

Venous Thromboembolism

Reducing The Risk in Pregnancy and After Birth

What is Venous Thromboembolism (VTE)?

VTE is a condition, in which a blood clot forms in a blood vessel. These most often occur in the deep vein of the leg, calf or pelvis, which is known as deep vein thrombosis (DVT).

Why is reducing the risk of VTE important?

VTE can be serious because if left untreated it can disrupt blood flow and cause damage to the veins and the surrounding tissues and organs. A blood clot may break free from a vein and travel in the bloodstream and become lodged in another part of the body, such as the lungs. This may block some or all of the blood supply. This is called a Pulmonary Embolism (PE) and can be life threatening and is a leading direct cause of maternal death in the UK.

How common is VTE in pregnancy and after birth?

Pregnancy increases your risk of VTE. A VTE can occur at any time, but the greatest risk is 6 weeks after birth. VTE occurs in 1-2 in 1000 pregnant or postnatal women overall. However there are individual risk factors (listed below) which increase your chance of VTE and therefore treatment is recommended to reduce the risk. In the absence of risk factors the risk is very low therefore treatment is not necessary, but there are preventative measures you can take to reduce the overall risk.

What increases your risk of VTE?

Before pregnancy your risk is increased if you:

- Are over 35 years of age
- Have had 3 or more babies
- Have a body mass index of over 30
- Are a smoker
- Have had a previous VTE
- Family history of VTE
- Have a thrombophilia (a condition that makes a blood clot more likely)
- Have a medical condition, such as heart or lung disease or arthritis
- Have severe varicose veins that are painful with redness/swelling
- Are a wheelchair user

During pregnancy your risk is increased if you:

- Are admitted to hospital
- Are carrying more than one baby (multiple pregnancy)
- Become dehydrated or less mobile, e.g. due to excessive vomiting in early pregnancy (hyperemesis), being in hospital with a severe infection or if you are unwell from fertility treatment (ovarian hyperstimulation syndrome)
- Are immobile for long periods of time, e.g. after an operation or travelling for 4 hours or longer
- Have pre-eclampsia (a condition unique to pregnancy)

After birth your risk is increased if you:

- Have had a long labour, over 24 hours, or a longer hospital stay after giving birth
- Had a caesarean section
- Some forceps births
- Had a blood loss of over a litre or you required a blood transfusion
- Are re-admitted to hospital after giving birth
- Have your baby prematurely < 37 weeks
- Experience a stillbirth

Reducing the risk of VTE

Most VTEs that occur during pregnancy and after birth are preventable, by reducing risk factors as much as possible and by taking preventative treatment if necessary.

You will have a risk assessment during your pregnancy and after birth. Your midwife or doctor will talk to you about your risk factors and explain why treatment may be advised.

If you are diagnosed with a VTE, your doctor will give you treatment for it and this will also reduce the risk of developing a PE.

Preventative VTE Treatment (Thromboprophylaxis)

The most commonly used treatment in pregnancy and after birth is a Low Molecular Weight Heparin (LMWH), such as tinzaparin. This is a drug which thins the blood. The timing of starting treatment and the dose will vary; this will depend on your risk factors.

LMWH is given as a small injection under the skin, at the same time every day (sometimes twice, depending on the dose required). You or a family member will be shown how and where in your body to give the injections. The needles and syringes will already be prepared and you will be given advice on how to store and dispose of these.

Important preventative measure you can take

You can reduce your risk of getting a VTE

- Stay as active as you can in pregnancy and be as mobile as possible following the birth of your baby
- Wear special stockings (graduated elastic compression stockings) to help prevent blood clots. You can be measured for these whilst you are in hospital
- Keep hydrated by drinking at least 6-8 cups of water a day
- Stop smoking
- Lose weight before pregnancy if you are overweight
- Avoid excessive weight gain in pregnancy

Does LMWH cause any risk to you or your baby?

LMWH does not cross the placenta and therefore cannot harm your baby.

There may be some bruising where you inject, 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 injecting please inform your doctor.

Can you breastfeed?

Yes, LMWH is safe to have when breastfeeding your baby.

How long will you need LMWH for?

This will depend on your risk factors, and can range from throughout pregnancy until 6 weeks after birth or just 10 days after birth.

Treatment in the late stages of pregnancy just prior to your baby's birth

If you think you are going into labour, do not take any more injections. Phone your maternity unit and tell them that you are on LMWH treatment. They will advise you on what to do next.

The timing of your last LMWH injection can affect whether or not you can have an epidural. If you have any concerns, please discuss with your midwife who will be able to advise you. If you are having a planned caesarean section, you will be advised when to take your last dose.

Symptoms of a VTE

- Throbbing or cramping pain, usually occurs in one leg in the calf or thighs
- Swelling in the affected area
- Warm skin around the painful area
- Red or darkened skin around the painful area
- Swollen veins that are hard or sore when you touch them

Symptoms of a PE

- Sudden unexplained difficulty in breathing
- Tightness in the chest or chest pain
- Coughing up blood
- Feeling very unwell or collapsing

■ **You should seek help immediately if you experience any of these symptoms by attending the emergency department. Diagnosing and treating a VTE reduces the risk of developing a PE.**

■ **Advice on the above can be sought by contacting the maternity assessment unit on 01274 364531 / 364532.**

■ **If you have symptoms of a PE call 999 for immediate medical attention.**

<https://www.rcog.org.uk/globalassets/documents/patients/patient-information-leaflets/pregnancy/pi-reducing-the-risk-of-vt-in-pregnancy.pdf>

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