



Useful sources of information

- Please ask your doctor or nurse for more information.
- **NHS Choices** website patient information on blood clots. Visit www.nhs.uk/thrombosis
- **Patient Advice and Liaison Service (PALS)** – To make comments or raise concerns about our services, please contact PALS.
- **NHS 111** is available 24 hours a day when you need medical help or advice and it's not urgent enough to call 999. For more information about NHS 111 in your area, visit www.nhsdirect.nhs.uk
- **Lifeblood: The Thrombosis Charity** also has more information. Please visit www.thrombosis-charity.org.uk



Preventing blood clots in pregnancy

This leaflet explains more about blood clots which can happen during and after pregnancy.



Your local healthcare professional

Name

Tel no.





What are blood clots?

There are two kinds.

- 1 Deep-vein thrombosis (DVT):** a DVT is a blood clot (also known as a thrombosis) that forms in a deep vein, most commonly in your leg or pelvis. It may cause no symptoms at all or cause swelling or discoloration of the leg – red, purple or blue changes – and pain.
- 2 Pulmonary embolism (PE):** if all or part of the clot breaks free and passes through your blood vessels, it can reach your lungs. This is called a PE. Symptoms include coughing (with blood-stained phlegm), chest pain and breathlessness or collapse.

Health professionals use the term venous thromboembolism (VTE), to cover both DVT and PE.

If you develop any of these symptoms during or after your pregnancy, please get medical advice immediately.

Are blood clots common in pregnancy?

Pregnancy increases the risk of having a blood clot during and for about six weeks after pregnancy. Blood clots happen in the general population in about one in 1000 people every year but the incidence is double during pregnancy.

Although these risks are still small, the consequences can be serious. Blood clots can lead to long-term medical problems such as permanent swelling in the leg, varicose veins and even leg ulcers. And, although they are rare in pregnancy, they can even lead to death.

Who is at risk?

During pregnancy, blood becomes stickier and the blood flow in your leg veins becomes slower. These changes, along with pressure of the uterus on the veins in the pelvis, increase the risk of blood clots.

There are other factors that can increase the risk.

- Being older than 35
- Being overweight (body mass index (BMI) of more than 30)
- Not being able to move about
- Having had more than four previous pregnancies
- Smoking
- Having varicose veins
- Suffering from other medical conditions such as diabetes
- Having certain 'sticky blood' conditions such as antiphospholipid syndrome or Factor V Leiden
- Suffering pre-eclampsia (very high blood pressure which can lead to organ failure)
- Having a Caesarean section or other surgery
- Bleeding such as after giving birth (post-partum haemorrhage)

What can I do to reduce my risk?

Stockings: If you are admitted to hospital, you might be measured and fitted with anti-embolism stockings for your legs. You should be shown how to wear them and told to tell a health professional about any new pain or discomfort in your feet or legs. Your stockings will be removed for a short time twice a day so that you can have a wash and check for any skin problems.

Inflatable sleeves: The clinical team may ask you to wear calf or foot pumps. These are special inflatable sleeves which you wear around your legs or feet while you are in bed or sitting still in a chair. These will inflate automatically and provide pressure at regular intervals, increasing blood flow out of your legs.

Blood thinners: Most patients at risk will be prescribed a small dose of an anticoagulant. This reduces the chance of having a blood clot by thinning your blood slightly. If you need to take a blood thinner when you leave hospital, you will be told how long to take them for. The blood thinner most often used in pregnancy is called low-molecular-weight heparin. It cannot cross the placenta and so cannot harm your baby. It is safe to take when you are pregnant, and when you are breastfeeding. Heparin comes from animals. If you have any concerns about using animal products, please tell your doctor and they will discuss other options with you.

To be effective, you must use these methods of prevention correctly. If you have any questions or concerns, please ask your obstetrician or midwife.

What can I do to help myself?

You can reduce the risk of blood clots by taking some simple measures.

- Keep active during your pregnancy and during labour.
- Get out of bed and move around soon after giving birth, especially after a Caesarean section.
- Keep a healthy weight.
- Stop smoking.
- Ask your doctor or midwife: "What is being done to reduce my risk of clots?"
- Drink plenty of fluid to keep hydrated.

What happens when I go home?

Until you return to your usual level of activity, you may need to wear anti-embolism stockings after you go home. Your midwife will tell you how to put them on and what you should check your skin for.

If you need to continue blood-thinning injections at home, your midwifery team will teach you how to do this. If you are receiving blood thinners during your pregnancy and you think you are going into labour, do not have any more injections. Contact your hospital and they will tell you what to do. If you have a planned Caesarean section, or induction of labour, your doctor or midwife will tell you when to stop taking your injections.

If you are at home and develop any sign or symptoms of a clot, immediately contact your GP or your nearest hospital's emergency department.

