NHS
Northern Lincolnshire and Goole
NHS Foundation Trust

Diagnosis and Treatments of Blood Clots in Pregnancy and After Birth (Venous Thromboembolism)

Obstetrics & Gynaecology
Women & Children's Services

This leaflet has been designed to give you important information and to answer some common queries you may have.

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Introduction

It is natural for blood to clot, however sometimes blood clots develop in the wrong places which can be harmful. Venous Thrombo-Embolism (VTE) refers to the formation of a clot within veins. This can occur anywhere in the venous system but the predominant sites are in the vessels of the leg (giving rise to deep vein thrombosis (DVT)) and in the lungs (resulting in a pulmonary embolism (PE)).

DVT can cause pain and swelling of the leg. If a clot flows along with the bloodstream, it is then known as an embolus. If it reaches the lung it is known as a pulmonary embolus (PE). PE can be dangerous or potentially life threatening if they interfere with heart and lung function. At booking or on admission, you will be assessed for your risk of developing a VTE.

VTE is uncommon in pregnancy or in the first 6 weeks following your delivery and the absolute risk is around 1 in 1000 pregnancies. It can occur at any stage in pregnancy but the first 6 weeks following birth is the time of highest risk, with the risk increasing by 20-fold.

Symptoms of DVT and PE

A thrombosis in the veins of the leg (a DVT) will typically cause redness to the leg, it may become swollen and it may be painful to stand on.

A thrombosis, which flows along with the bloodstream (an embolus), may reach the blood vessels of the lungs (PE) and will typically cause either gradual or sudden breathless, tightness in your chest, which may be worse when you breathe in, sudden collapse or coughing up blood.

Seek help immediately from your midwife or doctor (GP) or emergency team if you experience any of these more serious symptoms.

Risk Factors for developing VTE

Some patients are more at risk of developing thrombosis, for example if they:

- have had a previous venous thrombosis
- have a condition called thrombophilia, which makes a blood clot more likely
- Increased maternal age (Over 35)
- are overweight – body mass index (BMI) over 30
- are carrying more than one baby
- currently have severe pre-eclampsia (raised blood pressure), admission to hospital during pregnancy, heart disease and inflammatory bowel disease
- have just had a caesarean delivery
- are immobile for long periods of time including long-distance travel
- are a smoker
- had excessive vomiting in early pregnancy

Diagnosing Thromboses (Blood Clots)

If your GP or midwife or hospital doctor suspects you may have a DVT, you will probably need an ultrasound scan (Doppler) of the veins in your leg to identify any clots.

If a clot is suspected in the lung (PE) you are likely to be offered a chest X-Ray, a lung perfusion scan or a CTPA scan.

Both DVT and PE are serious conditions that require urgent investigation and treatment.

Prevention and Treatment of Blood Clots

Any woman with risk factors should be considered for prophylactic low-molecular-weight-heparin (LMWH), an injection administered to thin the blood. The duration of treatment depends on the number of risk factors a woman has. It may be offered both during pregnancy and after the baby is born.

Any woman presenting with signs and symptoms suggestive of VTE should be tested for the condition immediately and treatment with LMWH offered.

The LMWH is given by self-injection into the abdomen. You will be shown how to do this by the Midwife or Nurse. In addition compression stockings will be provided and women will be advised to wear them. Inform your midwife or GP if you have any problems injecting yourself.

Oral blood-thinning medications (like Warfarin) should be avoided during pregnancy because they can reach your developing baby introducing risks for development and birth. The LMWH injection does not reach your baby or newborn and is therefore much safer. After the birth, your doctor may consider changing you to Warfarin, as it is not present in breast milk in significant amounts.

If you notice a rash after injecting, you should inform your doctor so that the type of LMWH can be changed.

Contact your doctor if you experience any worrying symptoms when you are taking LMWH (such as chest pains, unexpected bruises or a sudden change in your health or if you have any heavy bleeding).

Are there any risks with having the tests?

Doppler ultrasound scans are quite harmless to mother and baby.

Chest X-rays can be taken with the abdomen shielded with lead to reduce the radiation risk to the baby. There is no increase risk associated to the baby with chest X-ray.

A lung perfusion scan (V/Q) uses radiation. Research shows that the risk of a baby exposed to such a scan developing a serious cancer in childhood is 1in 34,000. A CTPA scan increase the risk of developing serious childhood cancer is 1in 170,000.

A chest CTPA scan increases the radiation to the maternal breast and raises the chance of a mother developing breast cancer. The risk increased by 13.6 % above her background risk of breast cancer.

These increase risks are considered carefully in judging who is most likely to benefit from these tests.

Labour and Delivery

Women taking LMWH should stop taking it when they think they are starting labour. Epidural pain relief cannot usually be used within 24 hours of a LMWH injection. LMWH should be stopped 24 hours before an elective caesarean section.

After Birth

LMWH is usually continued for 6 weeks after birth although there is the option of changing to Warfarin tablets. Neither will interfere with your ability to breastfeed. If you suffer a thrombosis during pregnancy you will be advised to wear compression stockings on your legs – these reduce the possibility of long term pain in the affected vein. You will also need to discuss:

- further investigations to exclude conditions which predispose to thrombosis
- how this clot affects your choice of contraceptive
- whether you will need treatment to prevent a thrombosis in your next pregnancy

Remember to keep all your clinic appointments for your blood tests.

Reference Section

Royal College of Obstetricians and Gynaecologists Green Top Guidelines – "37a; Reducing the Risk of Thrombosis and Embolism During Pregnancy and the Puerperium" and "37b; The Acute Management of Thrombosis and Embolism During Pregnancy and the Puerperium".

Contact Details for Further Information

Contact your midwife if should you require additional information. The Midwife Team telephone number is on the front of your hand held records which you should carry with you at all times.

Concerns and Queries

If you have any concerns / queries about any of the services offered by the Trust, in the first instance, please speak to the person providing your care.

For Diana, Princess of Wales Hospital

Alternatively you can contact the Patient Advice and Liaison Service (PALS) on (01472) 875403 or at the PALS office which is situated near the main entrance.

For Scunthorpe General Hospital

Alternatively you can contact the Patient Advice and Liaison Service (PALS) on (01724) 290132 or at the PALS office which situated on C Floor.

Alternatively you can email:
nlg-tr.PALS@nhs.net

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