# Does Teaching Improve VTE Risk Assessment? A Quality Improvement Project in Elective Caesarean Section Following the RCOG Green-top Guideline 37a Position Statement

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**Abstract:**

**Background:** Venous thromboembolism is a leading cause of maternal death in the UK. RCOG Green-top Guideline 37a recommends individual VTE risk assessment in pregnancy and the puerperium, including caesarean section, to guide thromboprophylaxis (RCOG, 2015; MBRRACE-UK, 2024).

**Aim:** To assess whether VTE risk scores were correctly calculated for women undergoing elective caesarean section, and whether a departmental teaching session on the updated position statement improved accuracy.

**Methods:** A pre- and post-intervention audit was conducted. Baseline data were collected over two weeks, and each score was checked against RCOG criteria. The intervention was a whole-department teaching session. A two-week re-audit used the same criteria.

**Results:** At baseline, 46/55 (83.6%) of scores were correct, compared with 51/62 (82.3%) at re-audit. Errors persisted, missed or incomplete risk factors, scoring errors or wrong risk category.

**Conclusion:** A single teaching session did not meaningfully improve scoring accuracy, suggesting education alone is insufficient to change practice. Further quality improvement projects and audits will test system-based interventions, such as embedded electronic checklist on the patient electronic system used by the hospital followed by re-audit.

**Keywords:**

Venous thromboembolism, pregnancy, caesarean section, risk assessment, quality improvement, clinical audit.