

Preventing blood clots in pregnancy

Information for patients

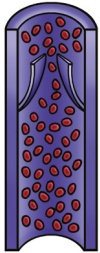


Please read this leaflet carefully. It will give you information about blood clots (also known as venous thromboembolisms) during and after pregnancy.

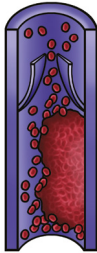
What is Venous Thromboembolism (VTE)?

There are two types of VTE:

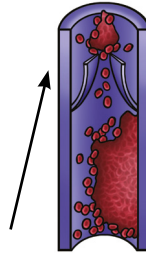
- **Deep Vein Thrombosis (DVT):** a DVT is a blood clot that forms in a deep vein, most commonly in your leg or pelvis.
- **Pulmonary Embolism (PE):** if all or part of the DVT breaks free and passes through your blood vessels, it can reach your lungs. This is called a PE.



Normal blood flow



A clot has formed



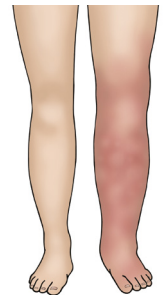
Part of the clot has broken off



The vein in the leg

Signs and symptoms of VTE

DVT - Symptoms can include swelling, redness/discolouration, warmth and tenderness/pain of the legs that may be worse when standing or walking. Occasionally there are no symptoms except pain.



PE - Symptoms can include coughing, chest pain/tightness (especially when breathing in), sudden unexplained breathlessness, blood stained phlegm, feeling very unwell and/or collapsing.

If you develop any of these symptoms please get medical advice immediately, diagnosing and treating a DVT reduces the risk of developing a PE.

Are VTE's common in pregnancy?

Pregnancy increases your risk of developing a VTE by approximately five times, with the highest risk being just after you have had your baby. However VTE is still uncommon in pregnancy or in the first 6 weeks after birth, occurring in only 1- 2 in 1000 women (in the absence of other risk factors).

A VTE can occur at any time during your pregnancy including the first three months so it is important to see your midwife early in pregnancy.

Are VTE's serious?

Yes DVT's are serious because they can result in long term complications such as permanently swollen/discoloured legs, varicose veins and leg ulcers (known as post thrombotic syndrome).

Also part or all of the DVT can break off. If this happens it will travel through your blood vessels and can reach your lungs, this is known as a PE. This is potentially life threatening. Prompt treatment saves lives. While dying from a PE is very rare it remains one of the commonest causes of death in pregnancy in the U.K.

Am I at risk of developing a VTE?

You are at increased risk of VTE if you have any of the following.

Before pregnancy if you:

- are over 35 years of age
- have already had three or more babies
- have had a previous VTE
- have a parent or sibling who has had a VTE
- have a thrombophilia - an inherited blood clotting disorder that increases the risk of VTE's
- have a medical condition such as heart disease, lung disease or arthritis - your doctor or midwife will be able to tell you whether any medical condition you have increases your risk of VTE
- have severe varicose veins that are painful or above the knee with redness/swelling
- are a wheelchair user.

Lifestyle if you:

- are overweight with a body mass index (BMI) of over 30
- are a smoker
- are an intravenous drug user.

During pregnancy if you:

- are admitted to hospital
- are carrying more than one baby (multiple pregnancy)
- become dehydrated

- are less mobile during pregnancy due to problems such as vomiting or infection
- are immobile for long periods of time, for example after an operation or when travelling for longer than 4 hours (by air, car or train)
- are unwell from fertility treatment (ovarian hyperstimulation syndrome)
- have pre-eclampsia.

After the birth of your baby If you:

- have a very long labour (more than 24 hours)
- have a caesarean section (x5 higher risk of a VTE compared to a normal vaginal delivery)
- lose a lot of blood after you have delivered your baby
- receive a blood transfusion.

Can I reduce the risk of getting a VTE?

Most VTE's that occur during or after birth are preventable so you may be able to reduce your risk. You should be risk assessed during your pregnancy and after you have had your baby, your doctor or midwife will ask if you have any of the risk factors detailed above. This helps them to decide if you would benefit from preventative treatment this will depend on which risk factors you have and how many you have. Your doctor or midwife will discuss your risk factors and explain why they think you would or wouldn't benefit from preventative treatment.

When will I be risk assessed?

Before Pregnancy:

If you are planning a pregnancy and have any of the risk factors listed above you should talk to your GP or midwife. You may need to see an obstetrician early in pregnancy to discuss starting preventative treatment.

During pregnancy:

Your risk assessment is performed at booking and the midwife will re-check your blood clot risk (to make sure that it has not changed) at every visit.

After your baby is born:

You should be risk assessed again after you have given birth.

Can my risk of VTE change?

Yes it can increase or decrease during your pregnancy. You might only have one or two risk factors at the start of your pregnancy but you may develop other factors such as severe varicose veins, being unwell, travelling for more than 4 hours and having a complicated birth. If your risk increases you might then be prescribed preventative medicine in the form of low molecular weight heparin injections.

Your risk can also decrease, for example you might stop smoking or stop using intravenous drugs which may mean you no longer require preventative medicine.

What can I do to reduce my risk of VTE?

You can reduce your risk of VTE by:

- Losing weight before pregnancy if you are overweight.
- Keeping active during your pregnancy and during labour. Get out of bed and move around soon after giving birth, especially after a caesarean section.
- Maintaining a healthy weight.
- Stopping smoking.
- Drinking plenty of fluid to keep hydrated.
- Wearing special stockings: if you are admitted to hospital you might be measured and fitted with anti-embolism stockings for your legs. You should be shown how to wear them and told to tell a health professional about any new pain or discomfort in your feet or legs. Stockings should be worn for 24 hours a day and should only be removed for a short time so that you can have a wash and check for any skin problems. These are particularly useful after a planned C-section, when heparin injections are not required.
- Wearing Inflatable sleeves: If you are admitted to hospital the doctor/midwife may ask you to wear calf or foot pumps. These are special inflatable sleeves which you wear around your legs or feet while you are in bed or sitting still in a chair. They will inflate automatically and provide pressure at regular intervals, increasing blood flow out of your legs.
- Having a preventative medicine called low molecular weight heparin, this is an anticoagulant. It reduces your chance of developing a blood clot by thinning your blood slightly. If you need low molecular weight heparin you will be told how long you need to take it for.

Low-molecular-weight-heparin cannot cross the placenta so cannot harm your baby it is safe to take when you are pregnant, and when you are breastfeeding. If you are on low molecular weight heparin to prevent a VTE, 12 hours will have to pass from your last injection before you can have an epidural or spinal anaesthetic.



Low molecular weight heparin is pork derived. It is the safest and most effective drug to prevent and treat blood clots in pregnancy and immediately after. Unfortunately there aren't any alternatives with the same effectiveness and safety record. Please speak to a doctor if you would like to discuss this further.

What happens when I go home?

Until you return to your usual level of activity, you may need to wear anti-embolism stockings after you go home. Your midwife will tell you how to put them on and what you should check your skin for.

If you need to continue low molecular weight heparin at home your midwife will teach you how to give the injections yourself. If you think you are going into labour do not have any more injections, phone your maternity unit and tell them you are on low molecular weight heparin injections and they will tell you what to do. If you have a planned caesarean section or induction of labour your doctor or midwife will tell you when to stop taking your injections.

What happens after birth?

The midwives will complete another risk assessment after you have given birth. Depending on your risk of developing a VTE you may need to start low molecular weight heparin injections. If you do need low molecular weight injections you will be told how long you need to take it for.

Try to drink plenty of water and remain as mobile as possible after you have given birth

If you are at home and develop any signs or symptoms of a clot contact your GP or your nearest accident and emergency department immediately.

Where can I get more information?

Royal college of Obstetrics and Gynaecology

Treatment of venous thrombosis in pregnancy and after birth.
<https://www.rcog.org.uk/en/patients-leaflets/treatment-of-venous-thrombosis-in-pregnancy-and-after-birth/>

NHS Choices

Pregnancy and Baby, Deep vein thrombosis (DVT). <http://www.nhs.uk/conditions/pregnancy-and-baby/pages/dvt-blood-clot-pregnant.aspx>

Venous Thromboembolism in Pregnancy

www.patient.co.uk. <http://www.patient.co.uk/doctor/venous-thromboembolism-in-pregnancy>



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