

**Appendix S1:** Expert consensus derived clinical decisions rules for pregnant and postpartum women with suspected PE

The clinical decision rule applies to pregnant or post-partum women presenting with symptoms that prompt consideration of pulmonary embolism (e.g. chest pain, shortness of breath). The rule does not apply if: critically ill and/or in need of resuscitation; a clear non-PE diagnosis is identified by clinical assessment, including ECG, chest x-ray and blood tests where appropriate (e.g. chest infection); or an uncommon, but powerful, VTE risk factor exists, e.g. thrombophilia.

INCLUDED VARIABLES:	VARIABLE WEIGHTING			
	Primary CDR	Sensitive CDR	Specific CDR	
Haemoptysis	3	1	4	
Pleuritic chest pain	0	1	0	
Previous VTE	3	1	4	
Family history of VTE in first degree relative	0	1	0	
Hospital admission, surgery or significant injury within 90 days <b>[excluding NVD or caesarean section]</b>	2	1	1	
Obstetric complication*	1	1	0	
Active medical co-morbidities†	2	1	1	
Post partum or third trimester	1	1	0	
Raised BMI ≥30	1	1	0	
Clinical symptoms or signs of DVT**	3	1	4	
Oxygen sats<94% on room air	3	1	3	
Tachycardia >100bpm (in 1st or second trimester, or post-partum) / Tachycardia >110bpm (in third trimester)	2	1	2	
Increased respiratory rate >24 b/m	2	1	2	
	<b>CDR CUT</b>	<b>3</b>	<b>1</b>	<b>4</b>
	<b>POINT:</b>			

\*Obstetric complications - Apply once if any of the following are present: Pre-eclampsia in current pregnancy. ART/IVF (antenatal only), multiple pregnancy, Caesarean section in labour, elective caesarean section, mid-cavity or rotational operative delivery, prolonged labour (> 24 hours), PPH (> 1 litre or transfusion), preterm birth < 37+0 weeks in current pregnancy, stillbirth in current

pregnancy, hyperemesis, OHSS (first trimester only). †Active medical co-morbidities - Apply once if any of the following are present: cancer, heart failure; systemic lupus erythematosus, inflammatory polyarthropathy or inflammatory bowel disease; nephrotic syndrome; type 1 or type 2 diabetes mellitus with nephropathy; sickle cell disease. \*\* Patients presenting with symptoms and / or signs of DVT and suspicion of PE would initially undergo Duplex ultrasound of the leg(s). If positive patients would be treated for DVT and presumed PE. Negative leg imaging does not rule out DVT and these patients would still be considered higher risk for PE.