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Clinical Audit of Anticoagulant Therapy with Pregnancy in Al-Emarati Hospital

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Background: Thromboembolic disorders can be considered a fatal problem in pregnancy. Anticoagulant therapy plays an important role in both treatment and prevention. Warfarin is the best drug to use but carries the risk of bleeding in mothers and fetuses, especially in the late pregnancy and delivery. Moreover, the risks of embryopathy from warfarin in early pregnancy cannot be excluded. Parenteral heparin has the advantage of the inability to cross the placental barrier but still can be a cause of bleeding problems in pregnancy, and its long-term use still carries the problems of maternal bone demineralization (Bates, Greer et al. 2012).

The anticoagulant and thrombolytic use in pregnancy is a very important consideration, as pregnancy is associated with a fivefold increase in VTE risk, with the risk rising to 20-fold or more throughout the puerperium. The risk further increases if thrombophilia is associated. The risk of VTE can persist till 12 weeks of postpartum

Anticoagulant use in pregnant women should be paid great attention in both the period of pregnancy and the postpartum period. Risks and benefits to the mother and fetus should be balanced in the choice of anticoagulant therapy. Clinical audit can be defined as the process of assessment through the use of evidence-based criteria and/or the outcome of care by comparison with others.



Objectives: In the current study, the aim was to audit the anticoagulant therapy usage in pregnancy and compare it with the chosen international standards (RCOG standards).

Methods: Retrospective data were collected from pregnant women on anticoagulant therapy in the Department of Obstetrics and Gynecology of Al-Emarati Hospital, Gaza. A total of 70 pregnant women were included in this study. The study protocol was approved by the ethics committee of Faculty of Medicine, Islamic University of Gaza.

Results: Regarding the percentage of cases following the international guidelines, among the 70 studied cases on anticoagulant therapy, 48.57% has filled her VTE risk assessment score, while 51.43% was an empty risk assessment paper.

Conclusions: The use of anticoagulants in pregnancy must follow an evaluation of both its risks and benefits. Women requiring anticoagulation need careful attention throughout pregnancy and the postpartum period. Risks and benefits to the mother and fetus should be balanced in the choice of anticoagulant therapy, degree of monitoring, and therapeutic target.

Research Keywords: Anticoagulant therapy, clinical audit, pregnant women, RCOG standard.