

ABSTRACT FORM ECAT SYMPOSIUM 8 – 9 NOVEMBER 2018

Name:

Dr Thomas Kitchen

on behalf of the OBSCymru Collaboration, Wales, United Kingdom

Title:

Thromboelastography in Clinical Practice: What a difference a test makes

Abstract:

Postpartum haemorrhage (PPH) is the leading cause of maternal morbidity and mortality worldwide¹ and is the second highest cause of direct maternal deaths in the UK². OBSCymru (The Obstetric Bleeding Strategy for Wales) is a national, collaborative, quality improvement programme aiming to reduce harm from postpartum haemorrhage across Wales.

Specifically aiming to improve outcomes associated with PPH and reduce variation in maternal morbidity by introducing 4 areas of focus:

1. Universal risk assessment
2. Prompt recognition of haemorrhage by measured blood loss
3. Multidisciplinary team working and appropriate escalation
4. Patient-specific transfusion management using ROTEM, a point-of-care (POCT), visco-elastometric test of coagulation, performed at ≥ 1000 ml blood loss.

Introducing POCT at scale to many units which had no prior experience in POCT for coagulation testing presented a number of significant challenges. We will present some of our learning from these as well some of our early results.

There are on average approximately 650 deliveries a week in Wales, UK. On average 21 ROTEM tests are performed on obstetric patients per week. Urgent ROTEM is now feasible in all Obstetric Units, 24hrs a day, 7 days a week. Results collected from the first year data have shown that coagulopathy in obstetric patients is rare, occurring in 1% of women who have a PPH. 78 women had an abnormal FIBTEM A5 ≤ 11 mm or fibrinogen < 2 g/L and 18 women had both, 16 of whom required High Dependency Unit care postpartum. These results highlight the usefulness in being able to detect these cases of coagulopathy, which prior to implementing ROTEM required a laboratory Claus- fibrinogen which could take > 90 mins.

OBSCymru, and specifically the innovative use of ROTEM in all Obstetric Units in Wales is enabling clinicians to tailor blood component usage to individual patients, administering fibrinogen concentrate to those who are deficient. This prudent practice is reducing unnecessary transfusions and avoiding any associated risks to patients, whilst conserving blood components for those at greater need, and perhaps even saving lives.

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