

Management of Venous-thromboprophylaxis at Obstetrics & Gynaecology Department, MDH



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Introduction

- Venous thromboembolism (VTE) is the leading cause of puerperal direct maternal deaths in the UK
- Pregnancy, labour and delivery are associated with a ten-fold increased risk of VTE
- The vast majority of women who died from VTE were found by a study to have identifiable risk factors¹

Aims

- Identifying number of patients who qualified for VTE prophylaxis during study period according to risk criteria
- Correlating management to that advised by Green-Top Guideline Number 37a (2015)
- Identification of lacunae and standardisation of management
- Promote discussion of proposals for better and more effective management of candidates for thromboprophylaxis

Method

- Retrospective study of all women who in the immediate post-partum period between May-August 2021
- Risk factors outlined from antenatal cards and entered into database
- VTE risk then calculated using Microsoft Excel and correlated to RCOG Guidelines

Standard

Royal College of Obstetrics and Gynaecology (RCOG) Green-Top Guideline Number 37A (2015)

Results

- 784 patients were initially listed, reduced to 760 after patients removed as per exclusion criteria (DAMA, no blue card, missing information, patient no longer admitted as per time of data collection)
- 11.4% (87) patients satisfied criteria for "Consideration of Antenatal Prophylaxis"
- 1.1% (8) patients satisfied criteria for "Prophylaxis from First Trimester"
- 1.2% (9) patients satisfied criteria for "Requires Antenatal Prophylaxis from 28 weeks"
- 0.4% (3) patients satisfied criteria for "Requires Antenatal Prophylaxis with LMWH"
- In total: 14.1% (107) patients required consideration or commencement of thromboprophylaxis

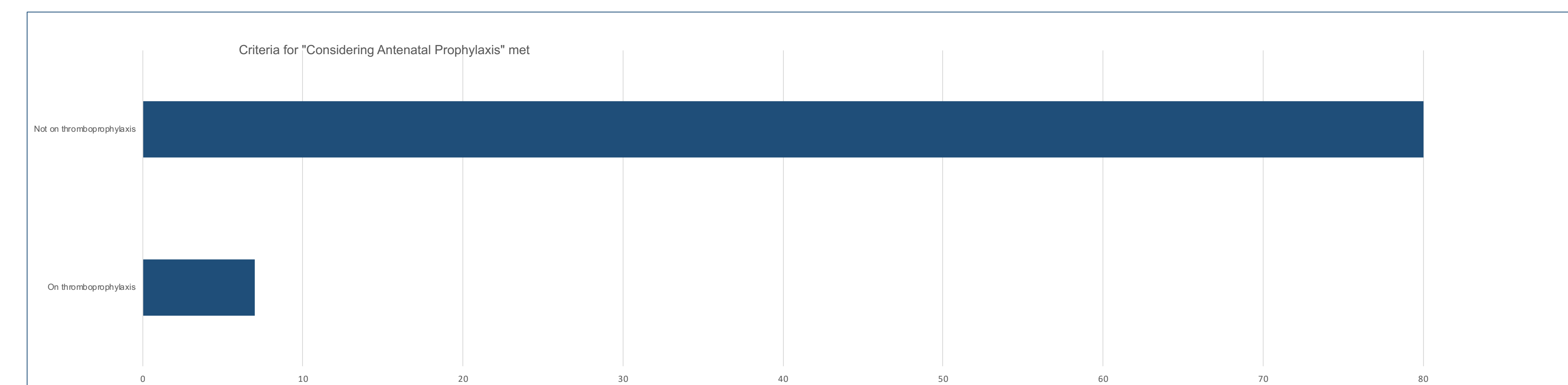


Fig 1. Graphical Representation of findings for patients meeting "Consideration of Antenatal Prophylaxis" criteria

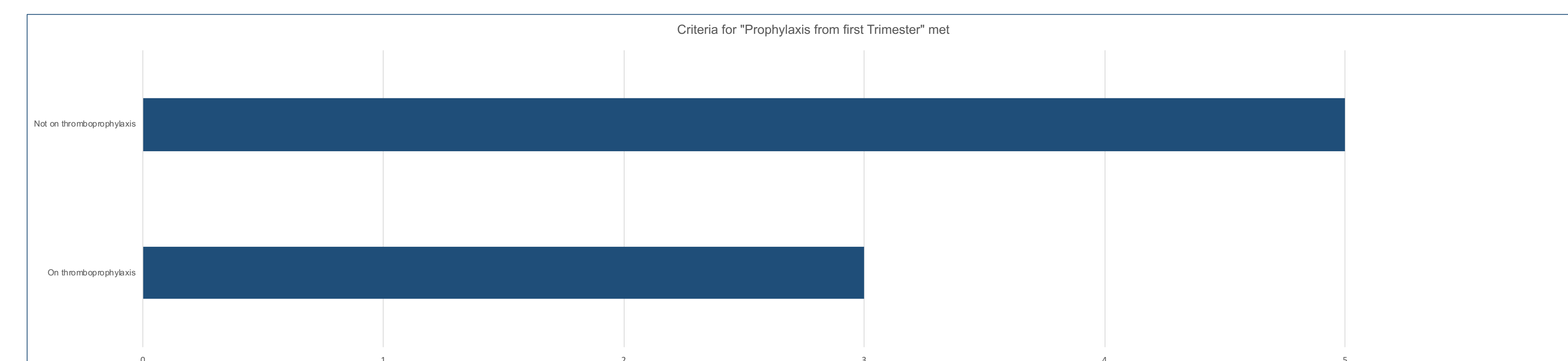


Fig 2. Graphical Representation of findings for patients meeting "Prophylaxis from first trimester" criteria

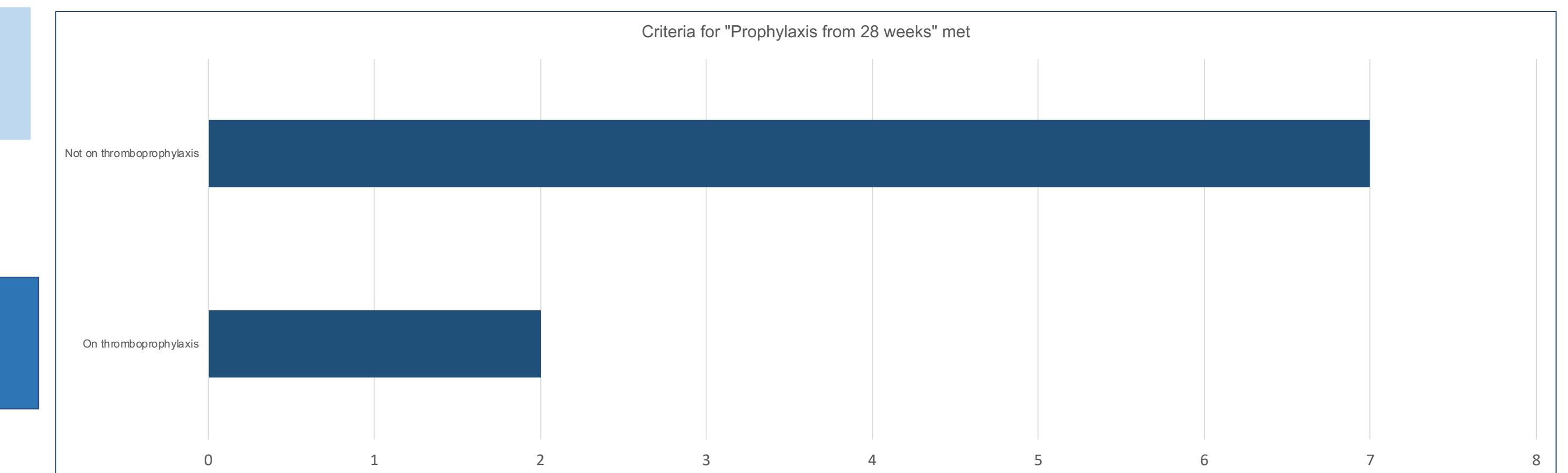


Fig 3. Graphical representation of findings for patients meeting "Prophylaxis from 28 weeks" criteria

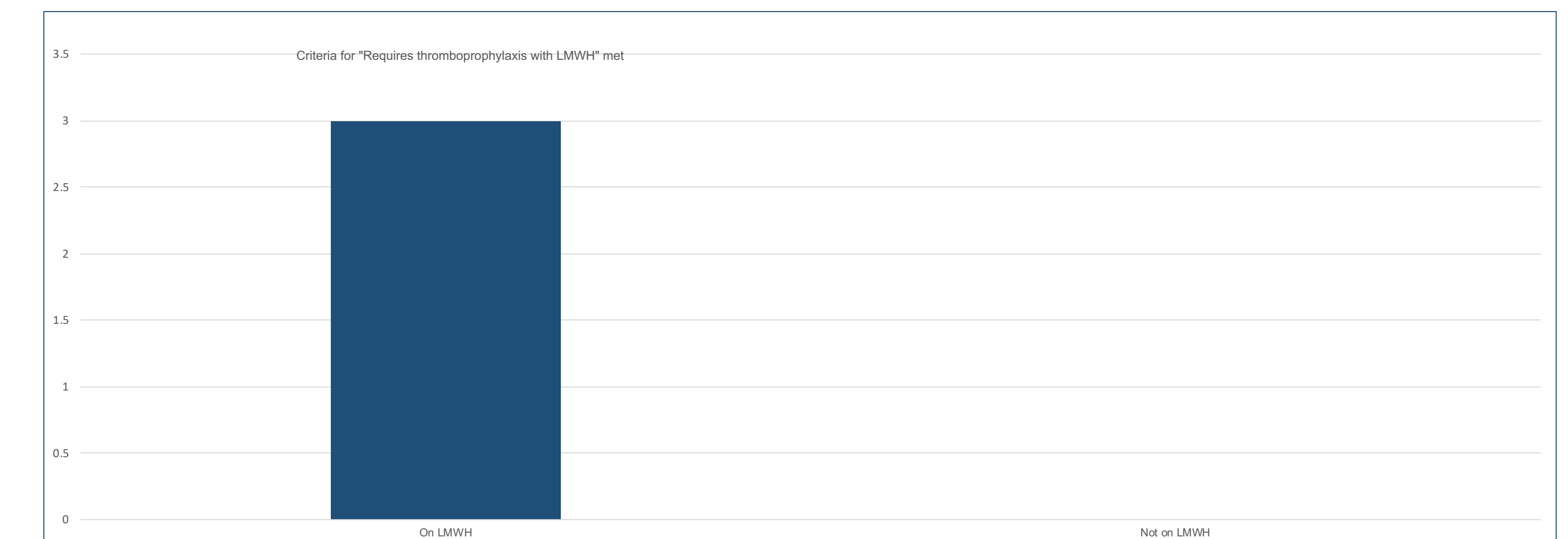


Fig 4. Graphical representation of findings for patients meeting "Requires thromboprophylaxis with LMWH" criteria

Conclusion

- VTE is a common and important complication of pregnancy
- RCOG Green-top Guideline 37A summarises all the important risk factors and categorises them into risk strata with recommended therapies – albeit complex
- May benefit from simplification by potential adoption of validated tools of measurement, e.g calculator to determine risk and administer appropriate treatment in real-time

References:

1. Royal College of Obstetricians and Gynaecologists (2015). *Reducing the Risk of Venous Thromboembolism during Pregnancy and Puerperium* Green Top Guideline 37 <https://www.rcog.org.uk/globalassets/documents/guidelines/gtg-37a.pdf>