

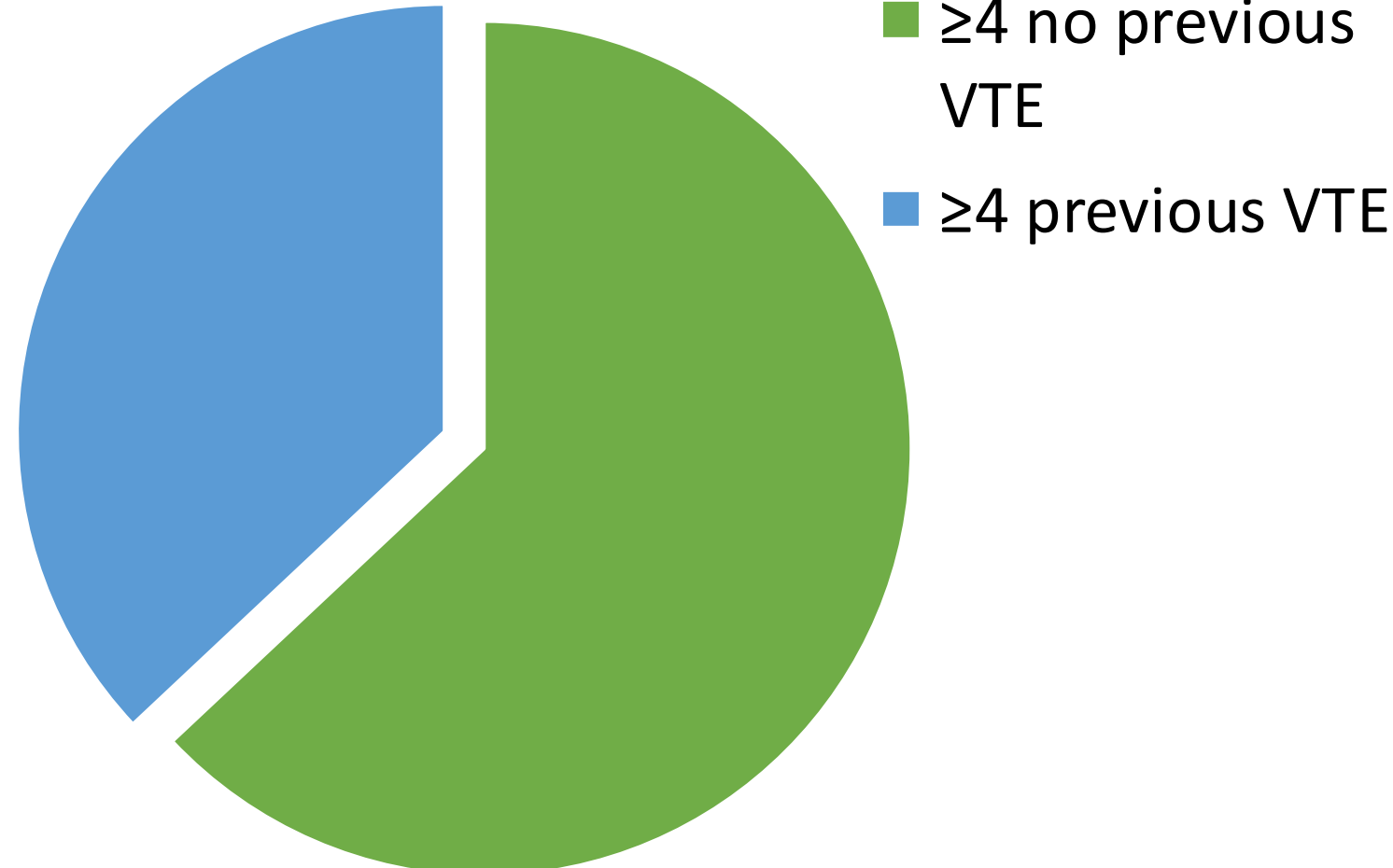
Altering pathways to improve care for women who are high-risk antenatally for venous thromboembolism

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1	Objectives
? Enhance the care pathway for women who were high-risk of venous thromboembolism (VTE) in response to the national recognitions of increasing maternal mortality secondary to VTE, exploring: 🔍 Provision of indicated low molecular weight heparin 🔍 Timely and accurate venous thromboembolism assessment 🔍 Superficial thrombophlebitis management	

2	Design and Methods
📋 Quality improvement project including: 1. Retrospective audit and prospective audit. 2. Focus groups • 16 months data collection. Electronic and paper notes review • Six multi-professional focus groups (Pharmacy, Midwifery, Obstetric, Haematology) 📊 Data were analysed using Microsoft Excel and via content analysis of focus groups	

3	Results						
• 30 women included in retrospective audit • Majority (63%) scored ≥ 4 with no previous VTE history • Most common pre-existing risk factor was BMI n=22 (73%) • 4/6 retrospective audit standards met 100% compliance • 30 women included in prospective audit • 100% compliance for all risk assessments for VTE	 <table border="1"><thead><tr><th>VTE History</th><th>Percentage</th></tr></thead><tbody><tr><td>≥ 4 no previous VTE</td><td>63%</td></tr><tr><td>≥ 4 previous VTE</td><td>37%</td></tr></tbody></table>	VTE History	Percentage	≥ 4 no previous VTE	63%	≥ 4 previous VTE	37%
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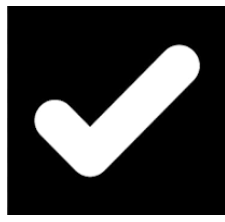
3	Results continued
	100 90 80 70 60 50 40 30 20 10 0 Antenatal RF assessment ≥ 4 considered for LMWH Previous VTE offered LMWH Cons led care 28/40 assessment Intrapartum assessment Dose according to booking weight Audit standard Chart 1: Percentage Compliance with VTE Prophylaxis Audit Standards

4	Conclusions
People Language challenges Unequal access to healthcare in community Access to medical team for VTE assessment and prescriptions Impact of needle-phobia on compliance Very limited access for community provision of LMWH MBRRACE-UK Maternal Mortality 2020-22 data (Oct 2024) recommend national review of VTE guidance External Place Impact on DAU for prescriptions Unclear location for prescription collections/training LMWH not stocked on DAU Access to preconception counselling for high-risk women Ease of converting to alternative LMWH due to allergy/non-porcine Challenges in monitoring patient compliance Other Policy No superficial VTE policy nationally Unclear antenatal referral process for LMWH Length of prescription provision from GWH Boots Local Maternal Medicine Network pathways differ from national/Trust Unclear antenatal referral process for LMWH Access to Maternity Midway to complete VTE risk assessment Ambiguity of description of medical comorbidities for risk assessment Delays in postnatal discharge for prescriptions Dosing weight-based and different inside pregnancy Process	✓ Multiprofessional collaboration ✓ Addition of STP management to high-risk VTE guideline ✓ New antenatal pathway for women who need care from conception ✓ Supporting community and hospital collaboration ✓ Weighing patients at: booking, 28 weeks gestation, prior to discharge ✓ Multiprofessional education

Multiprofessional collaboration has improved compliance with VTE assessment and provision of thromboprophylaxis, providing a clear focus for the unit:



Dynamic risk assessment



Clear dosing protocols



Clear community pathways