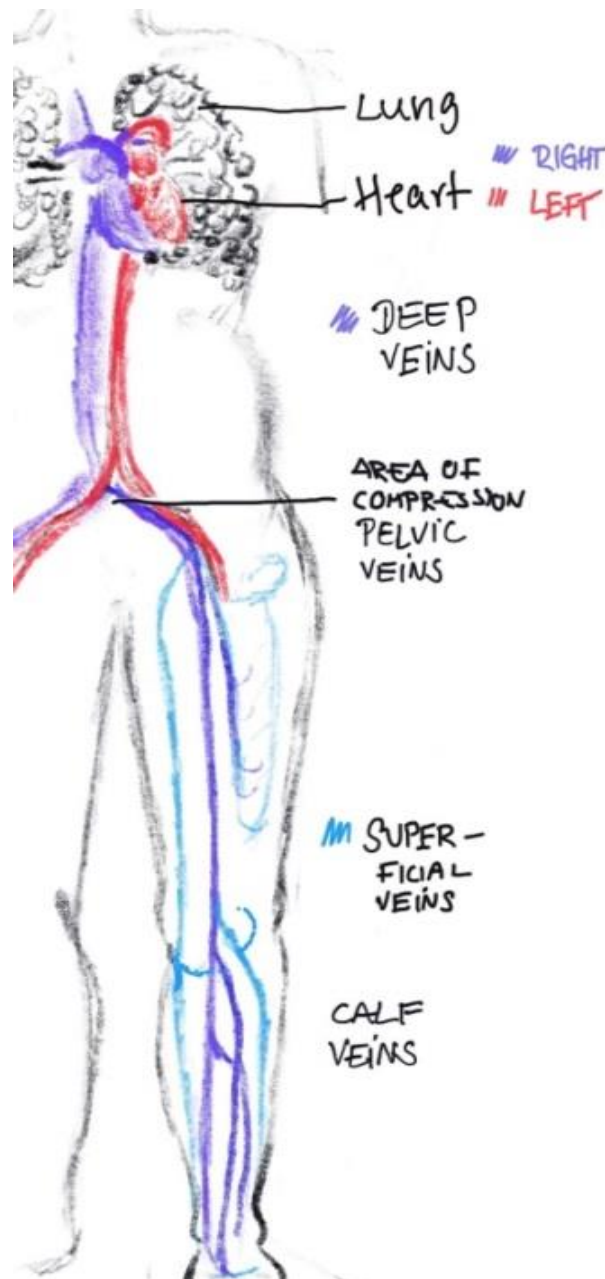


Preventing Blood Clots in Pregnancy and after Birth



This information outlines the important things you or your carer should know about preventing blood clots in pregnancy and after giving birth. Below are the answers to some commonly asked questions. If you have any further questions or concerns, please speak to the staff member in charge of your care.

Pregnant women are four to five times more likely to develop blood clots than women who are the same age who are not pregnant. A blood clot can “break off” and travel around the body.

All pregnant women will undergo risk assessment on venous thromboembolism (VTE) at the beginning and throughout their pregnancy and this will be carried out by your midwife. Those who have been classified as “intermediate and high risk” will be offered an appointment in the “Joint Thrombosis Nurse and Midwife” clinic.

What is a deep vein thrombosis (DVT)?

A deep vein thrombosis or DVT is a blood clot in a vein (a blood vessel) usually in the leg but it can occur in other sites, such as in the arm.

What is a pulmonary embolism (PE)?

An embolism occurs when a part of the clot “breaks off” and travels around the body. A pulmonary embolism may result when part of the clot from a DVT moves up the leg, passes through the heart and becomes trapped or lodged in a lung (pulmonary) artery. This may happen in many large DVTs that have extended above the knee but may also happen without any signs of a DVT being present.

What are the signs and symptoms of having a DVT or PE?

Some people have no symptoms of a DVT. However, some or all the following symptoms may occur in the affected limb:

- Pain
- Tenderness
- Swelling. The skin may appear shiny usually in the calf but, if the DVT is in the thigh veins, the whole leg may be swollen.
- Change in colour of the skin to dusky blue, red or purple.

The symptoms of PE may include:

- Shortness of breath, which may be severe and sudden or be of gradual onset
- Chest pain which may be worse on breathing in
- Sudden collapse
- Coughing up blood.

Who is at risk of blood clots?

Blood clots related to pregnancy can happen at any stage of pregnancy but are more common in the late stages of pregnancy and for six weeks after birth. This is due to the changes in the blood which are a result of pregnancy.

How can I reduce my risk?

- Aim for a healthy body weight
- Stop smoking
- Keep hydrated
- Stay mobile
- Tell us about your travel plans
- Let us know if you have a family history of blood clots.

How are blood clots prevented in pregnancy?

- If you are at high risk or are admitted to hospital for any reason during your pregnancy, you may be advised to have injections of heparin, an anticoagulant drug. There are different types of heparin, the most used low molecular weight heparins (LMWH) are dalteparin (Fragmin) and enoxaparin (Clexane). The dose is based on your pre-pregnancy weight and is given usually once a day. Your midwife or nurse will explain the drug and its administration to you.
- The risk of blood clots continues for six weeks after you deliver so it is important not to stop the injections until you are advised it is safe to do so.
- Heparins contain animal products and so if this of concern to you, please discuss with your clinician prior to stopping to make a well-informed decision and so that potential alternatives can be considered.

Are there any risks to me and my baby from heparin?

Low molecular weight heparin cannot cross the placenta to the baby and so is safe to take when you are pregnant and when you are breastfeeding. There may be some bruising where you inject which will usually fade in a few days.

One or two women in every 100 (1-2%) will have an allergic reaction when they inject. If you notice a rash after injecting, you should inform your doctor, midwife or nurse so that the type of heparin can be changed.

I am taking aspirin as well. Do they both thin the blood?

Aspirin does not prevent clots in obstetric patients. In pregnancy it is given to reduce the risk of small babies or pre-eclampsia due to problems with the placenta. It can be taken together with LMWH without increasing the bleeding risk significantly.

What should I do when labour starts or for planned Caesarean delivery or induction of labour?

If you think that you are going into spontaneous labour (painful, regular contractions, spontaneous rupture of membranes or water leak of fluid from your vagina and vaginal bleeding) do not take the injections, telephone your hospital immediately, telling them that you are on heparin treatment and they will advise you what to do. An epidural injection to

relieve pain (given into the space around the nerves in your back) cannot usually be given until 12 hours after your last injection. The anaesthetist will discuss alternative pain relief options with you.

If you are for planned elective Caesarean delivery or induction of labour, your last heparin injection should be the evening before the planned procedure. The heparin will usually be re-started within six hours after the procedure. Your midwife will give your first dose of heparin after your delivery.

Contact us

If you have any questions or concerns please contact your thromboprophylaxis nurse specialist on 020 8725 1332 (Monday to Friday, 9am to 5pm) or maternal medicine midwives on 020 8725 4570.

Useful sources of information

Thrombosis UK
www.thrombosisuk.org

The Royal College of Obstetricians and Gynaecologists (RCOG)
www.rcog.org.uk
www.rcog.org.uk/womens-health/clinical-guidance/reducing-risk-of-thrombosis-greentop37a

National Institute for Health and Care Excellence
<https://www.nice.org.uk/guidance/ng89>

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.stgeorges.nhs.uk

Additional services

Patient Advice and Liaison Service (PALS)

PALS can offer you on-the-spot advice and information when you have comments or concerns about our services or the care you have received. You can visit the PALS office between 9.30am and 4.30pm, Monday to Friday in the main corridor between Grosvenor and Lanesborough wings (near the lift foyer).

Tel: 020 8725 2453 **Email:** pals@stgeorges.nhs.uk

NHS Choices

NHS Choices provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health.

Web: www.nhs.uk

NHS 111

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.

Tel: 111

AccessAble

You can download accessibility guides for all our services by searching 'St George's Hospital' on the AccessAble website (www.accessable.co.uk). The guides are designed to ensure everyone – including those with accessibility needs – can access our hospital and community sites with confidence.

Tel: 111



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