



The Dudley Group
NHS Foundation Trust

Heparin injections at home after giving birth

Maternity Department
Patient Information Leaflet



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Introduction

This leaflet is for women who have recently given birth and who need to have heparin injections at home. It gives information about heparin, why you need it and the instructions for taking it.

Why do I need heparin injections?

Pregnancy and childbirth can increase your risk of developing a blood clot (venous thromboembolism)

What is a venous thromboembolism (VTE)?

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.

After giving birth, we will have assessed your risk of developing a blood clot. This risk assessment has indicated that you are at a higher risk of developing blood clots. This risk can be greatly reduced by having a course of heparin injections. Occasionally you may also be given anti-embolism stockings to wear.

How does heparin work?

During pregnancy and for about six weeks after you give birth, your blood becomes stickier, and the blood flow slows down in the veins in your legs and pelvis. Heparin injections work by slowing down blood clotting or 'thinning' the blood. This **reduces** but doesn't remove the risk of a clot forming in your deep veins.

Heparin is safe to use if you are breastfeeding.

How is heparin given?

Heparin must be prescribed for you, and it is always given by injection. The syringes come ready-prepared with the correct dose.

Your midwife will show you how to give yourself heparin injections. Most women manage this very easily. If you need additional help, please ask your midwife.

The needle on the syringe is very fine and although the injection may sting slightly, it is not too painful.

The midwife will also give you a sharps bin to dispose of the used needles safely. You can return your used sharps bin to the ward that gave it to you. In addition, some GP surgeries and pharmacies may accept it.

Instructions for giving yourself a heparin injection

- Make sure that you have a sharps box ready for after the injection
- Wash your hands before giving yourself the injection
- It is best to inject into the skin of your tummy, avoiding the area near to your belly button. You can use your thigh, if you prefer
- Carefully remove the cap from the syringe, pull don't twist
- Hold the syringe firmly, like a pen. With the other hand, pinch as large a roll of skin as possible in the area where you will inject
- Push the needle directly into the skin at a right angle
- When all the needle is in the skin, continue to hold the syringe like a pen but let go of your skin. Use this free hand to press the plunger of the syringe down firmly, until all the heparin has been injected
- Do not worry about any small air bubbles in the syringe
- Take out the needle; do not rub the area

- Put the syringe straight into the sharps box

To help avoid any sore, red, or bruised areas on the skin where you are injecting, try to change the sites you use for the injections. If you get a skin rash at the site of the injection, please let your midwife know.

It is important to keep the stock of injections and the sharps box in a safe place, out of the reach of children.

What are the risks of heparin?

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.

What happens when I go home?

To reduce the chance of developing a blood clot, it is essential that you complete the full course of injections.

Please make sure that the sharps box you have been given for the disposal of your syringes is returned to your midwife, GP surgery or local pharmacy for safe disposal. Never throw it out with your household rubbish.

If you need anti-embolism stockings, you should remove them 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.

Tell your doctor or midwife if you experience any of the following on your feet or legs:

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

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
- Exercise your legs when you are in bed or in a chair
- Drink plenty of fluids and do not become dehydrated
- If you have had 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

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 after childbirth, 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)

Please be aware that it is possible to experience symptoms of PE without having symptoms of a DVT

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

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 broșura 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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