



Defense Health Agency (DHA) Clinical Communities Speaker Series

Resource List – January 2020

Advances in Women’s Health

Updates on Clinical Care Pathway for Induction of Labor, Venous Thromboembolism (VTE) prevention and Postpartum Hemorrhage Management

Deep venous thrombosis (DVT) during pregnancy is associated with high mortality, morbidity, and costs. Pulmonary embolism (PE), its most feared complication, is the leading cause of maternal death in the developed world. The review, [“Deep Venous Thrombosis in Pregnancy: Incidence, Pathogenesis and Endovascular Management,”](#) discusses the epidemiology, pathogenesis, prophylaxis and diagnosis of DVT during pregnancy, and then focuses on endovascular treatment modalities. Women are at increased risk of VTE during pregnancy and the postpartum period. Treatment and prevention of VTE in this patient population is complicated by the need to consider fetal, as well as maternal wellbeing when making management decisions.

Approximately 700 women die from pregnancy-related complications in the United States every year. [Vital Signs: Pregnancy-Related Deaths, United States, 2011–2015, and Strategies for Prevention, 13 States, 2013–2017](#) report describes the timing and characteristics of pregnancy-related deaths in the United States using 2011–2015 national CDC Pregnancy Mortality Surveillance System (PMSS) data. Pregnancy-related deaths occur during pregnancy, around the time of delivery, and within 1 year postpartum; leading causes of death vary by timing of death. Most pregnancy-related deaths can be prevented.

Improving care for women around the time of childbirth is a necessary step towards the achievement of the health targets of the Sustainable Development Goals (SDGs). Efforts to prevent and reduce morbidity and mortality during pregnancy and childbirth could help address the profound inequities in maternal and perinatal health globally. To achieve these aims, healthcare providers, health managers, policy makers and other stakeholders need up-to-date and evidence-based recommendations to inform clinical policies and practices. [World Health Organization \(WHO\) recommendations: Induction of labour at or beyond term](#) was guided by standardized operating procedures and supported by a scientific evidence using the Grading of Recommendations, Assessment, Development, and Evaluation (GRADE) approach.

References

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