

Maternity

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

This leaflet explains what Venous Thromboembolism (VTE) is, why you are at risk and what you can do to lower your risk. It is not meant to replace talking with your midwife or doctor, but it can help start that conversation. If you have questions after reading this, please speak to staff looking after you.

What is Venous Thromboembolism?

Thrombosis is a clot in a blood vessel (a vein or an artery). This leaflet is about thrombosis in veins (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 deep vein thrombosis (DVT).

Signs of DVT include:

- A red, and hot swollen leg
- Swelling in your entire leg or just part of it
- Pain or tenderness, especially when standing or walking
- Legs may heavy

If you notice any of these signs, speak to your doctor or midwife straight away. During pregnancy, swelling and discomfort in both legs are common and does not always mean there is a problem.



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Why is DVT serious?

A DVT can be serious because the clot might break off and travel in the blood stream until it reaches another part of the body such as the lungs, blocking blood vessels. This is called a pulmonary embolus (PE).

Seek medical help right away if you have any of these symptoms:

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

A pulmonary embolus is rare but can be life threatening. If DVT is found and treated early, the chance of a pulmonary embolus is very low.

Why are you at risk?

Pregnant women are 10 times more likely to get a DVT than women of the same age who are not pregnant. This is because pregnancy causes changes in the blood that make clots more likely. A blood clot can happen at any time during pregnancy and up to 6 weeks after giving birth.

You might have one or more risk factors that increase your chance of VTE. This treatment may last from 10 days to 6 weeks.

You might be at higher risk if you:

- Have had a clot before
- Have a condition called thrombophilia, which makes clots more likely
- Are over 35 years of age
- Are overweight (BMI over 30) – speak to your midwife for advice
- Have had certain types of fertility treatment
- Are carrying more than one baby
- Have severe pre-eclampsia
- Had had a caesarean birth or a long labour (over 24hrs)
- Are not moving much for long periods, like after surgery or a long journey (for 4 hours or longer)
- Are dehydrated, maybe because of severe sickness
- Have a serious infection, like a kidney or chest infection
- Are admitted to hospital
- Smoke

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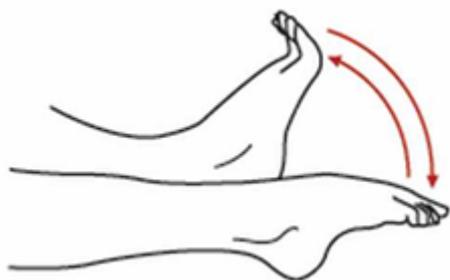
For help to stop smoking:

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

How to lower the risks

The doctors and midwives will check your risk of blood clots during your pregnancy and again after your baby is born. They may suggest one or more of the following:

- Wear special stockings: These are called anti-embolism stockings. They help blood circulation in the legs. Your midwife or doctor will tell you how long to wear them.
- Have blood thinning injections: These are called low molecular weight heparin (an anticoagulant). We will give you a prescription.
- Drink plenty of water: You are more likely to have a DVT if you become dehydrated.
- Keep moving: Try to stay active, especially after a caesarean section. The staff will help you get out of bed and make sure your pain is managed.
- Do simple exercises as shown below: This helps your blood move around your body.



Lie on your back or in a sitting position.

Bend and straighten your ankles quickly. Keep your knees straight during the exercise to stretch your calf muscles. Repeat at regular intervals throughout the day.

How do the stockings help?

If you need them, you will be measured and fitted with knee or thigh length stockings. You will be shown how to put them on and wear them properly. They help by:

- Stopping damage to the leg veins when you are not moving much.
- Helping blood flow from the small veins into the bigger ones.

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This helps prevent blood clots. You should wear these stockings until you are moving around normally. In some cases, you may need to wear them for up to 6 weeks after your baby is born.

Using and looking after your stockings

If you are asked to wear stockings, you should wear them all the time while you are in hospital and after you go home. If you need to take them off or change them, try to keep them off for no longer than 30 minutes.

The stockings should feel snug but not too tight. Do not fold or roll them down, as this can stop your blood from flowing properly.

You can wash the stockings at 40°C. If the water is hotter, they might shrink. They can be tumble-dried if the machine if the temperature stays below 121°C.

What are anticoagulation injections?

The doctor might ask you should take an anticoagulation injection of low-molecular-weight heparin. This helps stop blood clots from forming. It is also called a Inhixa® or Enoxaparin.

This medicine is safe to use during pregnancy because it does not reach the baby. It is also safe to use when breastfeeding.

While you are taking blood thinning medicines, your blood is thinner than normal. You should tell your doctor if you notice:

- More bruising than usual
- Bleeding that doesn't stop
- Dark ulcers where you inject

You will be given a sharps bin to safely throw away used injections. When the bin is full, you can return it to your local pharmacy or GP.

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Keep a record

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

Injections given:

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

If your calf becomes swollen, red, or painful

If you have any of these symptoms, contact your GP or the Labour Ward Triage on **02476 967333**. This service is available 24 hours, 7 days a week.

While waiting for advice, take off your stockings and raise your leg slightly on a footstool or cushion.

If you feel breathless or have chest pains

If you have any of these symptoms, get help right away. You can:

- Call your GP
- Call Labour Ward Triage: 02476 967333
- Or go to your nearest Emergency Department

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General advice and consent

This leaflet gives you a lot of information, but you should still talk to your doctor or midwife if you have any questions. Before you receive any treatment, you will be asked to give verbal consent. This means saying “yes” after you have been given enough information and had a chance to ask questions.

Consent to treatment

Before any doctor or midwife examines or treats you, they must ask for your permission. You should be given clear information about what is offered and why. **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. You will have time to ask questions, and then you will be asked to give your verbal consent to show you understand and agree.

Your consent is only valid if:

- You are able to give it.
- You have enough information to decide.
- You are making the decision freely, without pressure from others.

How much do you need to know?

Some people want to know everything about their condition and treatment. Others prefer to let the medical team decide. You will not be forced to take in more information than you want.

But to make the best decision for yourself, it helps to understand your options. **You know best what matters to you.**

Information about you

When you come to hospital, your information is shared with the healthcare team looking after you. Some of these people may not meet you directly, but they help with your care. Your information might be used to help train staff, improve services, or support research. Sometimes, we share information with other NHS organisations to help improve the quality of care provided.

Patient Information

All information is kept private and 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 keeping your information safe and private.

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

The Trust has access to interpreting and translation services. If you need this Information in another language or format, please contact 02476 967333 and we will do our best to meet your needs.

The Trust operates a smoke free policy.

Did we get it right?

We would like you to tell us what you think about our services. This helps us make further improvements and recognise members of staff who provide a good service.

Have your say. Scan the QR code or visit:

www.uhcw.nhs.uk/feedback



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