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Preventing blood
clots in pregnancy
and after birth

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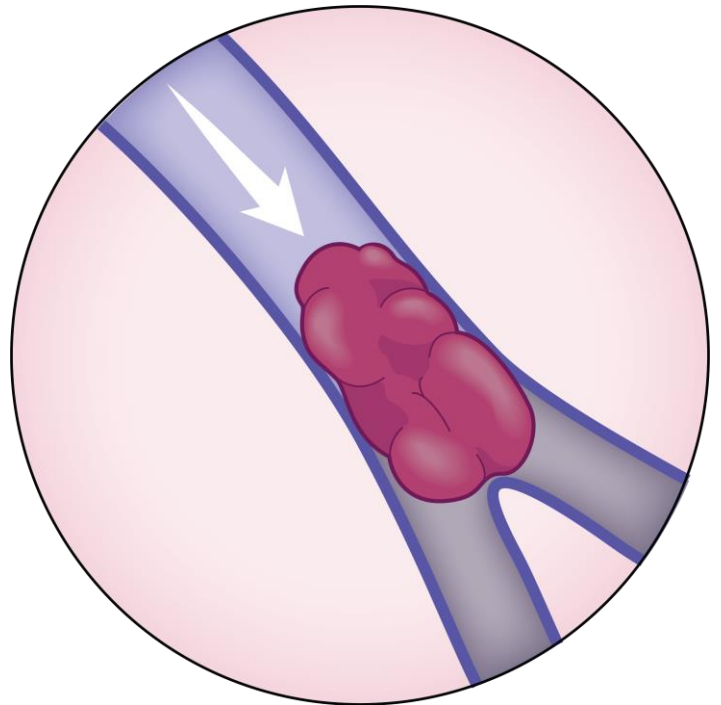
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Patient information

Preventing blood clots in pregnancy and after birth



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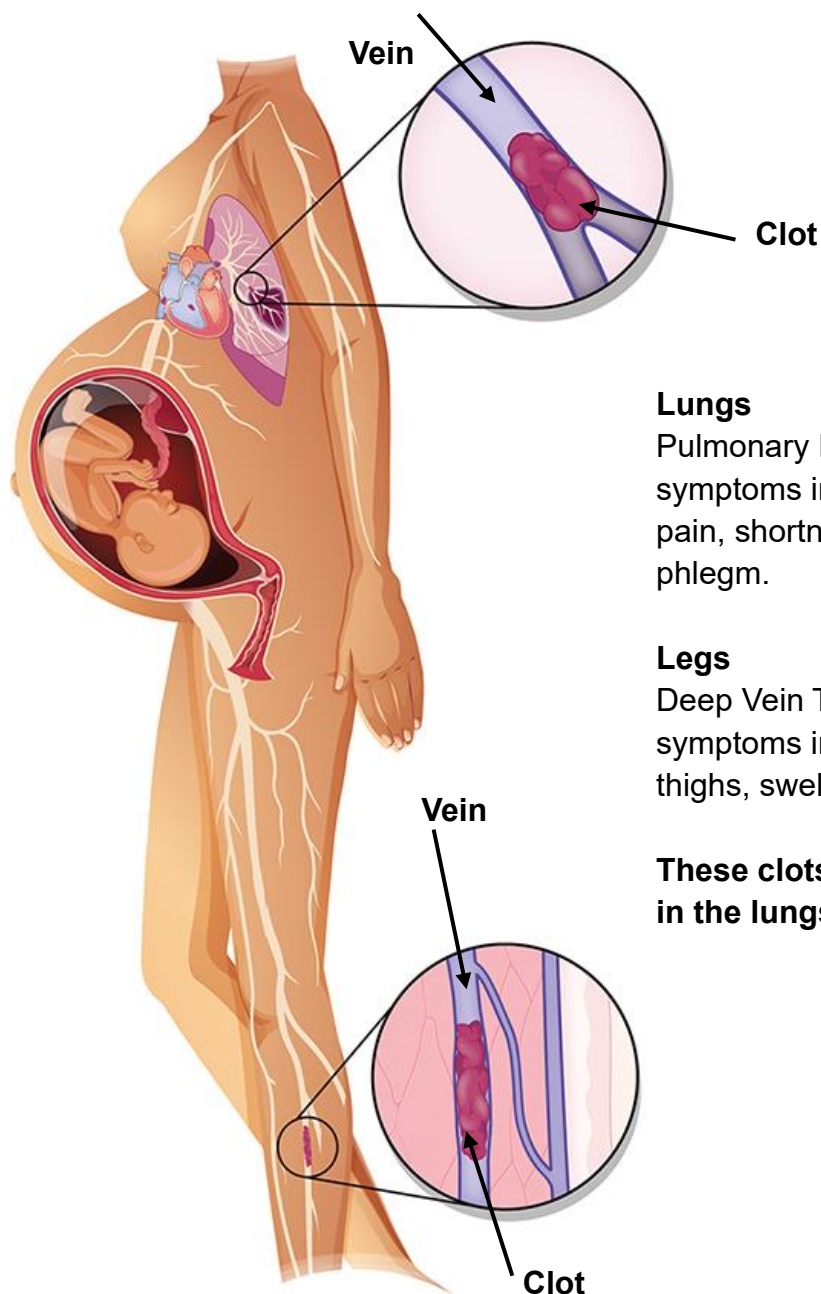
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What is a blood clot?

Blood clots occur when the blood thickens and clumps together. Most deep vein thrombosis (DVT) blood clots form in the deep veins, most commonly in the legs and pelvis. Clots may break off and lodge in the arteries that supply the lungs, resulting in a condition known as pulmonary embolism (PE). This is serious and could be fatal. Collectively, DVT and PE are known as venous thromboembolism (VTE).



Lungs

Pulmonary Embolism (PE), common symptoms include coughing, chest pain, shortness of breath and blood in phlegm.

Legs

Deep Vein Thrombosis (DVT), common symptoms include pain in legs and/or thighs, swelling and redness.

These clots can break off and travel in the lungs.

Why should I be concerned about blood clots?

During pregnancy and up to six weeks after giving birth, you are at increased risk of developing a blood clot. This occurs in only one or two women in every 1000 women.

The risk of DVT is ten times more common in pregnant women than in non-pregnant women of same age. A DVT can occur at any time during your pregnancy, including the first three months, so it is important to see your midwife early in pregnancy.

Who is at risk of blood clots?

Before pregnancy women who:

- Are over 35 years old
- Have had three or more babies
- Have had a previous blood clot / or have a close family relative who has had one
- Have thrombophilia
- Are overweight
- Smoke
- Have severe varicose veins that are painful or above the knee with redness / swelling
- Have immobility e.g. paraplegia.

During pregnancy women who:

- Are admitted to hospital
- Are carrying more than one baby (multiple pregnancy)
- Become dehydrated or less mobile in pregnancy due to, for example, vomiting in early pregnancy, being in hospital with a severe infection such as appendicitis or a kidney infection
- Are immobile for long periods of time, for example after an operation or when travelling for four hours or longer (by air, car or train)
- Have pre-eclampsia.

After pregnancy women who:

- Have had a very long labour (more than 24hrs) or who have had a caesarean section, have lost a lot of blood during childbirth or receive a blood transfusion after childbirth.

Can my risk change?

Yes, your risk can increase if you develop other risk factors or it can decrease if for example, you stop smoking.

How can I reduce my risk of getting a blood clot?

- Keep a healthy weight
- Stay as active as you can
- Keep well hydrated
- Stop smoking
- Follow treatments prescribed by your doctor.

Do I need treatment if I have risk factors?

Your individual risk for VTE will be assessed by your midwife or doctor. You should have a risk assessment at your first antenatal booking and at around 28 weeks of pregnancy. A risk assessment should also be carried out if your situation changes during your pregnancy and / or if you are admitted to hospital. After your baby is born a further risk assessment should be done. The team will discuss and advise on the appropriate ways to help you.

Antiembotic stockings

You should be measured and fitted for these. You should also be shown how to wear them, and you should report any pain or discomfort when using these.

Inflatable sleeves (intermittent pneumatic compression devices) Are worn around your legs whilst you are in bed during a hospital admission. These will inflate and deflate at regular intervals, increasing blood flow to your legs.

Anticoagulant (a blood thinning agent)

Low molecular weight heparin (LMWH) injections prevent blood clot formation. The injection normally prescribed within our hospital is Enoxaparin which is a heparin. Heparin is of animal origin, so if you have any concerns about using animal products, please tell your midwife / doctor and they will discuss other options with you.

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

Low molecular weight heparin does not cross the placenta and therefore cannot harm your baby.

There may be some bruising where you are injected – this will usually fade in a few days.

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

What should I do when labour starts?

If you think you are going into labour or have any vaginal bleeding, stop taking the LMWH injections. Phone your maternity unit and tell them that you are on heparin treatment. They will advise you what to do.

An epidural injection (a regional anaesthetic injection given into the space around the nerves in your back to numb your lower body) cannot be given until 12 hours after your last injection. (24 hours if you are on a high dose) You will have the option of alternative pain relief.

If a plan is made to induce labour you should not administer any further LMWH injections prior to this, speak to your midwife or doctor who will give you advice.

What happens if I have a caesarean section?

If your baby needs to be born by emergency caesarean section within 12 hours (or 24 hours if you are on a high dose) of your last heparin injection, you will not be able to have an epidural or spinal injection and instead will need a general anaesthetic for your operation.

What happens after birth?

It is important to keep mobile as much as possible after you have had your baby. Drink plenty to avoid getting dehydrated.

A risk assessment will be carried out by your midwife / doctor after your baby is born.

You may need to start injections for the first time after giving birth. This will depend on what risk factors you have for a VTE. You may be advised to have injections for 10 days after giving birth or sometimes for up to six weeks.

If you were having injections before giving birth, it is likely that you will be advised to continue with them for up to six weeks after giving birth. If you were taking warfarin before pregnancy and have changed to injections during pregnancy, your doctor will review and advise to change back to warfarin, usually within three days of giving birth.

If you are going home with stockings, injections or tablets please ensure that you are given further information by the midwife or doctor.

Can I breastfeed?

Yes, both heparin and warfarin are safe to take when breastfeeding.

Where can I get more information?

If you experience any of the symptoms listed above, contact your GP or Maternity Triage on 01923 217343 for advice.

Visit the following webpages for more information:

<https://www.rcog.org.uk/for-the-public/browse-our-patient-information/reducing-the-risk-of-venous-thrombosis-in-pregnancy-and-after-birth/>



<https://www.nhs.uk/pregnancy/related-conditions/complications/deep-vein-thrombosis/>



<https://patient.info/doctor/venous-thromboembolism-in-pregnancy>



How to contact us

Maternity Services

[Watford General Hospital](#)

Vicarage Road

Watford

Hertfordshire WD18 0HB

Hospital switchboard: 01923 244366

Tel: 01923 217343 (ext: 7343)

Lead author	Ruth Maunze,
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Further information

Where can I park?

Car parking at Watford General Hospital is available in the [multi-storey car park](#). It's pay on exit, so you only pay for the time you need. You can pay by cash or card. The post code for the car park is **WD18 0LT**.

The external car park ticket machines on all sites **only accept cash**. However, you can pay by card via the [Saba parking app](#) (excluding AMEX), or search Saba parking app at the [App store](#) or [Google play](#).

Please note: due to current redevelopment works at St Albans, parking is very limited.

For more information about travelling to our sites and travel concessions, visit our [website](#).

PALS

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For more information, please scan the QR code or visit our [website](#).

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