

Scrub HAT with VTE Risk Assessment

Z. Arowojolu¹, A. Basu¹, S.Sharma¹, K. Sandhu², O. Song², A. Day²

¹Imperial College London, London, United Kingdom. ²West Middlesex University Hospital, London, United Kingdom



Over half of all thrombotic events are a result of Hospital Acquired Thrombosis (HAT), leading to a significant proportion of preventable morbidity and mortality^{1,2}. The 2020 MBRRACE report and our own observations within the trust have also highlighted this issue in women with early pregnancy complications^{3,4}.

Objective

- To review current evidence, guidelines, and available tools for **Venous Thromboembolism (VTE) risk assessment** in women experiencing an early pregnancy complication who are undergoing surgical management of miscarriage or ectopic pregnancy.
- Conduct an audit to review compliance with the agreed VTE risk assessment, scoring and thromboprophylaxis at a London-based teaching hospital.

Methods

Following recent incidences within the trust of two HATs in early pregnancy, local safety measures were implemented. An audit was conducted after 2 weeks in October 2022, and after 3 months in January 2023.

Retrospective data were collected from all patients who underwent **surgical management of miscarriage (SMM)** or **ectopic pregnancy**.

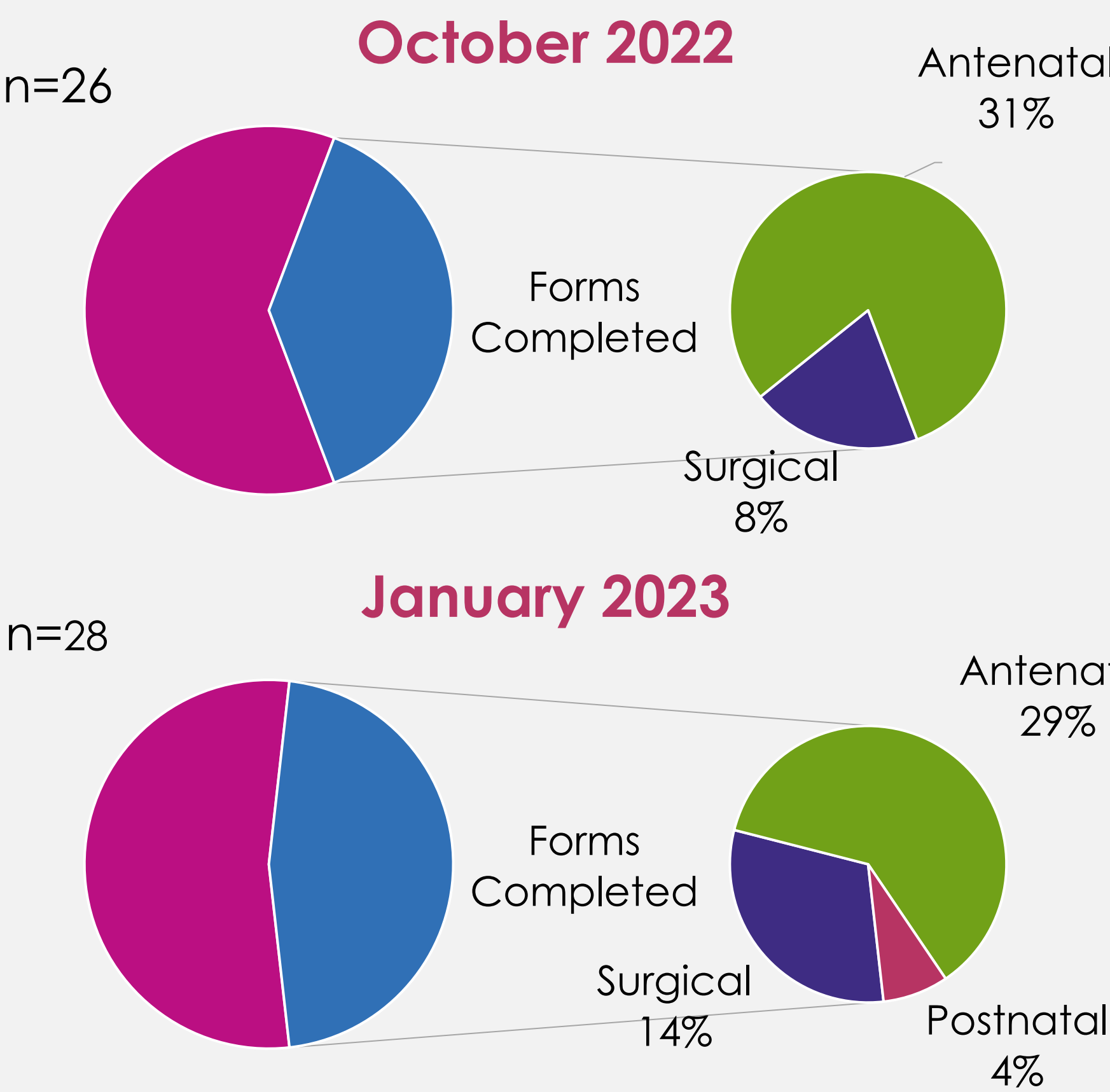
The information collected included:

- The **VTE assessment tool** used and VTE score
- The patient-specific and procedure-related **VTE risk**
- The **thromboprophylaxis** prescribed

Interventions

- Memo circulated with guidance on the following:
 - All surgical procedures in pregnancy (including **SMM** and **ectopic pregnancy**) should be assigned a **score of 3** on an **antenatal** VTE assessment form
 - A VTE score of **≥ 4** for these patients should be followed by **10 days of VTE prophylaxis with Low Molecular Weight Heparin**
- Assessed VTE score added to Early Pregnancy Unit **clerking proforma**
- Assessed VTE score added to **handover sheet**

Results



Assessment Forms

From Oct 2022 to Jan 2023:



7.9% increase in the percentage of patients with a completed VTE risk assessment form



2% decrease in percentage of patients with appropriate antenatal assessment (overall)



19% decrease in the percentage of patients with an appropriate antenatal assessment (forms filled)

Thromboprophylaxis

From Oct 2022 to Jan 2023:



4.1% increase in percentage of patients not having 10 days thromboprophylaxis when indicated

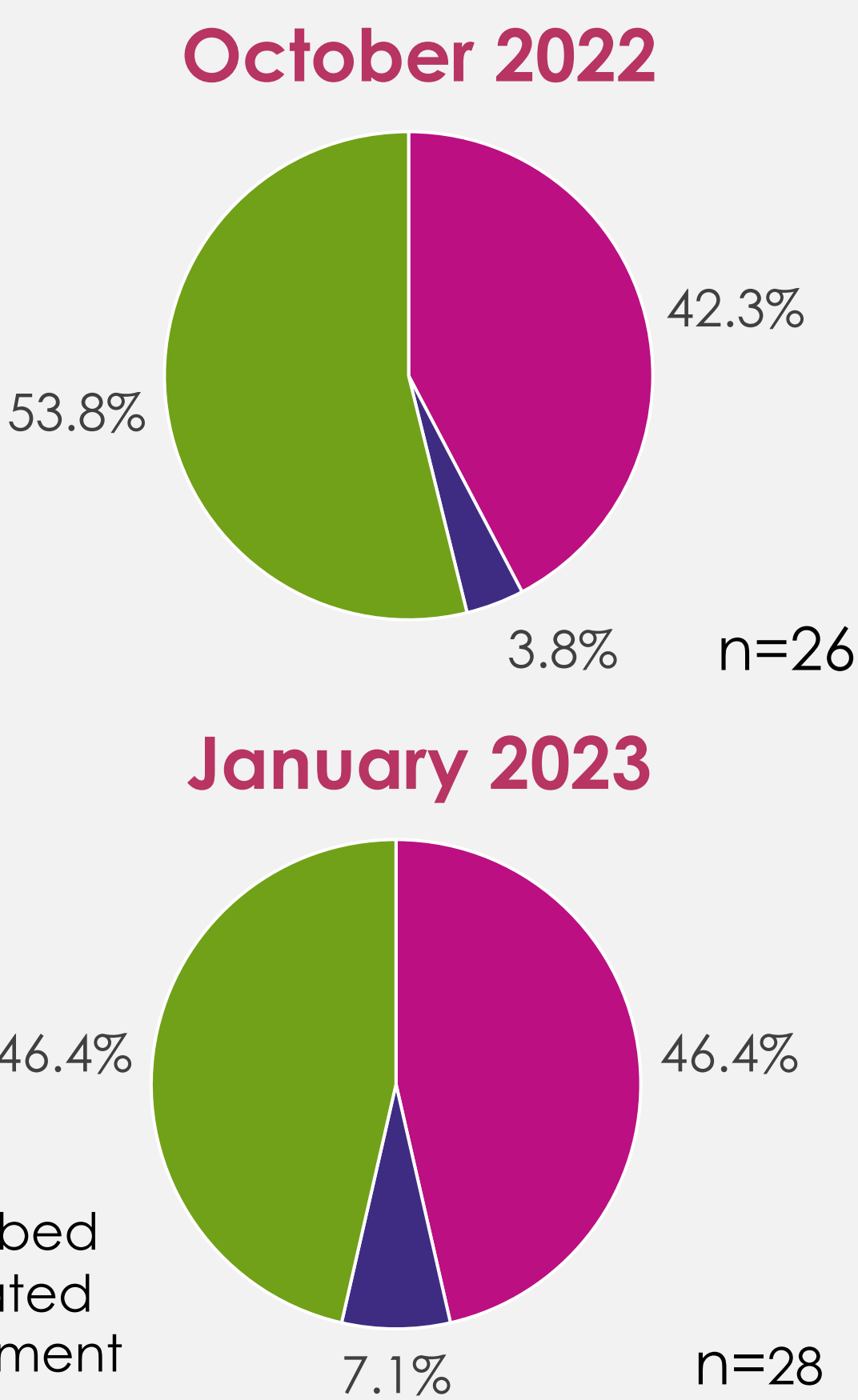


3.3% increase in percentage of patients prescribed thromboprophylaxis when not indicated



7.4% decrease in percentage of patients with appropriate management

■ Indicated, Not prescribed
■ Prescribed, Not indicated
■ Appropriate Management



Conclusion

- Early pregnancy VTE-related complications are prevalent, making it **crucial to have clear guidance** to prevent HAT in this cohort of patients.
- Significant uncertainty** regarding the VTE risk assessment tool following surgical management of miscarriage and ectopic pregnancy.
- Local efforts** alone were **insufficient** in significantly increasing the proportion of women having a pregnancy-specific VTE risk assessment or appropriate thromboprophylaxis.
- An evidence-based **VTE risk assessment form** that accounts for both patient-related and procedure-related factors and standardizes prophylaxis in this patient population is **urgently required**.

References

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