

E-Poster

A clinical audit on antenatal thrombosis risk assessment and management

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Introduction

Pregnancy is a prothrombotic physiological state. VTE (Venous Thromboembolism) is up to ten times more common in pregnant women than in non-pregnant women. Puerperium is the most vulnerable period. Pulmonary embolism (PE) remains one of the leading direct causes of maternal deaths in countries with low mortality. In 2013, maternal mortality in Sri Lanka was 32.5 per 100,000 live births and reported cases of DVT were 3. It is possible to have unidentified cases and still no collection of data with regard to morbidity and near-misses due to VTE/PE. In Sri Lanka DVT and PE might be playing a significant yet unrecognized role in maternal mortality.

Objective

To evaluate the correct thrombosis risk assessment, risk classification and appropriate management of pregnant mothers in the antenatal period.

Method

An institutional based retrospective audit was carried out in De Soysa hospital for women, Sri Lanka. The sample was comprised of pregnant mothers who were admitted for confinement during a time period of three months (n=202). Interviewer administrated questionnaire, Antenatal records and clinical assessment were used to collect data after inform written consent. RCOG recommended antenatal VTE risk factors assessment, classification and management were used as review criteria to categorize the risk level and management. Level of performance was set at 80%.

Results and discussion

Out of 202 mothers, 93 (46%) had and 109(54%) hadn't risk for VTE during pregnancy, but out of that only 64 (68.8%) was correctly identified during antenatal period. pregnant mothers who had actual risk for VTE (93) were classified according to their risk factors as, high risk group (1/93), intermediate risk group (54/93) and low risk group (36/93), out of that all high and intermediate risk group were correctly classified but only 25% (9/36) were classified as low risk group. All high and intermediate risk group mothers were managed appropriately with the inputs from trust-nominated thrombosis in pregnancy expert or team, but only 55.5% (5/9) were managed in low-risk group.

Conclusion

Prevalence of risk factors for VTE amongst pregnant mothers was higher than it is perceived. Overall thrombosis risk assessment was not satisfactory in this preliminary audit, but identification and management of high and intermediate group were good. Changes were implemented and planned to carry out re-auditing in the future. This will improve correct VTE risk identification and management and it is expected to reduce maternal morbidity and mortality in Sri Lanka.