

The Use and Adherence to Postnatal Venous Thromboprophylaxis Guidelines

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Introduction

Venous thromboembolism (VTE) is an important cause of maternal morbidity in the postpartum period. Both local and international guidelines exist to identify patients who require extended VTE prophylaxis in the postnatal setting. A combination of the South Australian Perinatal Practice Guidelines¹ (SA PPGs) and the Royal College of Obstetrics and Gynaecology (RCOG) guidelines² are used within South Australia.

Objectives

To assess adherence to local and international guidelines for extended VTE prophylaxis in the postpartum period.

Methodology

A retrospective audit of postnatal patients at a tertiary centre in South Australia was conducted in July 2021. Case notes were reviewed to assess criteria for extended postnatal VTE prophylaxis and if this was prescribed.

References

1. South Australian Perinatal Practice Guideline. Thromboprophylaxis and Thromboembolic Disease in Pregnancy [Internet]. SA PPG; 2004 [updated 2018 May; cited 2022 Sep 20]. Available from https://www.sahealth.sa.gov.au/wps/wcm/connect/a070e7804eedf080b699b76a7ac0d6e4/Thromboprophylaxis+and+Thromboembolic+Disease+in+Pregnancy_PPG_v4_1_14052018.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-a070e7804eedf080b699b76a7ac0d6e4-oc-RpF5
2. Royal College of Obstetricians & Gynaecologists. Reducing the Risk of Venous Thromboembolism during Pregnancy and Puerperium [Internet]. RCOG; 2004 [updated 2015 April; cited 2022 Sep 20]. (Green-top Guideline No. 37a) Available from: <https://www.rcog.org.uk/media/qejfhcaj/gtg-37a.pdf>

Disclosure: nil

Results

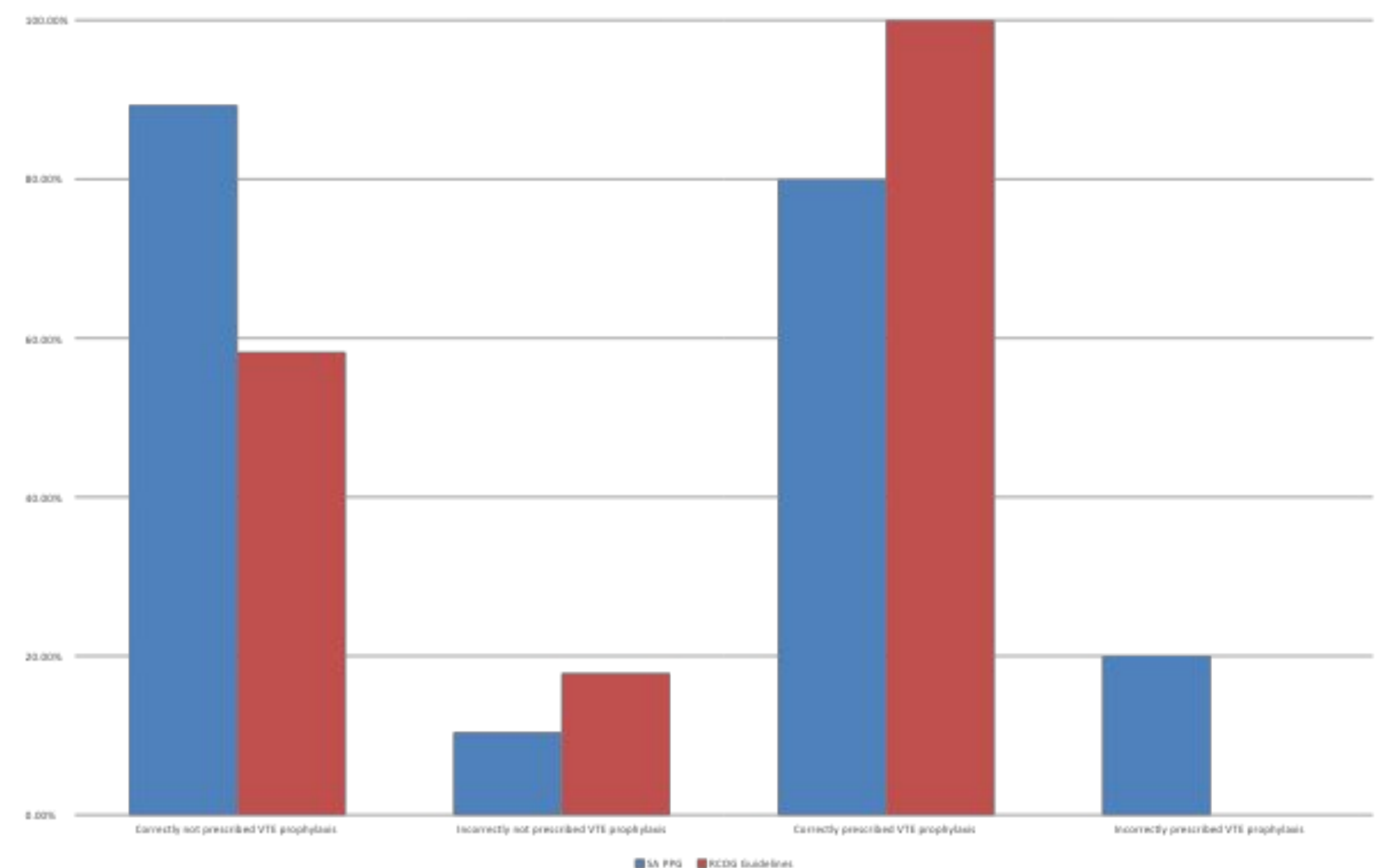


Figure 1: prescription of VTE prophylaxis for postnatal patients as per SA PPG and RCOG guidelines

290 patients were included in analysis. 13.45% met SA PPG criteria and 42.76% met RCOG criteria for extended VTE prophylaxis. This was prescribed in 3.45% of cases. The SA PPGs were correctly followed in 88.97% of cases whereas the RCOG guidelines were correctly followed in 60.00%. When using the SA PPG criteria, extended VTE prophylaxis was incorrectly omitted in 10.36% of cases and incorrectly prescribed in 20.00% of cases. When using the RCOG criteria extended VTE prophylaxis was incorrectly omitted in 17.86% of cases with no cases prescribed incorrectly.

Discussion & Conclusion

Local VTE prophylaxis guidelines were adhered to more than international alternatives. There was inadequate prescription of extended VTE prophylaxis as recommended by both guidelines. Implementation of a local hospital protocol may improve VTE prophylaxis prescribing rates.

