

# Clinical audit of anticoagulant therapy with pregnancy in Al-Emirati Hospital

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## **Background**

The use of anticoagulants in pregnancy should receive greater attention in both pregnancy and the postpartum periods [1]. The balance of risks and benefits to both the mother and the fetus should be carefully examined when choosing a proper anticoagulant therapy [2]. A clinical audit is usually defined as the evaluation of a clinical process through the utilization of evidence-based criteria and/or the end product of care compared to others [3].

The concept of using anticoagulants and thrombolytics in pregnancy is very crucial, as pregnancy coincides with a fivefold increase in VTE risk, with the risk rising to 20-fold or more in puerperium. The risk increases even more when hemophilia is present. The risk of VTE can persist till 12 weeks of postpartum [4]

The aim of this work was to compare and audit the use of anticoagulant therapy in pregnancy according to RCOG guidelines.

## **Methodology**

Retrospective data were collected from pregnant women on anticoagulant therapy in the Department of Obstetrics and Gynecology of Al-Emirati Hospital, Gaza. A total of 250 pregnant women were included in this study. The study protocol was approved by the ethics committee of Faculty of Medicine, Islamic University of Gaza.

## **Findings:**

Regarding the percentage of cases following the international guidelines, among the 250 studied cases on anticoagulant therapy, 48.57% has filled her VTE risk assessment score, while 51.43% was an empty risk assessment paper

Anticoagulant was used in 50 pregnant women (8 with moderate risk and 42 with minor risk). 50% of Patients with moderate risk managed without Heparin which disagree with RCOG Guidelines, 80% of pregnant women with minor risk was managed with Heparin which disagree with RCOG Guidelines

**Interpretation:**

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. Future research should investigate different approaches and combinations of anticoagulant agents in pregnancy. Development of anticoagulant agents that are homogeneous, efficacious, safe to the fetus, and not affected by physiological perturbations of pregnancy will have a tremendous effect on the outcomes of pregnancy in women who require anticoagulation.