

Information for patients

Prevention of venous thrombosis when you have a baby



What is venous thrombosis?

Thrombosis is a blood clot in a blood vessel (a vein or an artery). This information is about a thrombosis that occurs in a vein - the blood vessels that take blood towards the heart and lungs.

A deep vein thrombosis (DVT) is a blood clot that forms in a deep vein. It usually affects the deep veins of the calf, thigh or pelvis. If the clot moves to the lung, it is called a **pulmonary embolus (PE)**. A PE can block one or more arteries in the lungs.

What are the symptoms of a DVT?

The symptoms of a DVT of the leg usually occur in only one leg and include:

- a red and hot swollen leg
- swelling in your entire leg or just part of it
- pain and/or tenderness - you may only experience this when standing or walking or it may just feel heavy.

Seek advice immediately from your doctor or midwife, if you notice one or more of these symptoms.

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.

Why is a DVT serious?

The danger of a DVT is that the blood clot may break off and travel in the blood stream until it reaches another part of the body, such as in the lung and blocks blood vessels (pulmonary embolus).

The symptoms of a pulmonary embolus may include:

- sudden unexplained difficulty in breathing
- tightness in the chest or chest pain
- coughing up blood (haemoptysis)
- feeling very unwell or collapsing.

Seek help immediately if you experience any of these symptoms.

Although a pulmonary embolus is rare, it can be life-threatening. The risk of developing a pulmonary embolus once a DVT has been diagnosed and treated is extremely small.

Who is at risk of venous thrombosis?

Pregnant women are ten times more likely to develop venous thrombosis than women who are the same age and not pregnant. This is mainly because factors in the blood which promote blood clotting increase in pregnancy. Venous thrombosis related to pregnancy can occur at any stage of pregnancy and for six weeks after birth.

Additional risks for developing a venous thrombosis in pregnancy are when you:

- 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
- have had certain types of fertility treatment

- are carrying more than one baby (multiple pregnancy)
- have severe pre-eclampsia
- have just had a caesarean delivery or a long labour (over 24 hours)
- are immobile for long periods of time, for example, after an operation or when travelling for four hours or longer
- are a smoker
- are dehydrated for example because of severe sickness in pregnancy
- develop a severe infection for example severe kidney or chest infection

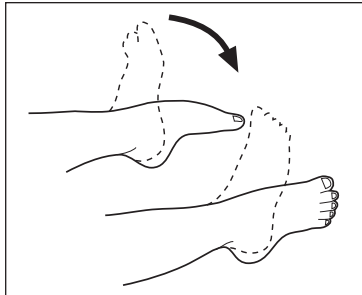
How can a DVT be prevented?

The doctors and midwives will assess what risk factors you may have during your pregnancy and again after the birth of your baby and they may advise one of the following:

- Wear anti-embolism stockings. These support stockings help the blood circulation in the legs. If you are advised to wear them, they should be worn for up to **six weeks** after you have had your baby.
- Have injections of low molecular weight heparin (an anticoagulant) to 'thin the blood'. Your doctor will advise how long you should be given heparin for.
- Drink plenty of fluids. You are more likely to develop a DVT if you become dehydrated.
- Remain as mobile as possible. This is very important if you have had a caesarean section. The staff will help you to get out of bed and make sure you have good pain relief.

- Doing this simple exercise to help your blood move around your body:

Lying on your back or sitting



Bend and straighten your ankles quickly. Keep your knees straight during the exercise to stretch your calf muscles. Repeat at regular intervals throughout the day

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

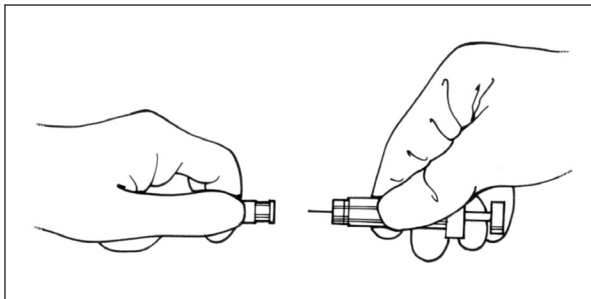
Low-molecular-weight heparin does not cross the placenta to the baby and so is safe to use when you are pregnant. Low molecular weight heparin is safe to use when breastfeeding.

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 heparin can be changed.

How do I take heparin?

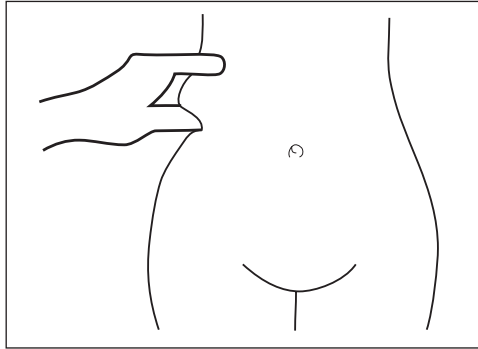
Heparin is usually given at the same time each day by injection. It is injected into the fatty tissue of the stomach. While you are in hospital your midwife will give you your injection. You will be shown how to inject yourself with heparin, if you need to take dalteparin when you go home.

1. Wash and dry your hands, and clean the area you will inject.
2. Sit or lie in a comfy position and relax. Make sure you can see the area you will inject.
3. Pick an area on the left or right of the stomach (at the side), at least 5cm away from your belly button.
4. Carefully pull off the cap from the dalteparin syringe, and throw away the cap of the needle. The syringe is pre-filled with medicine and ready to use.



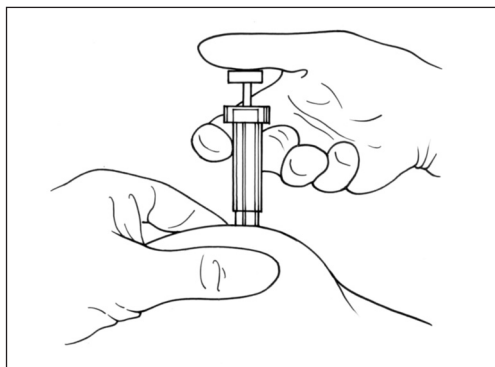
- **Do not** press on the plunger to get rid of the air bubbles. This can lead to a loss of medicine. Once you have removed the cap, do not allow the needle to touch anything. This is to make sure the needle stays germ-free.

5. Hold the syringe in the hand you write with (like a pen) and with your other hand, gently pinch the cleaned area of your abdomen between your forefinger and thumb to pinch a fold in the skin.



- Make sure you gently pinch the skin fold throughout the injection.

6. Hold the syringe so that the needle is pointing downwards at a 90 degree angle. Insert the full length of the needle into the pinched skin fold.
7. Press down the plunger with your thumb or finger. This will send the medicine into the tissue of the stomach.



8. Remove the needle by pulling it straight out.
Now you can let go of the skin fold.

- Do not rub the injection site after you have injected yourself, this causes bruising.

9. The used syringe needs to be dropped into the sharps bin provided by staff. Close the lid securely and keep the bin out of the reach of children.

- When the sharps bin is full, give it to your GP for disposal- **do not** put it in your household rubbish.

Keep a Record

This record may help you to remember to take your dalteparin medication.

Injections given

	Mon	Tue	Wed	Thur	Fri	Sat	Sun
<i>example</i>	<i>n/a</i>	<i>Birth!</i>	<i>✓6pm</i>	<i>✓</i>	<i>✓</i>	<i>✓</i>	<i>✓</i>
Week 1							
Week 2							
Week 3							
Week 4							
Week 5							
Week 6							

Where can I get more information?

Your doctor or midwife will be able to give you more information. You can also find out more from the Royal College of Obstetricians and Gynaecologists at:

<http://www.rcog.org.uk/womens-health/clinical-guidance/venous-thrombosis-pregnancy-and-after-birth>

Adapted from "Venous thrombosis in pregnancy and after birth." RCOG 2008

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