

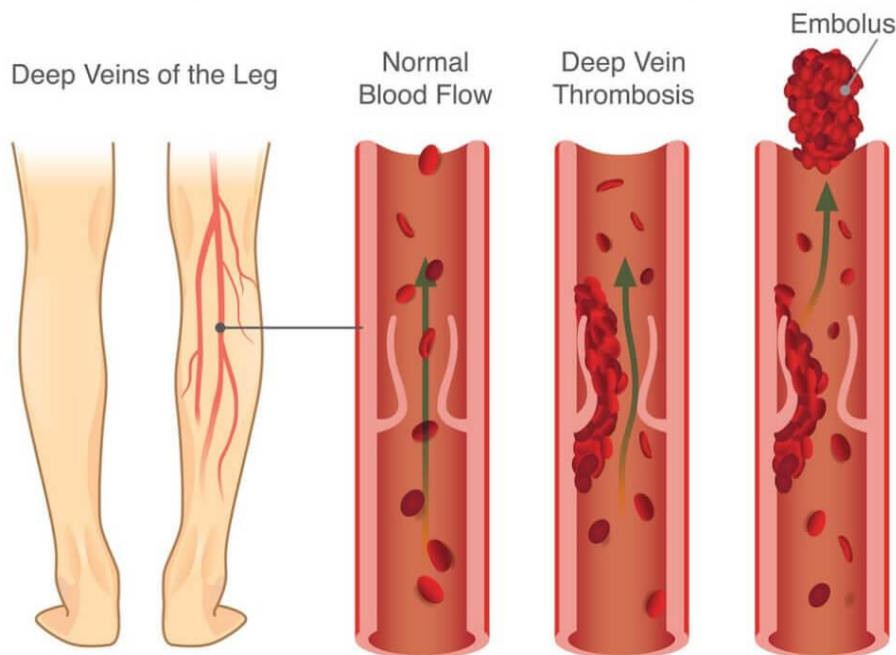
Patient Information

Reducing the Risk of Blood Clots in Pregnancy and after Birth

This leaflet is for reducing the risk of blood clots in legs or lungs during pregnancy and after child birth. It has been designed for women who are planning pregnancy, are already pregnant or have just had a baby. It doesn't replace any advice or explanation given to you by your doctor or midwife.

What is Deep Venous Thrombosis (DVT) and Pulmonary Embolism (PE)?

A deep vein thrombosis is a blood clot that forms in a deep vein of the leg, calf or pelvis interrupting the blood flow and causing leg pain and swelling. This could be serious problem as it may break off and travel through the bloodstream towards the heart and becoming lodged in one of the arteries of the lung. This is called pulmonary embolism which can cause chest pain or shortness of breath.



(Ref 1)

What is the risk during pregnancy and after birth?

DVT can affect 1-2 in 1000 women during pregnancy or in the first six weeks after child birth. Some women may have higher risks than the others.

Your risk can increase if you have one or more of the followings:

- If you are over 35 year old.



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- If you are smoking or using intravenous drugs.
- If you are overweight.
- If you are carrying twins.
- Have had more than 3 children.
- Have had previous DVT or PE.
- Has a parent or full sibling or child with DVT or PE.
- Have a condition that makes your blood sticky and more liable to clot (Thrombophilia).
- Have a medical problem such as heart disease, pre-eclampsia or diabetes.
- Have severe varicose veins in your legs.
- Immobile or using wheelchair.
- If you have been admitted to the hospital.
- Have had long labour or caesarean section.
- Have lost a lot of blood during delivery or needed blood transfusion.

Some of these risks such as previous DVT are significant enough to start preventive treatment with a blood thinner injection. Other risks such as age and family history may not be enough on their own to recommend treatment.

Your midwife will perform risk assessment for you during pregnancy and after delivery to decide whether you need treatment or not.

How can I reduce my risk?

- Stay active as much as you can particularly after delivery.
- Put on elastic compression stockings if your doctor or midwife recommend them for you. They help to squeeze your legs to keep the blood flowing and have been shown to reduce the risk of DVT.
- Drink normal amounts of fluid and keep well hydrated.
- Stop smoking and ask your midwife about smoking cessation programme.
- Lose weight.
- You may be advised to start preventive treatment with heparin if you are at high risk. Heparin is given as an injection under your skin once (sometimes twice) daily. Your midwife will show you how to use the injections and how to store and dispose them.

Are there any risks to me or my baby from using heparin?

Heparin is safe during pregnancy as it doesn't cross the placenta and therefore can't cause harm to your baby. Furthermore, if you are already taking anti-coagulant such as warfarin before pregnancy, you may be advised to switch to heparin because it is safer.



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You may get small bruise around the injection sites which usually disappear in few days. Very occasionally, women may develop allergic reaction to heparin and this may be associated with fall in the platelet count.

How long do I need to take heparin for?

After risk assessment, your midwife may recommend starting heparin. For some women this may start before booking appointment and continued through the whole length of the pregnancy and for six weeks after delivery. For others, it might be recommended for short period of time to cover hospital admission, long haul flight or for 10 days after delivery.

If you think you are going to start labour, stop any further injections and ring Delivery Suite for more advice on 01793 604575 (24hrs a day)

If you are booked for induction of labour or planned caesarean section **stop the injection 12 hours before the planned procedure (or 24 hours if you are on high dose regime).**

Do I need to take heparin after giving birth?

Another risk assessment will be carried out for you after delivery and you may be advised to start heparin for the first time after child birth. This will usually continue for 10 days.

If you were already on heparin before delivery, this will likely to continue for six weeks afterwards. Heparin is safe with breastfeeding.

If you were taking warfarin before pregnancy and have changed to heparin in pregnancy, you can switch back to warfarin three days after giving birth.

Sources and further information:

This information leaflet is based on the RCOG information leaflet (**Reducing the risk of venous thrombosis in pregnancy and after birth**), published in August 2015.

References

1. Deep Vein Thrombosis (2018), <https://www.sonashomehealth.com/what-is-deep-vein-thrombosis> , accessed on 29/07/2020

Useful websites

RCOG, <https://www.rcog.org.uk/en/patients/patient-leaflets/reducing-the-risk-of-venous-thrombosis-in-pregnancy-and-after-birth/>



Reducing the Risk of Blood Clots in Pregnancy and after Birth

Smoking will not be permitted on any NHS site in England. Smoking will not be permitted within any of our buildings or anywhere outside on our sites. Smoking facilities will not be provided. Please be considerate of others when vaping in hospital grounds.

This information sheet is available to order in other languages and formats. If you would like a copy, please contact us on 01793 604031 or email gwh.pals@nhs.net

Document Control

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