ x 1 = ☐

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 ☐ x 2 = ☐

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 ☐ x 3 = ☐

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 ☐ x 5 = ☐

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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STEP 2

Recommended Prophylaxis Regimen

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/m^2 & 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 TID
  - ❑ 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

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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