

Patient Information

Maternity

Women and Children's Services

Reducing the risk of blood clots (Venous Thromboembolism) during and after pregnancy.

This leaflet has been produced to give you general information about Venous Thromboembolism (VTE). It explains what it is, why you are at risk and what you can do to reduce your risk or avoid it. Most of your questions should be answered by this leaflet. It is not intended to replace discussion between you and your midwife or doctor but can act as a starting point for discussion. If after reading it, you have any concerns or require further explanation please discuss this with a member of the healthcare team who has been caring for you

What is a Venous Thromboembolism?

Thrombosis is a clot in a blood vessel (a vein or an artery). The information within the leaflet is about a thrombosis that occurs in a vein (the blood vessels that take blood towards the heart and lungs).

Venous Thromboembolism is a blood clot that can develop deep in the veins of the body. It usually affects the deep veins of the calf, thigh or pelvis and is called a deep vein thrombosis (DVT).

Symptoms of a DVT include:

- A red and hot swollen leg.
- Swelling in your entire leg or just part of it.
- Pain and/or tenderness – you may only experience this when standing or walking or it may just feel heavy.



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Seek advice immediately from your doctor or midwife if you notice one or more of these symptoms. During pregnancy, swelling and discomfort in both legs is common and does not always mean there is a problem. Always ask your doctor or midwife if you are worried.

Why is a DVT serious?

The danger of a DVT is that the clot may break off and travel in the blood stream until it reaches another part of the body such as the lungs and block blood vessels, known as a pulmonary embolus (PE).

The symptoms of a pulmonary embolus may include:

- Sudden / unexplained difficulty in breathing
- Tightness in the chest or chest pain
- Coughing up blood (hemoptysis)
- Feeling very unwell or collapsing

Seek medical help immediately if you experience any of these symptoms.

Although a pulmonary embolus is rare, it can be life threatening. The risk of developing a pulmonary embolus once a DVT has been diagnosed and treated is extremely small.

Why am I at risk?

Pregnant women are ten times more likely to develop a DVT than a woman of the same age who is not pregnant. This is mainly because factors in the blood which promote blood clotting increase in pregnancy. Venous thrombosis related to pregnancy can occur at any stage of pregnancy and for six weeks after birth.

You may have one or more risk factors for developing a VTE. Dependent on the risk factors you will receive preventative treatment for between ten days and six weeks.

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Additional risks for developing a venous thrombosis in pregnancy are when you:

- Have had a previous venous thrombosis.
- Have a condition called thrombophilia, which makes a blood clot more likely.
- Are over 35 years of age.
- Are overweight – body mass index (BMI) over 30*.
- Have had certain types of fertility treatment.
- Are carrying more than one baby (multiple pregnancy).
- Have severe pre-eclampsia.
- Have just had a caesarean delivery or a long labour (over 24hrs).
- Are immobile for long periods of time, for example, after an operation or when travelling for four hours or longer.
- Are a smoker **.
- Are dehydrated e.g. because of severe sickness in pregnancy.
- Develop a severe infection e.g. severe kidney or chest infection.
- Are admitted into hospital.

*For advice on weight management in pregnancy speak to your Midwife

** For specialist advice on stopping smoking:

- **Warwickshire 07917 227004** (Rugby support)
- **Coventry 02475 189 190** (Coventry support)
- <https://quit4good.warwickshire.gov.uk/quit4baby/>

What can I do to reduce the risks?

The doctors and midwives will assess what risk factors you may have during your pregnancy and again after the birth of your baby and they may advise one or more of the following:

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- Wear anti-embolism stockings. These support stockings help the blood circulation in the legs. Your midwife or doctor will advise you on how long to wear them for.
- Have injections of low molecular weight heparin (an anticoagulant) to 'thin the blood'. We will provide you with a prescription.
- Drink plenty of fluids. You are more likely to develop a DVT if you become dehydrated.
- Remain as mobile as possible. This is very important if you have had a caesarean section. The staff will help you to get out of bed and make sure you have good pain relief.
- Doing this simple exercise to help your blood move around your body:



How do stockings reduce the risk?

If required you will be measured and fitted for either knee or thigh length stockings. You should be shown how to fit and wear them. They work by reducing damage to the leg veins that enlarge when you are not mobile. Small tears to the veins cause activation of the clotting mechanism. They also work by squeezing the blood from the smaller capillaries onto the larger veins in the leg promoting good circulation. They should be worn until fully mobile and in some cases we ask you to wear them for up to six weeks after your baby is born.

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Use and care of the stockings

If you are asked to wear stockings, they should be worn at all times during your hospital stay and after you go home. When stockings are removed for changing, they should be off for no longer than 30 minutes.

The stockings are designed to fit snugly, but should not be tight. They should not be creased or rolled down. This will cause an uneven pressure and reduce the blood flow.

The stockings can be washed at 40°C, any higher and the stockings may shrink. They can be tumble dried if the machine does not exceed 121°C.

What are anticoagulation injections?

The doctor might consider that you should take an anticoagulation injection of low-molecular-weight heparin which reduces the chance of your blood clotting and forming a DVT.. You may hear the injections being referred to as Inhixa[®] or Enoxaparin.

Low-molecular-weight heparin does not cross the placenta to the baby and so is safe to use when you are pregnant. Low molecular weight heparin is also safe to use when breastfeeding.

Whilst you are receiving blood thinning medicines your blood is thinner than normal and so you need to report any unusual symptoms to your doctor, particularly increased bruising, any unusual bleeding or dark ulcers at the injection sites.

You will be provided with a sharps bin to safely dispose your used injections. Full and used sharps bins can be returned to your local pharmacy or GP.

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Keep a record

The table below may help you to remember to take your low molecular weight heparin (Inhixa[®]) medication:

Injections given:

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Example	<i>Not Applicable</i>	Birth!	✓ 6pm	✓	✓	✓	✓
Week 1							
Week 2							
Week 3							
Week 4							
Week 5							
Week 6							

What should i do if my calf becomes swollen red and painful?

If you experience any of these symptoms, contact your GP, the Labour Ward Triage **(02476) 967333** for advice 24 hours, 7 days a week.

You should in the meantime, leave the stockings off and raise your leg slightly on a footstool.

What should i do if i become breathless or develop chest pains?

Seek help immediately if you experience any of these symptoms either by contacting your GP or the Labour Ward Triage (02476) 967333.

Alternatively you can attend the Emergency Department.

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General advice and consent

Most of your questions should have been answered by this leaflet, but remember that this is only a starting point for discussion with your doctor or midwife. You will be asked to provide verbal consent for treatment and you should be satisfied that you have received enough information before consenting.

Consent to treatment

Before any doctor or midwife examines or treats you, they must seek your consent or permission. In order to make a decision, you need to have information from health professionals about the treatment or investigation which is being offered to you. **You should always ask more questions if you do not understand or if you want more information.**

For VTE treatment you will be given both verbal and written information and after having time to ask questions, you will be asked to provide your verbal consent to show you have received enough information and you understand it. The information you receive is about your risk of developing VTE and the risks this carries. What is important is that your consent is genuine or *valid*. That means:

- You must be able to give your consent.
- You must be given enough information to enable you to make a decision.
- You must be acting under your own free will and not under the strong influence of another person.

How much do I need to know?

Some people want to know as much as possible about their condition and possible treatments; whilst others are happy to leave the decisions to the medical team. No one providing healthcare will force information on you but for you to be able to make an informed decision about your treatment and care it is best. Remember, the person in the best position to know what matters most is **you**.

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Information about you

As part of your care, when you come to the hospital, information about you is shared between members of a healthcare team, some of whom you may not meet. It may be used to help train any staff involved in your care.

Information we collect may also be used after you have been treated to help us to maintain and improve the quality of our care, to plan services, or to research into new developments.

We may pass on information to other health organisations to help improve the quality of care provided by the NHS generally.

All information is treated as strictly confidential, and is not given to anyone who does not need it. If you have any concerns please ask your doctor, or the person caring for you.

Under the Data Protection Act (1998), University Hospitals Coventry and Warwickshire NHS Trust is responsible for maintaining the confidentiality of any information we hold on you.

This leaflet was adapted by the UHCW Maternity Unit, with permission from Hull and East Yorkshire Hospitals NHS Trust.

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The Trust has access to interpreting and translation services. If you need this Information in another language or format please contact 024 7696 4000 and we will do our best to meet your needs.

The Trust operates a smoke free policy.

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