

Optimising dalteparin prescribing after elective Caesarian Section

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Objectives

- Reduce clinical variation in dalteparin prescribing after elective Caesarean section (ELCS)
- Promote ownership of discharge prescribing by the operating team

Background

- Royal College of Obstetrics and Gynaecology (RCOG) guidance states that for patients with no additional risk factors for venous thromboembolism (VTE) undergoing elective Caesarian section (VTE score = 1), post-operative medical prophylaxis is not required

Design

- The number of inappropriate dalteparin prescriptions at the Trust in November 2022 were reviewed
- Educational posters were created and distributed, and staff were briefed regarding correct VTE scoring during December 2022
- A repeat data collection in January 2023 demonstrated improvement following our intervention

Results

	November 2022	January 2023
Number of patients who underwent ELCS	69	68
Patients with VTE score = 1	22	20
Patients prescribed dalteparin inappropriately	22 (100%)	6 (30%)
Discharge medications completed on day of surgery for VTE score > 1	2 (4%)	22 (46%)

- Following intervention, the rate of inappropriate dalteparin prescribing fell by 70%, equating to an estimated cost saving of £395 a month
- Increased buy-in by the obstetric operating team saw the rate of timely completed discharge paperwork significantly increase

Conclusions

- Simple, low-cost interventions such as education has significantly improved the Trust’s compliance with the RCOG guidance regarding ELCS VTE prophylaxis
- Extending the role of the ELCS operating team to include discharge paperwork reduced the workload for the postnatal doctor and improved accuracy of VTE scoring and dalteparin prescribing