

9.06 Missed opportunities - need for venous thromboembolism prophylaxis not being identified at time of discharge following hospitalisation during pregnancy

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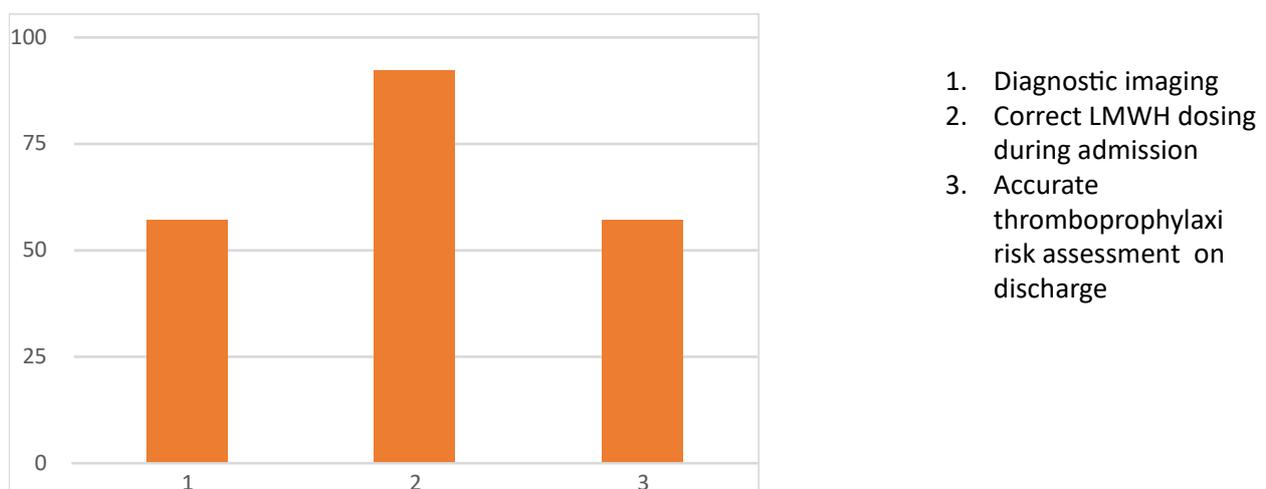
Background: Maternal death enquiries have highlighted venous thromboembolism (VTE) as the fourth leading cause of maternal death^{1,2}. **Aim:** to audit quality of care in the diagnosis and discharge prophylaxis of VTE in pregnant patients admitted medically. **Standard:** Royal College of Obstetrics and Gynaecologists (RCOG) Green-top Guidelines 37a and 37b^{3,4}. **Method:** Pregnancy-related admissions to Beaumont Hospital (BH) from 2019-2021 were identified using Hospital In-Patient Enquiry. Retrospective chart review was performed against RCOG guidelines-based audit tool. **Results:** 54 patients had diagnostic code for pregnancy. 20 (37%) were respiratory presentations, of which 14 (70%) were query pulmonary embolus with 1 (7%) subsequently confirmed. 6 of 20 (30%) had delayed time to chest x-ray (CXR), with 2 (14%) never undergoing CXR. Nine (65%) underwent CT pulmonary angiogram, 2 (14%) had perfusion scanning. 28% had no VTE diagnostic imaging despite working diagnosis of VTE, of which x (%) had empiric treatment. There was no documentation of VTE risk assessment on discharge, despite 57% meeting RCOG criteria for VTE prophylaxis during pregnancy.

Conclusion: this audit identified delays and omissions in diagnosis and prophylaxis of VTE in admitted pregnant patients. Addressing thrombo-prophylaxis at time of discharge in this at risk group is a priority audit outcome.

References:

1. NPEC 2019
2. MBRRACE UK 2021
3. RCOG green-top guideline 37a
4. RCOG green-top guideline 37b

Figure(9.6) Percentage of pregnant patients admitted with working diagnosis of pulmonary embolism who received recommended standard of care in diagnostic imaging and anticoagulation during admission and on discharge



(9.6)

Conflict of Interest: None to declare