

Blood Clot Prevention in Pregnancy and After Birth (Venous Thromboembolism)

**Obstetrics and Gynaecology
Women and Children's Services**

This leaflet has been designed to give you important information about your condition / procedure, and to answer some common queries that you may have.



Information for patients and visitors

Introduction

It is natural for blood to clot, however sometimes blood clots develop in the wrong places which can be harmful. If a clot occurs in a vein, usually in the deep veins of the leg (known as a deep vein thrombosis or DVT), it can cause pain and swelling. 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). This can cause pain and they can be dangerous or potentially life threatening if they interfere with lung function. At booking or on admission, you will be assessed for your risk of developing a VTE.

Benefits

The Trust evaluates your risk and recommends preventative treatments if you are at high risk. Women are ten times more likely to develop a venous thrombosis when they are pregnant and for a short while thereafter. This is due to the changes in the body from being pregnant.

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
- are over 35 years of age
- are overweight – body mass index (BMI) over 30
- are carrying more than one baby
- currently have severe pre-eclampsia (raised blood pressure)
- have just had a caesarean delivery
- are immobile for long periods of time
- are a smoker

Diagnosing Thromboses (Blood Clots)

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.

If you experience any of these symptoms you should contact your midwife or GP. You will probably need an ultrasound scan of the veins in your leg to identify any clots.

During pregnancy, swelling and discomfort in both legs is common and does not always mean there is a problem. Always ask your doctor or midwife if you are worried.

A thrombosis which flows along with the bloodstream (an embolus), may reach the lung (PE) and will typically cause either gradual or sudden breathlessness, 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 GP if you experience any of these more serious symptoms. If a clot is suspected you are likely to be offered an ultrasound scan of the leg and possibly a chest X-Ray, a lung perfusion scan or a CT scan.

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

Preventing Thromboses

Staying active and drinking adequate amounts of water can reduce the risk of thrombosis.

All pregnant women over the age of 18 will have an assessment of their risk of thrombosis at the booking in visit by the Midwife, as will all women admitted to hospital during their pregnancy. If a significant risk is identified you may be

Information for patients and visitors

prescribed a drug called heparin which is given by injection, usually once or sometimes twice a day depending upon the dose. Your midwife or GP can teach you how to self-inject. You will be provided with the needles and syringes and a sharps bin for the disposal of them. You will be advised on how to store and dispose of these. Many people manage to prevent thrombosis by self-injecting every day.

Heparin reduces the ability of blood to clot and thus reduces the risk of thrombosis.

Heparin is made from animal products. Synthetic alternatives may be available if you are concerned about this, and your healthcare team should discuss the suitability, advantages and disadvantages of the available treatment options with you. In addition women will be provided with and advised to wear TED stockings.

Not everyone will need preventative treatments, but every pregnant woman should be assessed and re-assessed if necessary throughout her pregnancy.

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 heparin injection does not reach your baby or newborn and is therefore much safer. After birth, your doctor may consider changing you to Warfarin as it is not present in breast milk in significant amounts.

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

Heparin does not reach the baby and therefore doesn't cause harm.

There may be some bruising where you inject which will usually fade in a few days.

One or two women in every 100 (1–2%) will have an allergic reaction when they inject. If you notice a rash after injecting, you should inform your doctor so that the type of anti-coagulant can be changed.

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

Labour and Delivery

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

After birth

Heparin 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.

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

Information for patients and visitors

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 is situated on C Floor.

Alternatively you can email:

nlg-tr.PALS@nhs.net

Confidentiality

Information on NHS patients is collected in a variety of ways and for a variety of reasons (e.g. providing care and treatment, managing and planning the NHS, training and educating staff, research etc.).

Everyone working for the NHS has a legal duty to keep information about you confidential. Information will only ever be shared with people who have a genuine need for it (e.g. your GP or other professionals from whom you have been receiving care) or if the law requires it, for example, to notify a birth.

Please be assured however that anyone who receives information from us is also under a legal duty to keep it confidential.

Zero Tolerance - Violent, Threatening and Abusive Behaviour

The Trust and its staff are committed to providing high quality care to patients within the department. However, we wish to advise all patients / visitors that the following inappropriate behaviour will not be tolerated:

- Swearing
- Threatening / abusive behaviour
- Verbal / physical abuse

The Trust reserves the right to withdraw from treating patients whom are threatening / abusive / violent and ensuring the removal of those persons from the premises.

All acts of criminal violence and aggression will be notified to the Police immediately.

Risk Management Strategy

The Trust welcomes comments and suggestions from patients and visitors that could help to reduce risk.

Perhaps you have experienced something whilst in hospital, whilst attending as an outpatient or as a visitor and you felt at risk.

Please tell a member of staff on the ward or in the department you are attending / visiting.

Moving & Handling

The Trust operates a Minimal Lifting Policy, which in essence means patients are only ever lifted by nursing staff in an emergency situation.

Patients are always encouraged to help themselves as much as possible when mobilising, and if unable to do so, equipment may be used to assist in their safe transfer.

If you have any questions regarding moving and handling of patients within the Trust,

Information for patients and visitors

please speak to a member of staff in the ward or department you are visiting.

Northern Lincolnshire and Goole NHS Foundation Trust

**Diana Princess of Wales Hospital
Scartho Road
Grimsby
DN33 2BA
01472 874111**

**Scunthorpe General Hospital
Cliff Gardens
Scunthorpe
DN15 7BH
01724 282282**

**Goole & District Hospital
Woodland Avenue
Goole
DN14 6RX
01405 720720**

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