

An audit on pharmacological DVT prophylaxis for postpartum mothers at University Unit – Teaching Hospital Jaffna

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Introduction: Thromboembolism following deep vein thrombosis (DVT) during pregnancy and postpartum is a serious condition that increases the maternal morbidity and mortality. In Sri Lanka it accounted for 2.36% of maternal deaths in 2017. RCOG recommends formal risk assessment and prescription of pharmacological prophylaxis accordingly for all postpartum mothers. Formal VTE risk assessment through scoring system was not a practice in obstetric units of Teaching Hospital Jaffna as with other similar hospitals in Sri Lanka. This audit was performed to assess whether the mothers who are at higher risk of DVT and warrant postpartum prophylaxis were administered pharmacological prophylaxis. Objectives: To evaluate whether the ward practice without a risk assessment scoring tool meets the standards in postpartum pharmacological DVT prophylaxis.

Methodology: Prospective data was collected from 100 postpartum mothers' case notes in the postnatal ward. Standard risk assessment tool for DVT was designed based on RCOG guidelines. Standard for prescription of PPPP for those who warrant pharmacological prophylaxis is 100%.

Results: Out of the 100 postpartum mothers, 43 were entitled for postpartum pharmacological prophylaxis (PPPP). Among them only one was treated with pharmacological prophylaxis. Of the 42 who warranted PPPP but did not receive were further analyzed with regard to their indication/s.

Conclusion: The uptake of mothers for PPPP is minimal without formal risk assessment tool (2.3%) when compared to the standards (100%). Considering the graveness of outcomes of postpartum DVT and PE, this audit recommends use of formal risk assessment tool to assess the maternal risk and offer PPPP.