

# A Retrospective Audit of Venous Thromboembolism (VTE) Prophylaxis Prescribing Post-Caesarean Section

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## Aim

- Evaluate concordance of VTE prophylaxis prescribing following caesarean section with State-wide and Local guidelines.
- Ascertain the readmission rate with embolic complications in this patient population.

## Methods

- Retrospective chart review
  - Weight
  - Risk Factors for VTE
  - Prophylaxis prescribed (chemical +/- mechanical)
  - Representation(s) within 90 days

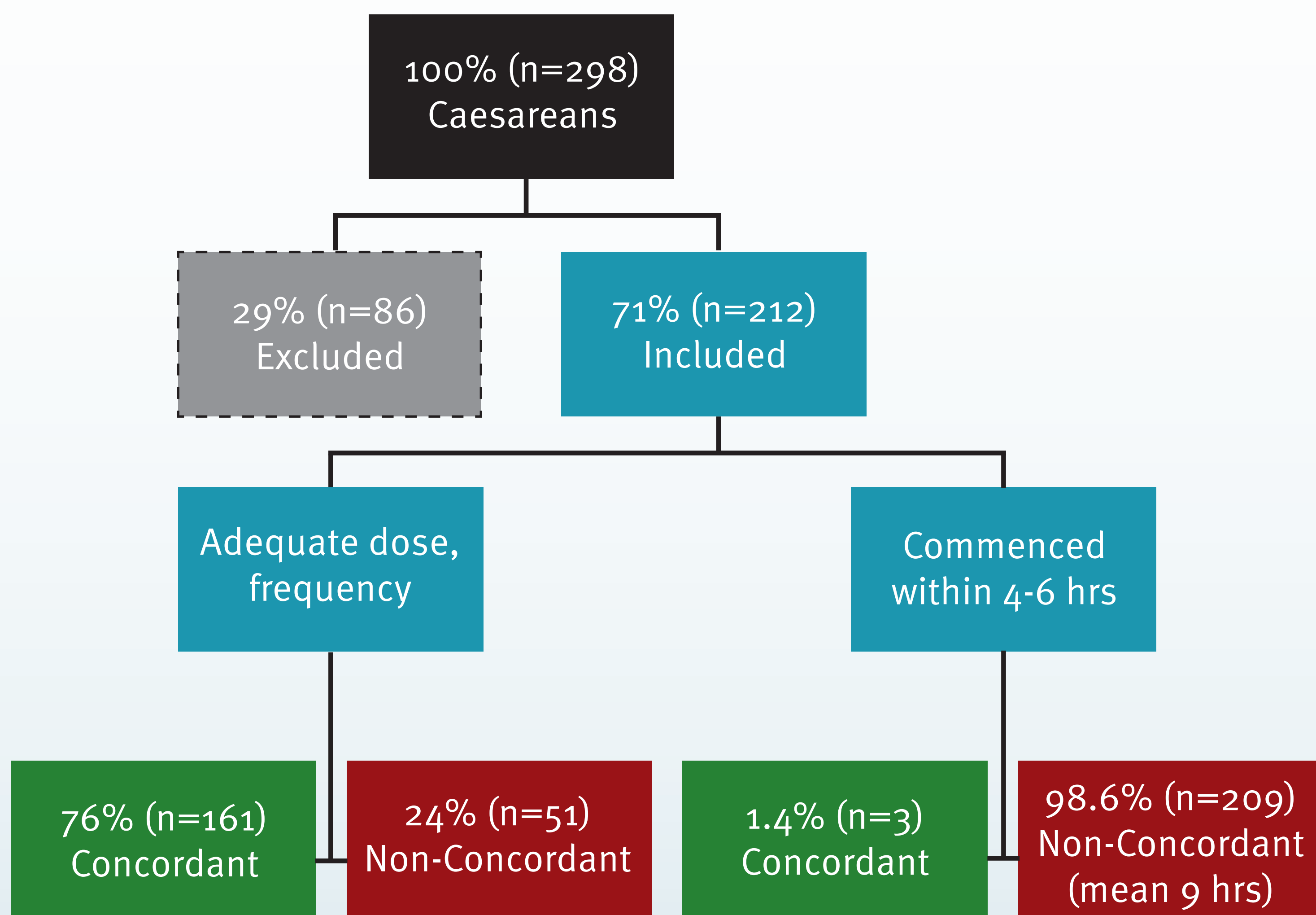
### Inclusion Criteria

- Admitted between March – June 2017
- Birth via caesarean section

### Exclusion Criteria

- Non-caesarean birth
- Incomplete medical record (e.g. no weight)

## Results



- Majority of non-concordance with recommended dose/frequency amongst women at extremes of bodyweight (underweight and obese)
- 90-day all-cause readmission rate 17% (n = 51 / 298)
- 90-day VTE readmission rate 0.3% (n = 1 / 298)

## Take home messages

- Majority of women undergoing caesarean section at our site were prescribed an appropriate agent and dose for VTE prophylaxis.
- Reducing time to first-dose of chemical prophylaxis and optimizing dosage in women with extremes of bodyweight were two key areas identified for improvement in our facility.

## References

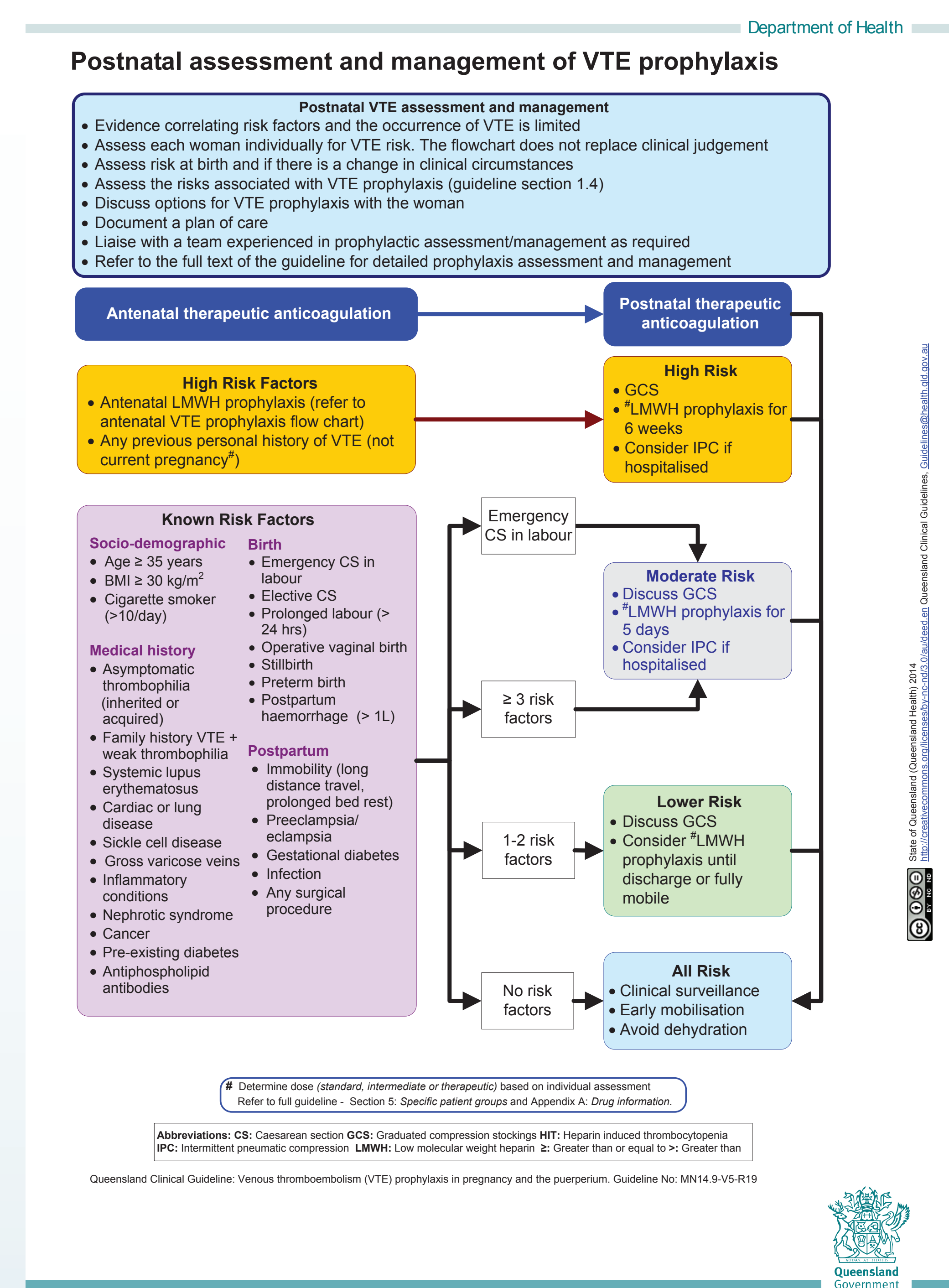
- Queensland Clinical Guidelines. Venous thromboembolism (VTE) prophylaxis in pregnancy and the puerperium. Queensland: State of Queensland (Queensland Health); 2014 Feb. 25p. Document No: MN14.9-V5-R19

## A Weighty Issue

- Lack of established guidance regarding weight to LMWH in post-partum period
  - Pre-pregnancy? How to account for weight gain (in addition to infant)?
  - Post-partum? How soon? How to account for blood loss, crystalliod?
  - Admission Weight? How to account for infant size?
- Women seen in our service generally have high BMI pre-conception



Figure 1: Current Queensland Clinical Guideline for VTE Prophylaxis in the Puerperium



## Case

- 32-year-old woman, G2P1
- Risk factors
  - Emergency caesarean – fetal bradycardia
  - Family history of VTE
  - Suspected infection post-operatively
- Additionally
  - Prolonged operating time
  - Requirement for surgical drain
- Management
  - Mechanical prophylaxis immediately post-op
  - Chemical prophylaxis delayed 15 hrs due to drain
  - Chemical prophylaxis provided until discharge (48 hrs)
- Follow-up
  - Representation 13 days post-emergency caesarean
  - Extensive DVT identified in iliac extending to femoral vein
  - Managed with TEDs and weight adjusted LMWH for 6 months
  - Negative thrombophilia screen

