**E-Posters** 

## A CLINICALAUDIT ON POSTNATAL THROMBOSIS RISK ASSESSMENT AND MANAGEMENT

Raguraman, S<sup>1</sup>; Karunarathna, SMG<sup>1</sup>; Bandara, HMST<sup>1</sup>; Jayanha, GRRN<sup>1</sup>

<sup>1</sup>Sri Jayewardenapura General Hospital, Sri Lanka

**Introduction and Objectives:** 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. Meanwhile, systematic review of risk of postpartum VTE found that the risk varied from 21- to 84-fold from the baseline non-pregnant, non-postpartum state. "In 2016, maternal mortality in Sri Lanka was 33.8 per 100,000 live births and reported cases of DVT/ thromboembolism were 5. 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 of this audit is to evaluate the correct thrombosis risk assessment, risk classification and appropriate management of pregnant mothers in the postnatal period.

**Method:** An institutional based retrospective audit was carried out in Sri Jeyewardanapura General Hospital. The sample was comprised of postpartum mothers, who were delivered during a time period of three months (n=245). Interviewer administrated questionnaire, pregnancy 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:** Out of 245 mothers, 131 (51.5%) had and 123 (48.5%) hadn't risk for VTE during postnatal period, however, out of that 113 (86.2%) was correctly identified. postpartum mothers who had actual risk for VTE (131) were classified according to their risk factors as, high risk group (2/131), intermediate risk group (98/131) and low risk group (31/131), out of that all high and intermediate risk group were correctly classified but only 51.6% (19/31) were classified as a low-risk group. All high and intermediate risk group mothers were managed appropriately with the aid from haematology team, but only 57.8% (**11/19**) were managed in low risk group.

**Conclusions:** Prevalence of risk factors for VTE mom postpartum mothers was relatively higher than it is perceived. Overall thrombosis risk assessment was satisfactory in this initial audit, meantime, 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 in postnatal period and it is expected to reduce maternal morbidity and mortality in Sri Lanka.