

Information for Patients

Pregnancy and Thrombosis - Am I at risk?

If you are pregnant or have given birth within the past 6 weeks and are at risk of developing Deep Vein Thrombosis (DVT), your healthcare team should discuss with you the risks and benefits of treatments to help prevention.

What is a DVT?

Deep Vein Thrombosis or 'DVT' is a blood clot that forms in a vein deep in the body. Blood clots occur when blood thickens and clumps together. Most deep vein blood clots occur in the lower leg or thigh. They also can occur in other parts of the body.

Deep vein thrombosis is the formation of a thrombus (blood clot) within a deep vein, commonly in the thigh or calf.

What is a PE?

A blood clot in a deep vein can break off and travel through the bloodstream. The loose clot is called an embolus. When the clot travels to the lungs and blocks blood flow, the condition is called 'Pulmonary Embolism' or 'PE'.

PE is a very serious condition. It can damage the lungs and other organs in the body and may cause death.

Blood clots in the thigh are more likely to break off and cause PE than blood clots in the lower leg or other parts of the body.

Blood clots can also form in the veins closer to the skin's surface. However, these clots will not break off and cause PE.

Why do blood clots form?

Blood clots can form in your body's deep veins when:

- Damage occurs to a vein's inner lining. This damage may result from injuries caused by physical, chemical, and biological factors. Such factors include surgery, serious
- injury, inflammation, or an immune response.

- Blood flow is sluggish or slow. Lack of movement can cause sluggish or slowed blood flow. This may occur after surgery, if you are ill and in bed for a long time, or if you are travelling for a long time.
- Your blood is thicker or more likely to clot than usual. Certain inherited conditions (such as Anti-Phospholipid Syndrome) increase the blood's tendency to clot. This also is true of treatment with hormone replacement therapy or birth control pills.

What are the signs/symptoms of DVT/PE?

Deep Vein Thrombosis

Only about half of people with DVT have symptoms. These symptoms occur in the leg affected by the deep vein clot. They include:

- Swelling of the leg or along a vein in the leg.
- Pain or tenderness in the leg, which you may feel only when standing or walking.
- Increased warmth in the area of the leg that is swollen or in pain.
- Red or discoloured skin on the leg.

Pulmonary Embolism

Some people do not know they have DVT until they have signs or symptoms of PE. Symptoms of PE include:

- Unexplained shortness of breath.
- Pain with deep breathing.
- Coughing up blood.

Rapid breathing and a fast heart rate also may be signs of PE.

Who is at risk for DVT?

- Many factors increase your risk for deep vein thrombosis (DVT). They include:
- A history of DVT.
- Disorders or factors that make your blood thicker or more likely to clot than normal.

- Injury to a deep vein from surgery, a broken bone, or other trauma.
- Slow blood flow in a deep vein from lack of movement. This may occur after surgery, if you're ill and in bed for a long time, or if you're travelling for a long time (more than four hours).
- **Pregnancy and the first six weeks after giving birth.**
- Being overweight or obese (having a Body Mass Index or 'BMI' greater than 30).

Your risk for DVT increases if you have **more than one** of the risk factors listed above. You should discuss with your doctor/midwife what your risk is.

How can DVT/PE be prevented?

You can take steps to prevent deep vein thrombosis (DVT) and/or Pulmonary Embolism (PE). These include:

- Weight reduction.
- Stop smoking.
- Maintaining mobility.
- Maintain good fluid intake and avoid dehydration.
- Treatment to prevent DVT/PE (Thromboprophylaxis) (see below).

Methods of Thromboprophylaxis:

Graduated Compression Stockings

Graduated compression stockings are worn on the legs from the arch of the foot to just above or below the knee. They should be worn to **reduce the risk** of developing a DVT.

These stockings are tight at the ankle and become looser as they go up the leg. This creates gentle pressure up the leg. The pressure keeps blood from pooling and clotting.

It is important to wear the stockings for as much of the time as possible, day and night, whether in hospital or afterwards at home.

Low Molecular Weight Heparin (LMWH):

This is a medication that can be used to try and prevent DVT and/or PE. At higher doses it is used to treat proven DVT and/or PE. This is given as an injection; just under the skin surface of the abdomen or leg, either once or twice daily.

Some women on heparin injections will need extra blood tests for monitoring throughout pregnancy.

Low Molecular Weight Heparin (LMWH) is generally safe during pregnancy. It does **not** cross the placenta and therefore does not affect your baby. Similarly, it does NOT cross into breast milk and is therefore safe to use in women wishing to breast feed.

Very occasional, LMWH can cause a drop in platelets (cells that help the blood clot), local bruising and/or itching (with occasional allergic reaction requiring LMWH to be stopped) and bone thinning (which recovers after stopping LMWH and is rarely if ever associated with bone fracture). Please discuss these with your doctor if you are concerned.

Questions you might like to ask your healthcare team about treatments to help reduce the risk of DVT

- Am I at risk of DVT/PE?
- Please tell me why you have decided to offer me this particular treatment.
- Are there any side effects associated with this treatment?
- Will this treatment affect my baby during pregnancy or when breast feeding?
- How long will I need to keep having this treatment?
- Will I need to stay in hospital longer if I'm having this treatment?

If you have any questions about this leaflet, please contact your midwife.