Does Targeted Clinician Education Improve Accuracy in Postpartum Thromboprophylaxis Prescribing Across All Patient Groups?

Kennedy C¹, Cobden E¹ & Frawley N^{1,2,3}

- 1 Grampians Health
- 2 The University of Melbourne
- 3 Deakin University



Introduction

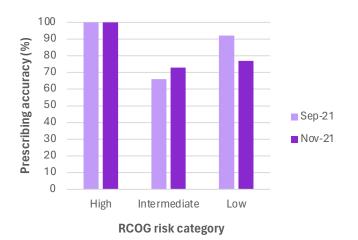
Venous thromboembolism (VTE) remains a leading cause of maternal death in the developed world. Pregnancy increases risk with the highest risk for six weeks postpartum. The Confidential Enquiry into Maternal Deaths identified thromboprophylaxis under-prescribing as contributory to maternal deaths, however there are limited studies into clinician prescribing behaviour.

Aims

We examined the effectiveness of clinician education on enoxaparin prescribing in postpartum patients at a large regional Australian health service and the association between patient factors and prescribing accuracy.

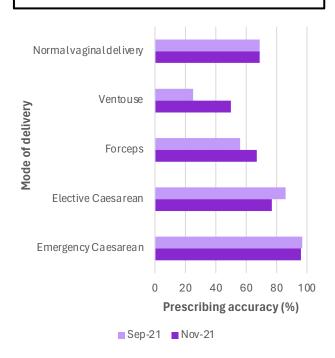
Methods

A retrospective cohort analysis was performed of patient records at a single health service who birthed in September 2021 (Group 1) and November 2021 (Group 2), separated by one month of education of obstetric prescribing clinicians. Change in prescribing accuracy was assessed with two-sample t-test and based on RCOG 2015 guideline 'Reducing the Risk of Venous Thromboembolism during Pregnancy and the Puerperium'.



Results

238 postpartum patient records were reviewed. Of 130 patients in Group 1, 57 (44%) received enoxaparin compared to 58 of 108 (54%) in Group 2. Accurate prescribing increased from 25% to 48% after education (p=0.01), however, overprescribing increased from 11% to 24%. Prescribing for intermediate-risk patients improved from 66% to 73% but decreased for low-risk patients from 82% to 77%. Prescribing accuracy improved for instrumental deliveries from 46% to 54% and decreased for elective Caesareans from 86% to 77%.



Discussion

VTE prophylaxis prescribing in postpartum women may be improved by a short clinician education intervention, although trended towards over-prescribing in low-risk patients. Further research may optimise clinician accuracy in thromboprophylaxis prescribing postpartum.

Acknowledgements

We would like to acknowledge the patients and staff of Grampians Health, Bas Groeneveld and Renee Dimond for their support of this project.