



**The Dudley Group**  
NHS Foundation Trust

# Reducing the risk of blood clots in pregnancy and after giving birth

## **Maternity Department**

Patient Information Leaflet



## Introduction

This leaflet is for pregnant women. It gives information about blood clots in pregnancy, what causes them and what you can do to help prevent them.

## What are blood clots?

Blood clots or venous thromboembolism (VTE) is a term for both deep vein thrombosis (DVT) and pulmonary embolism (PE).

## Deep vein thrombosis (DVT)

A DVT is a blood clot in the deep veins. This is most commonly in the lower limbs but can occur in any deep vein. It can cause a condition called post thrombotic syndrome which can result in chronic pain and swelling of the leg.

## Pulmonary embolism (PE)

A PE is when all or part of the DVT breaks off, travels through the body and blocks the blood vessels to the lungs, this is potentially **life threatening**. You can have a PE without experiencing signs and symptoms of a DVT.

## What are the signs and symptoms of blood clots?

- Swelling, usually in one leg. If the clot is in the thigh veins as is most common during pregnancy and following child birth, the whole leg may be swollen
- Tenderness of the leg muscles, often the calf muscles
- Reddish or bluish skin discoloration
- A leg that is warm to touch
- Sudden shortness of breath
- Chest pain that is sharp or stabbing and that may get worse when breathing in
- Rapid heart rate
- Unexplained cough, sometimes with bloody mucus

- Collapse (in severe cases)

**If you think you may have DVT or PE, you should seek medical advice immediately either from your GP or nearest A&E (Emergency Department).**

### **What causes blood clots in pregnancy and after giving birth?**

There are many changes in your body during pregnancy. One of these is that you are at increased risk of developing blood clots. Your blood becomes stickier and the blood flow slows down in the veins in your legs and pelvis which causes this increased risk. It can take around six weeks after you give birth for your blood to return to normal.

There are other factors that may increase your risk of a blood clot. These include:

- Having a blood clot previously
- A family history of blood clots
- Assisted conception (IVF)
- Multiple pregnancies (twins or more)
- Age 35 years or older
- Weight (BMI above 30)
- If you already have three or more children
- Being sick a lot during your pregnancy
- Certain illnesses such as cancer, heart failure, lung disease, inflammatory diseases, infections such as pneumonia or COVID-19
- Smoking

- Not moving around much; for example, if you are unwell in bed or you have or have had severe symphysis pubis dysfunction (SPD)
- Long distance travel for more than four hours by car, train, coach or aeroplane, if you do not move around
- Delivery by caesarean section

### **Risk assessment for blood clots, who will be risk assessed?**

All pregnant women will be assessed for potential risk of a blood clot developing.

### **When will I be assessed?**

The assessment will be carried out by a midwife or a doctor at your booking appointment. We will ask you how you are during your pregnancy and about your medical and family history.

If you are identified as high risk for developing blood clots, we will refer you to a specialist clinic, for treatment to help reduce this risk.

This risk assessment will be reviewed throughout your pregnancy and immediately after the birth of your baby.

### **What treatment is there to help prevent blood clots?**

If you are considered to be at higher risk of developing a blood clot, you will be offered treatment to help prevent one from forming.

You may be offered medication to thin your blood. This is called heparin and is given every day by injection.

In certain circumstances, we may recommend anti-embolism stockings. These are made from elastic and can be either thigh or knee length. They reduce the risk of blood clots by gently compressing your legs. This increases the blood flow and prevents your leg veins from expanding, which stops blood pooling in your legs and forming a clot.

If you are given them, you should wear the anti-embolism stockings while you are in hospital to give birth and until you can move around normally.

## **Do these treatments have side effects?**

There are minor side effects from heparin. You may find you have stinging which will wear off after a short time and bruising around the injection site. Small lumps may form under the skin these are nothing to worry about and will resolve, try to avoid injecting to these areas .

Occasionally like any other medication you may develop an allergic reaction to heparin if this occurs you may find reddening, itching and urticarial rash (nettle rash) at injection sites. If this does occur please contact midwife/maternity triage straightaway so your treatment can be reviewed Do not stop your injections without seeking advice.

When using anti-embolism stockings please report the following to your Doctor or midwife:

- Strange marks on your skin
- Blistering
- Pain or discomfort
- Discolouration of skin

## **Will the treatment affect my baby?**

Heparin does not cross the placenta so it is safe for your developing baby and it is safe if you are breastfeeding.

## **What else can I do to help prevent blood clots?**

- Move around and try not to sit still for too long
- On long journeys, try to move your legs and where possible, have a break and walk around every one to two hours
- Drink plenty of fluids and do not become dehydrated
- If you have a caesarean section, getting up and about as soon as possible after the caesarean can reduce the risk of VTE
- It is essential that if you start having heparin treatment, you complete the full course, usually when your baby is 6 weeks old

**What happens when I go home after commencing the heparin? Remember heparin reduces the risk of blood clots but it is still possible for one to occur. Remember the signs and symptoms on page 2 of this leaflet.**

You will be taught how to give yourself the heparin injection and given a sharps bin to dispose of the used needles safely. You can return your used sharps bin to the department that gave it to you. In addition, some GP surgeries and pharmacies may accept it.

If you need anti-embolism stockings, we measure and fit you with these. We will show you how to wear the stockings correctly. You should remove your stockings every day so you can wash your legs and check your skin for any changes. Please refer to the manufacturer's instructions for washing the stockings and for other handling advice.

If you have any questions, or if there is anything you do not understand about this leaflet, please contact:

Maternity triage on 01384 456111 ext. 3053

**This leaflet can be downloaded or printed from:**

<http://dgft.nhs.uk/services-and-wards/maternity/>

## Can I find out more?

You can find out more from the following web link:

**NHS Choices**

<http://www.nhs.uk/conditions/pregnancy-and-baby/pages/dvt-blood-clot-pregnant.aspx>

**This leaflet can be made available in large print, audio version and in other languages, please call 0800 073 0510.**

للحصول على هذه النشرة بحجم أكبر، وعلى شكل إصدار صوتي و بلغات أخرى، الرجاء الاتصال بالرقم 08000730510.

此宣传单可提供大字版本、音频版本和其它语言版本，请拨打电话：0800 073 0510。

Ulotka dostępna jest również w dużym druku, wersji audio lub w innym języku. W tym celu zadzwoń pod numer 0800 073 0510.

ਇਹ ਪਰਚਾ ਵੱਡੇ ਅੱਖਰਾਂ، ਬੋਲ ਕੇ ਰੀਕਾਰਡ ਕੀਤਾ ਹੋਇਆ ਅਤੇ ਦੂਸਰੀਆਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਵੀ ਪ੍ਰਾਪਤ ਹੋ ਸਕਦਾ ਹੈ, 0800 073 0510 ਤੇ ਫੋਨ ਕਰੋ ਜੀ।

Aceasta brosură poate fi pusă la dispoziție tipărită cu caractere mari, versiune audio sau în alte limbi, pentru acest lucru va rugăm sunați la 0800 073 0510.

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