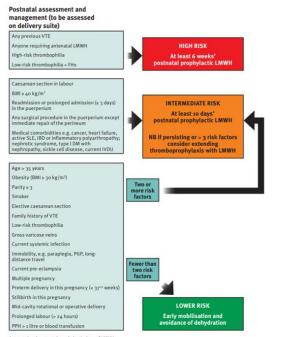
POSTPARTUM VENOUS THROMBOEMBOLISM PROPHYLAXIS AT LAUNCESTON GENERAL HOSPITAL – A QUALITY IMPROVEMENT PROJECT

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Obstetric thromboprophylaxis risk assessment and management (RCOG 2015)



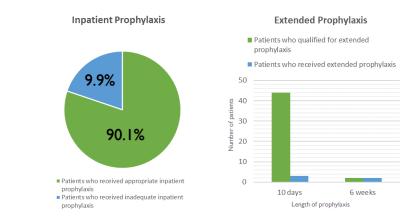
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Aims: Compare current prescribing of postnatal VTE prophylaxis at LGH to best practice guidelines.

Methods: All patients who delivered at LGH during July 2023 were reviewed. Digital medical records were reviewed to determine if patients met criteria for VTE prophylaxis as per the 'Green-top Guideline No. 37a' (RCOG 2015). These results were then compared with prescribed VTE prophylaxis.

Results: 106 patients were included in the audit. 85 patients received appropriate inpatient prophylaxis as per RCOG guidelines, and 21 did not, all after vaginal births.

46 patients qualified for extended VTE prophylaxis. 2 patients qualified for 6 weeks of prophylaxis, 44 qualified for 10 days of prophylaxis. While both patients who qualified for 6 weeks of prophylaxis received it, only 3 of the 44 patients identified as being in the intermediate risk group received the recommended 10 days of prophylaxis.



Discussion: Our greatest gap in care is in the intermediate risk group who would benefit from 10 days of postpartum prophylaxis. The risk factors identified as commonly missed were: emergency caesarean, prolonged admission, BMI, advanced maternal age, parity and smoking. We significantly under-identified women with intermediate risk factors after vaginal birth. This audit will be used to assess utility of new clinical tools to improve prescribing.

Reference

Royal College of Obstetricians & Gynaecologists. (2015) Reducing the Risk of Venous Thromboembolism during Pregnancy and the Puerperium [Green-top Guideline No. 37a]. gtg-37a.pdf (rcog.org.uk)

