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Biography

Amechi Williams Igochukwu is a trained Obstetrics and Gynaecology Specialist and Specialty Doctor at Kettering General Hospital, NHS. United Kingdom, with over 10 years of experience, he qualified as a doctor in 2010 and had his formal O&G residency in Nigeria. He has extensive international NGO experience as a gynaecology expatriate with Medicines Sans Frontiers (MSF) and CUAMM/Doctors with Africa, serving in Sierra Leone, South Sudan, and Northern Nigeria. A dedicated husband and father to three lovely children. His passion is delivering excellent, compassionate women's healthcare globally.

Re-audit of Venous Thromboembolism Risk Assessment Following Mid-Cavity and Rotational Assisted Vaginal Births at a UK District General Hospital

Abstract

Background: Venous thromboembolism (VTE) remains a leading cause of maternal mortality and morbidity in the United Kingdom. Mid-cavity and rotational assisted vaginal births (AVBs) are recognized risk factors for postpartum VTE and require accurate risk assessment and appropriate thromboprophylaxis in accordance with Royal College of Obstetricians and Gynecologists (RCOG) guidance. This re-audit evaluated compliance with VTE risk assessment and management following mid-cavity and rotational AVBs at Kettering General Hospital and assessed improvement since a previous audit.

Methods: A retrospective and prospective re-audit was conducted using data obtained from BadgerNet and Careflow electronic patient records. Women who underwent mid-cavity and/or rotational assisted vaginal births were included, while low-cavity non-rotational and outlet deliveries were excluded. Compliance with RCOG Green-top Guideline No. 37a was assessed against predefined standards, including correct VTE risk scoring, risk assessment within 24 hours of delivery, and appropriate thromboprophylaxis prescribing.

Results: Fifty-two women who underwent mid-cavity and/or rotational AVBs were identified, representing 63.4% of all assisted vaginal births during the study period. Of these, 41 had mid-cavity deliveries with or without rotation and 11 had low rotational deliveries. Correct VTE risk scoring was achieved in 76.9% (40/52) of cases, compared with 0% in the previous audit. Timely VTE assessment within 24 hours of delivery was documented in 96.1% (50/52) of cases. All women requiring pharmacological thromboprophylaxis received the correct dose and duration (100%), representing an improvement from 50% previously. Documentation and prescription of anti-embolism stockings also improved from 40% to 69%.

Conclusions: Significant improvements were demonstrated in compliance with VTE risk assessment and thromboprophylaxis following targeted interventions after the initial audit. However,

gaps remain in accurate risk scoring and documentation of assisted vaginal birth classification. Continued education, improved documentation practices, and re-audit are required to achieve full compliance with national standards and further reduce preventable maternal VTE risk.