

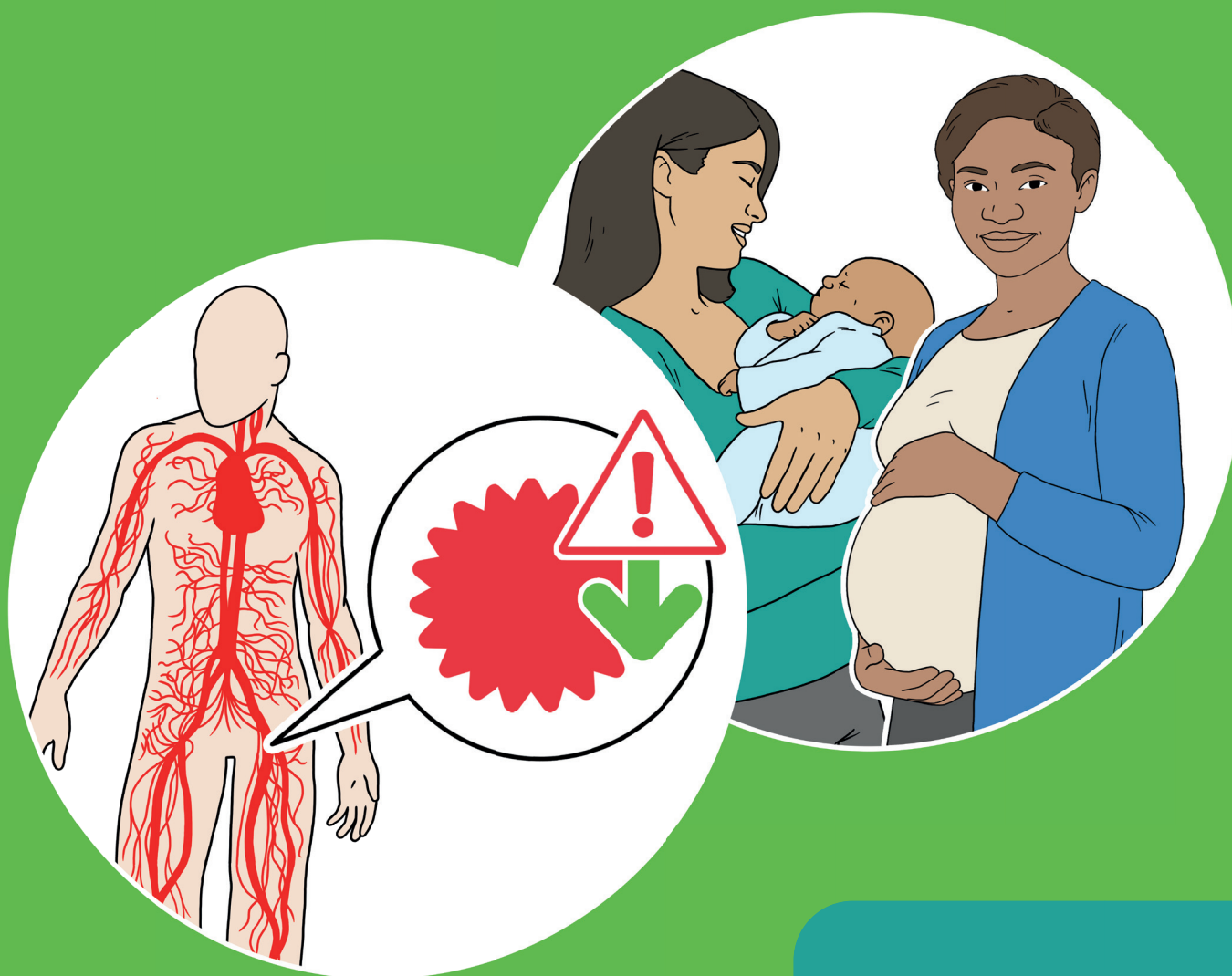


**Local Maternity &
Neonatal System**



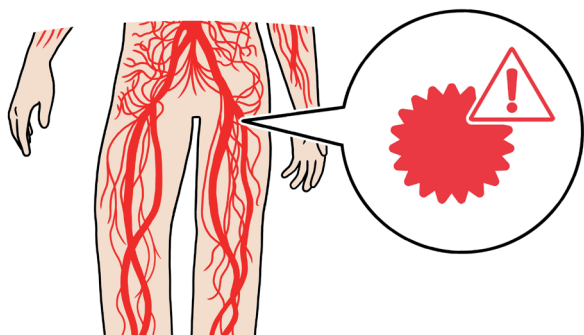
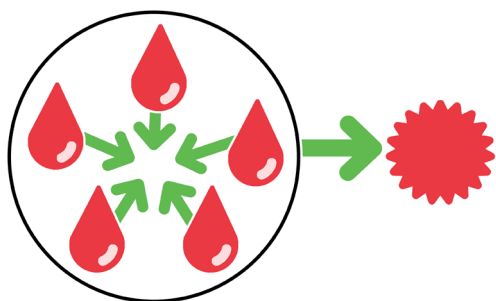
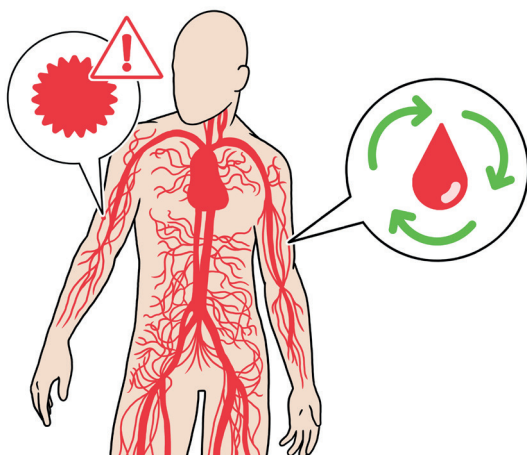
Information for you

Lowering the risk of venous thrombosis in pregnancy and after birth



easy read

About this information



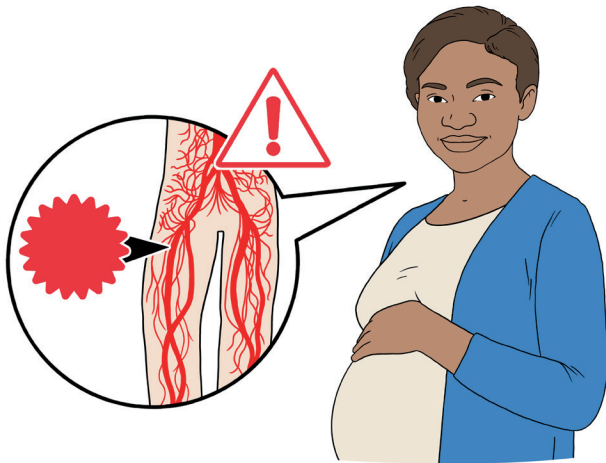
Venous thrombosis is a **blood clot** that happens in your **veins**. **Veins** are what carry your blood around your body.

A **blood clot** is when your blood comes together to make a blob called a clot that can move around your body and cause serious health problems.

A **Deep Vein Thrombosis (DVT)** is the most common type of blood clot that starts in a deep vein of the leg or near your **pelvis**, this is the area around your hip bone.

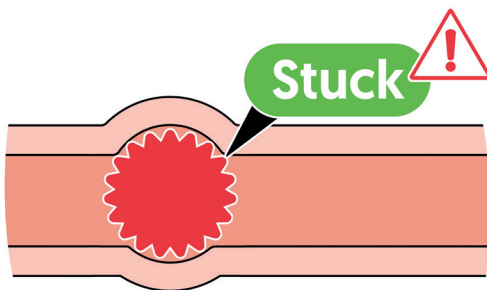
This information is for people who are thinking about having a baby, pregnant, or just had a baby, and want to lower the risk of venous thrombosis.

How common is DVT in pregnancy?

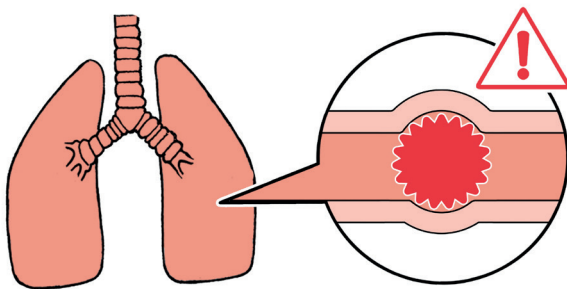


You are more likely to get a DVT when you are pregnant and just after you have had your baby.

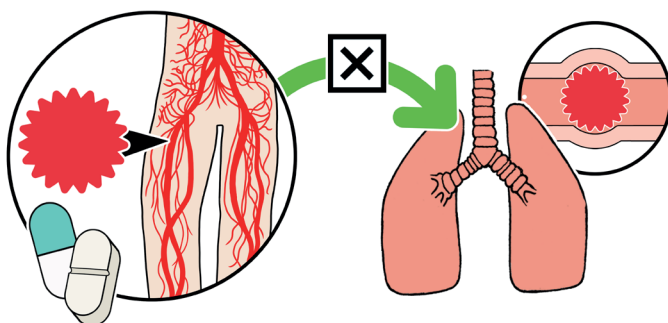
Pulmonary embolism



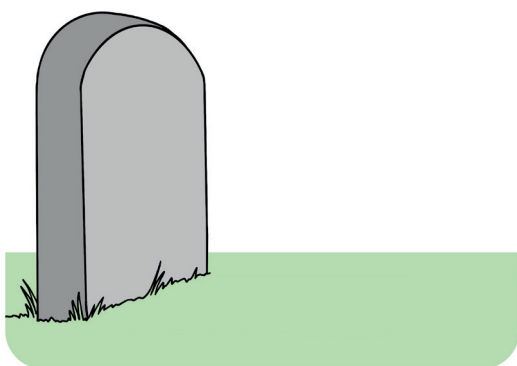
DVT can be serious when the blood clot gets stuck in another part of the body.



If the blood clot gets stuck in your lung, it is called a **Pulmonary Embolism (PE)**.



Finding and treating a DVT early can lower the risk of it turning into a PE.



A PE can be very serious, and you can die but this is rare.

Signs you may have a PE:



- sudden unexplained breathing problems



- chest pain, or your chest feeling tight



- coughing up blood



- feeling very unwell or fainting

If you notice any of these signs you should contact the hospital or call 999 straight away.

Risks for venous thrombosis

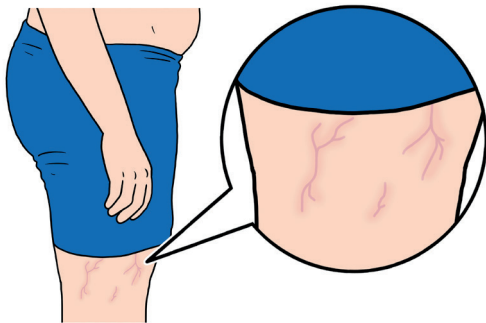
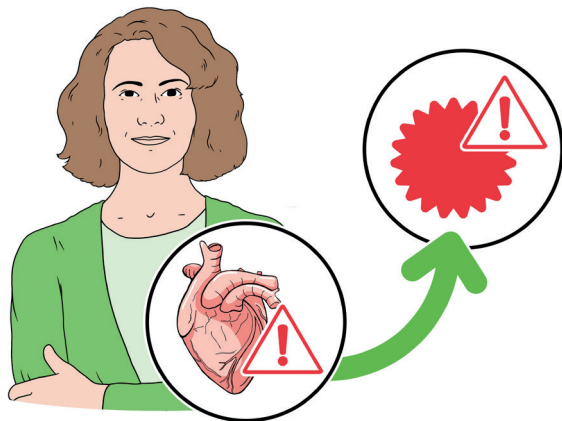
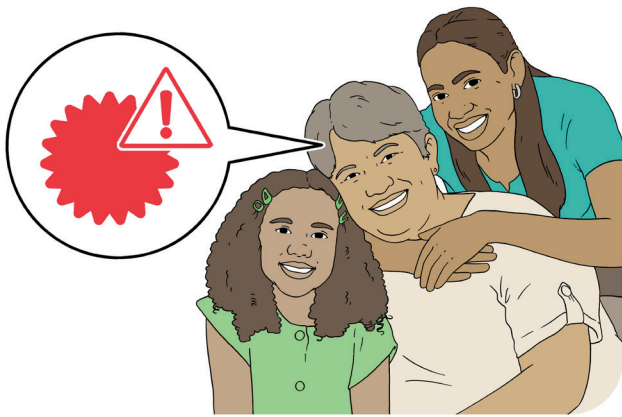


Your risk of venous thrombosis is higher if you:

- are 35 or older



- have had 3 or more babies



- have family who have had a venous thrombosis

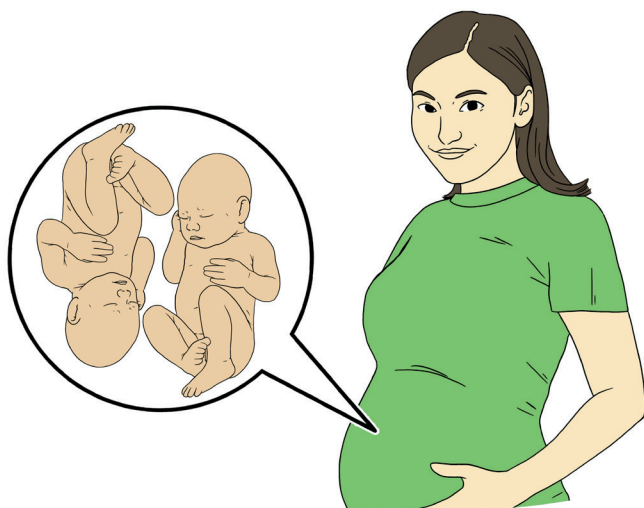
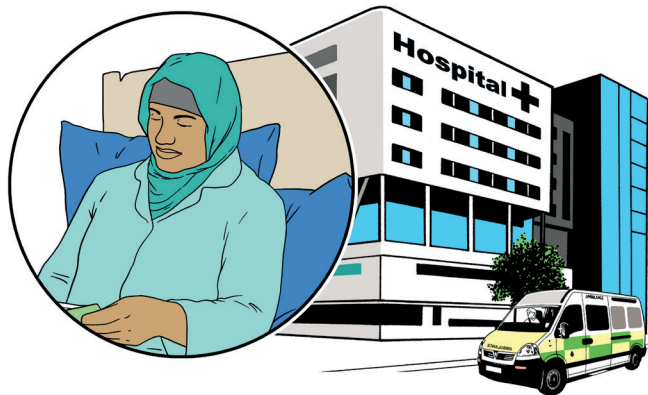
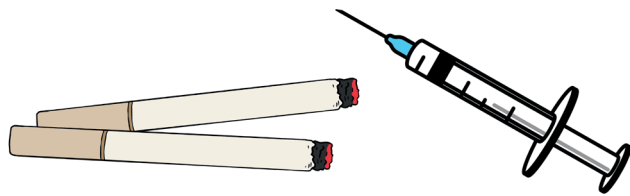
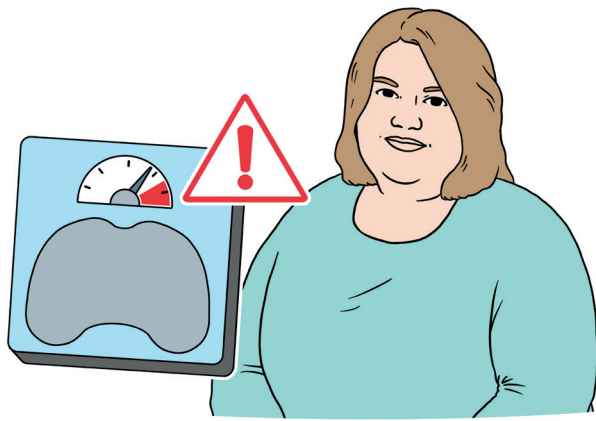
- have a health condition that makes blood clots more likely, this could be a condition like heart disease

Your healthcare team can tell you if your health condition makes blood clots more likely.

- have bad **varicose veins** that are painful or above the knee

Varicose veins are large twisted veins that usually appear on your legs.

- are a wheelchair user



are overweight

are a smoker or use drugs that are injected into your veins

Your risk of venous thrombosis is higher if when you are pregnant you:

have to stay in hospital and are unable to move around like you usually do

are having more than 1 baby



- get **dehydrated** because you are unwell

Being **dehydrated** means you have not been drinking enough water.

- are not able to move as much

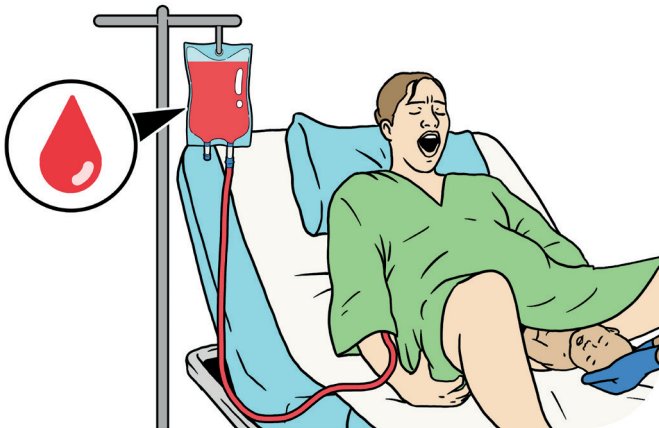
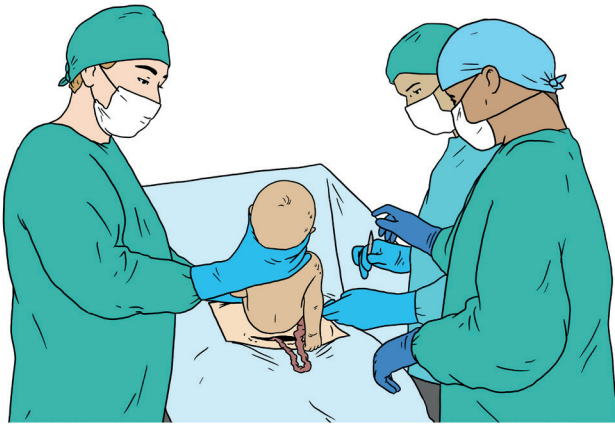
This could be because you are unwell or for another reason, like travelling for a long time.

- have a health condition called pre-eclampsia

This is a serious condition that pregnant people can get, your doctor will check you for signs of pre-eclampsia.

Your risk of venous thrombosis is higher after you baby is born if:

- it took a long time to give birth and you were unable to move around



you had a **C section**

A **caesarean section** or **C section** is a way of giving birth through **surgery** instead of pushing the baby out through the vagina.

A **surgery** or operation is when doctors remove, replace, or fix something inside your body.

you lost a lot of blood when you had your baby, or you had to be given blood

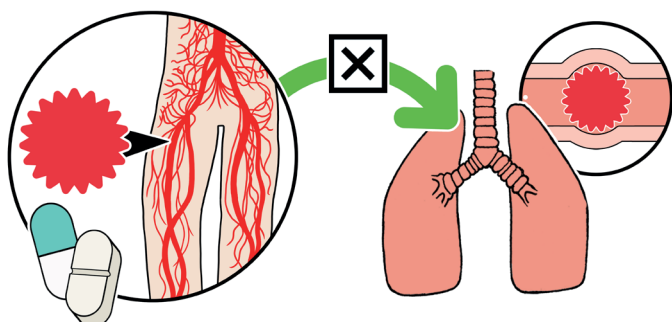
Risk assessment



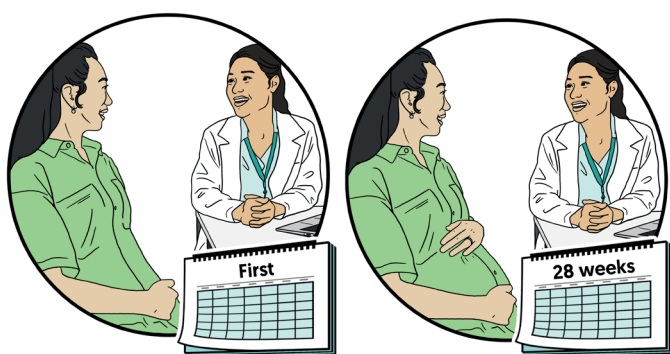
Your doctor will ask you questions to see if you are at a higher risk of getting a DVT, this is called a **risk assessment**.



This helps them decide if you need any treatment.



If you have a DVT, your doctor will give you treatment to lower the risk of a PE happening.



Your risk assessments should happen at your first healthcare appointment after finding out you are pregnant, and again at 28 weeks of pregnancy.



If anything changes in your pregnancy, or you have to go into hospital, you should have another risk assessment.



You will also have another risk assessment after your baby is born.



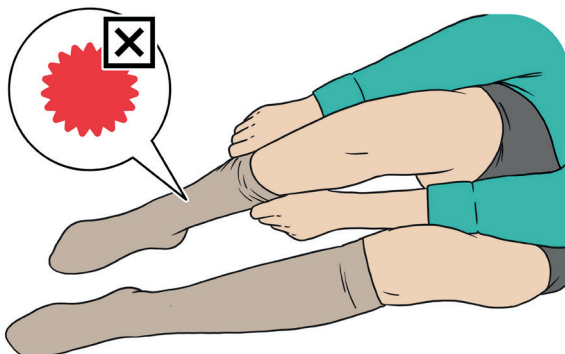
If you have ever had venous thrombosis or a DVT and are planning to get pregnant, or are pregnant, you should talk to your doctor as soon as possible.

Lowering the risk of DVT or PE



You can lower the risk of getting a DVT or PE by:

- staying as active as you can



- wearing special socks called compression stockings that help stop blood clots

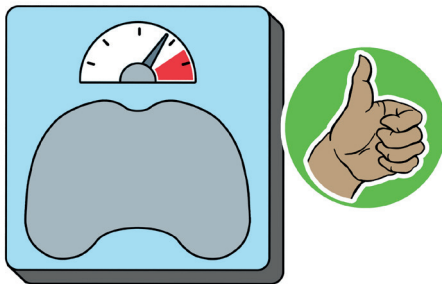


- making sure you drink enough throughout the day

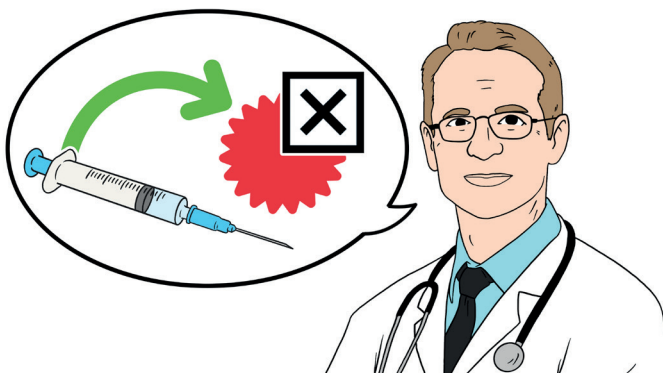
You should try to drink at least 6 to 8 glasses of water a day.



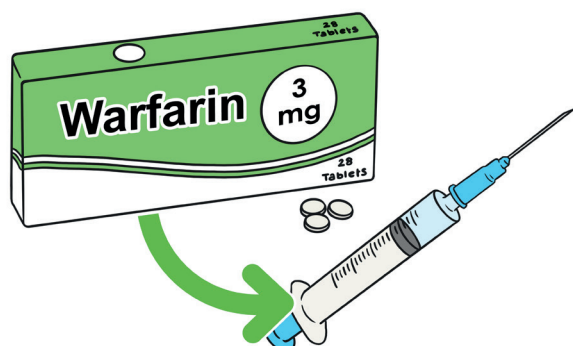
- not smoking



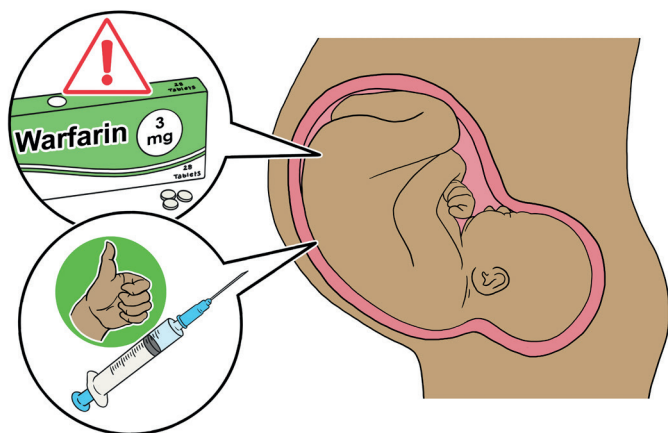
- being a healthy weight



You may be advised to start taking injections of heparin. This is a medicine that helps to stop blood clots.



If you are taking a medicine called warfarin to help stop blood clots you may be advised to change to heparin.



It is safer to take heparin than warfarin when you are pregnant.

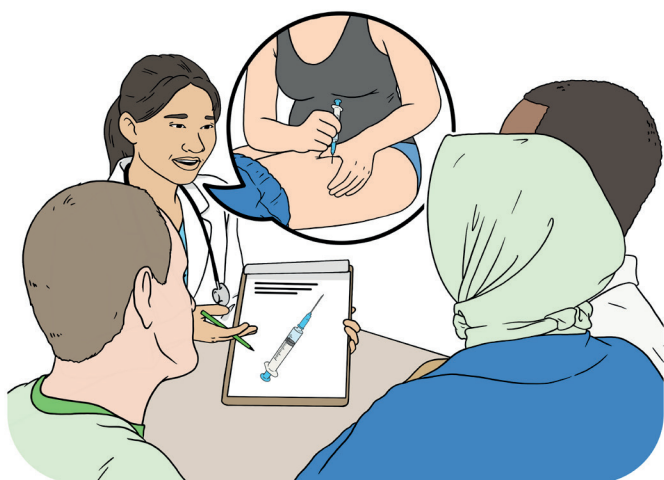


Your healthcare team will talk to you about your medicine and what to do to keep you and your baby as healthy as possible.

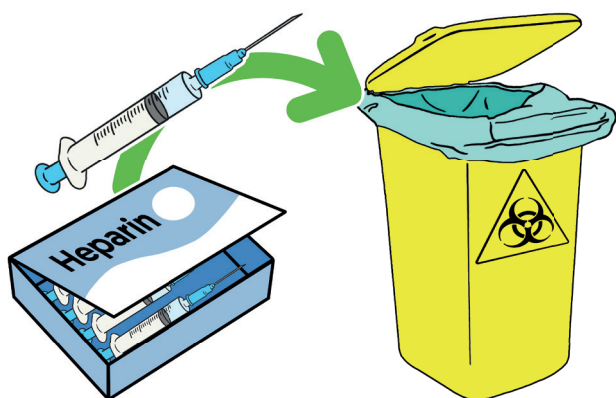
What does heparin treatment involve?



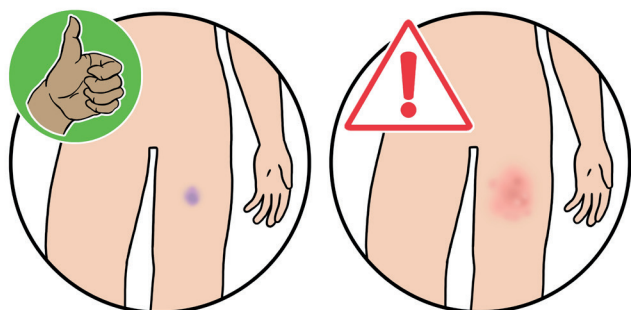
Heparin is an injection you take at the same time once or twice every day.



Your healthcare team will show you or a family member how to give the injections.

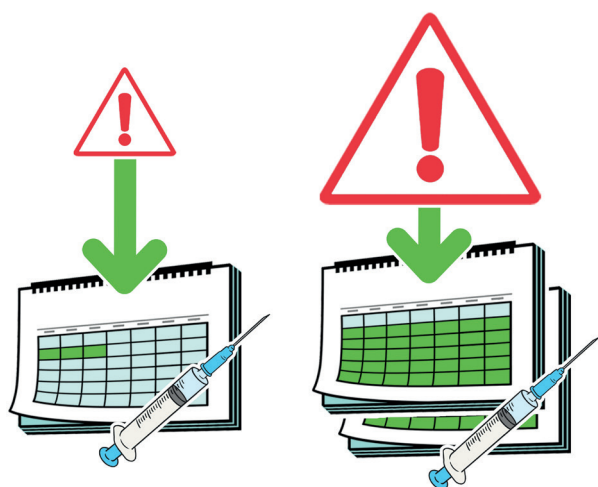


You will be given the needles and told how to keep them safe. You will also be told how to throw them away after.

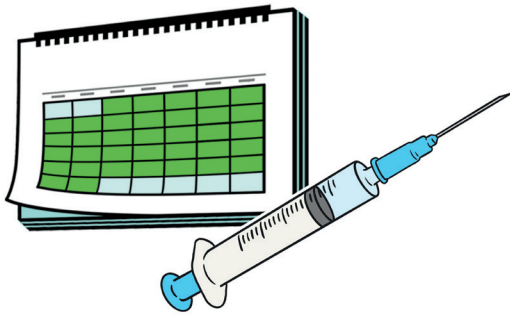


You may get a bruise where you injected, this is ok, but if you get a rash after injecting talk to your healthcare team as you may be allergic.

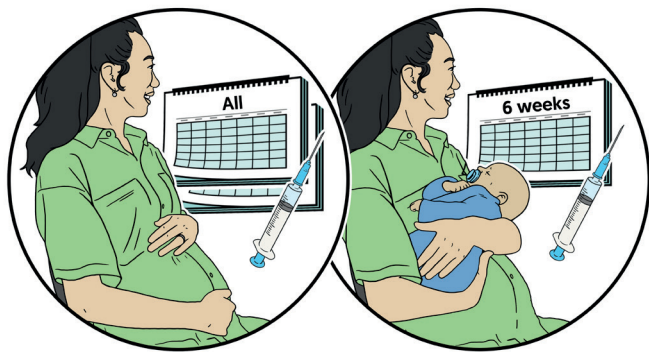
How long will I need to take heparin?



The length of time you need to take heparin depends on how high risk you are. This can change throughout your pregnancy.

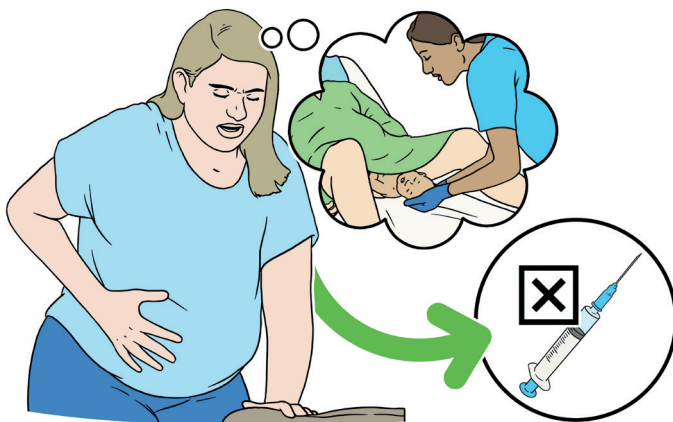


You may be advised to take heparin for a few days or weeks.

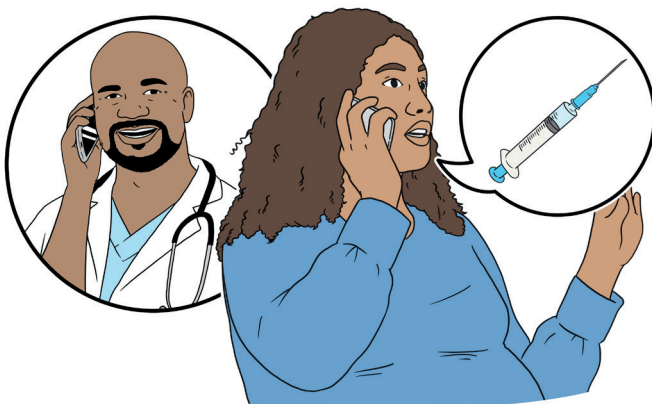


Or you may be advised to take heparin for the whole of your pregnancy and for up to 6 weeks after the birth.

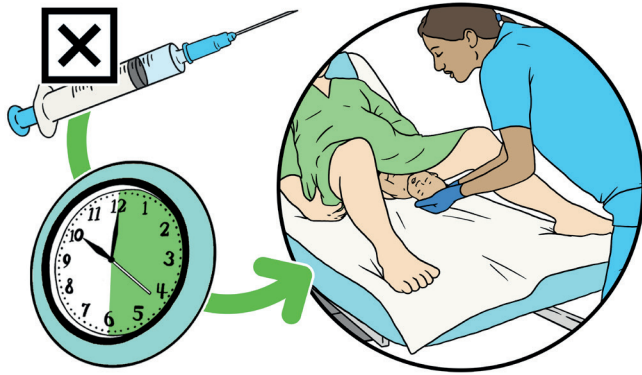
Giving birth and heparin treatment



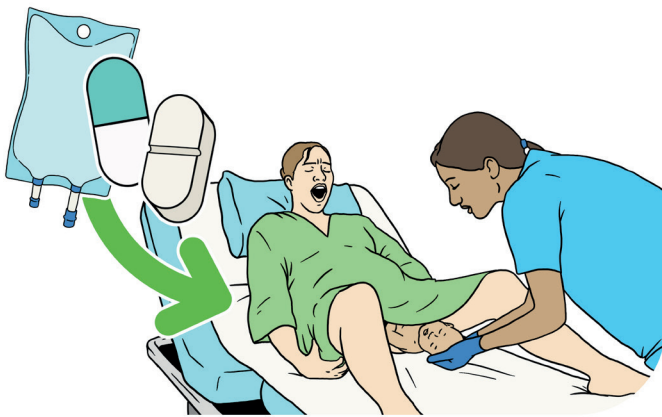
If you think the baby is coming you should not have any more heparin injections.



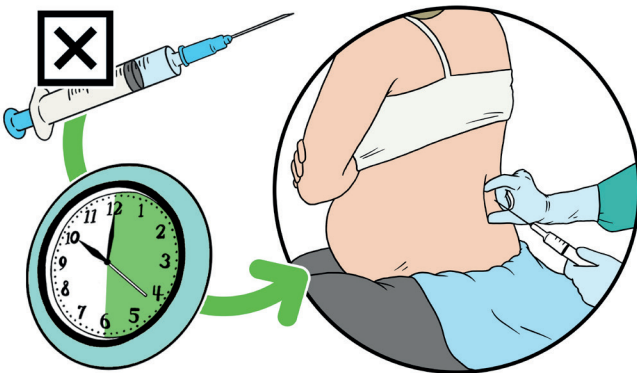
Call your healthcare team and tell them you are on heparin treatment. They will tell you what to do next.



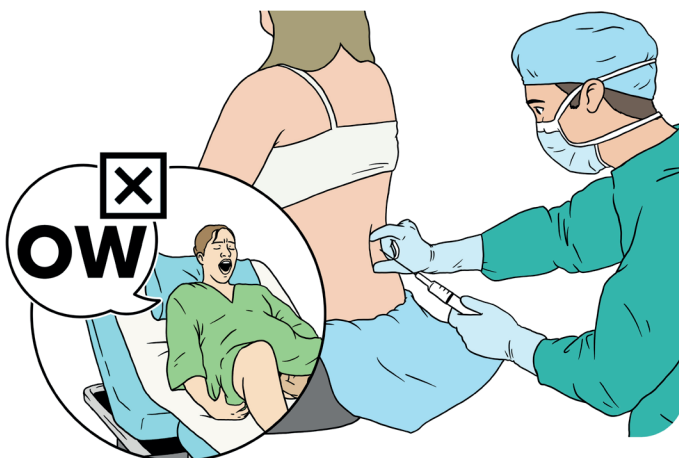
If you are having a planned **induction of labour**, your healthcare team will tell you to stop taking your injections 12 or 24 hours before.



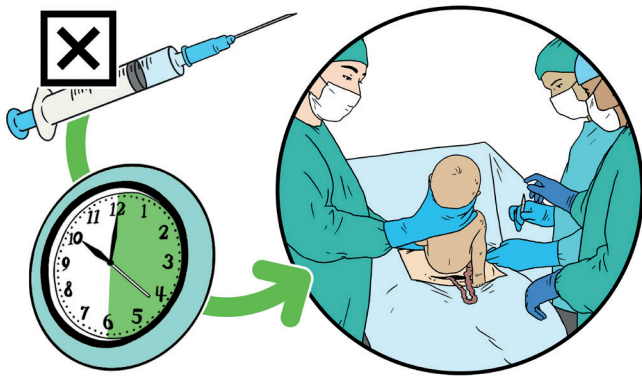
An **induction of labour** is when your healthcare team use medicine to try to get the baby to come.



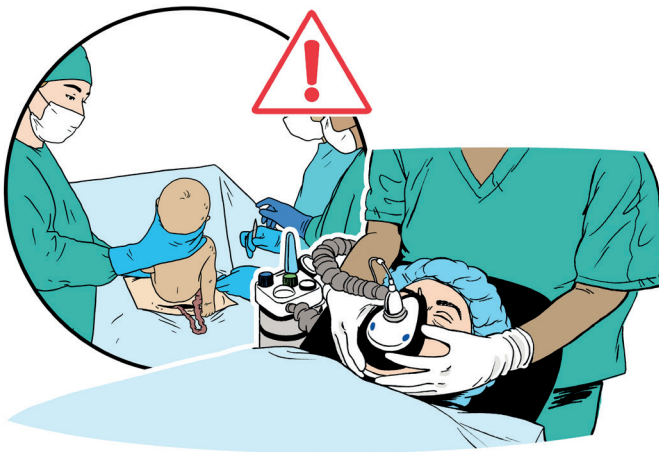
You will have to wait 12 or 24 hours after your last heparin injection before you can have an **epidural**.



An **epidural** is an injection in your lower back that stops you being able to feel any pain when you give birth.

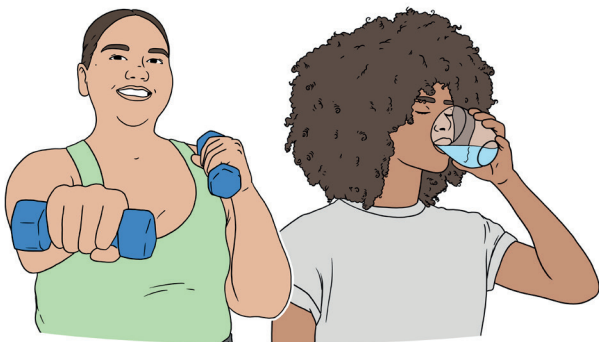


If you are having a planned C section, your doctor will tell you to stop taking your injections 12 or 24 hours before. You will usually start them again the same day you gave birth .



If you have an emergency C section and did not stop taking your injections in time, you will be given medicine so that you are asleep for the surgery.

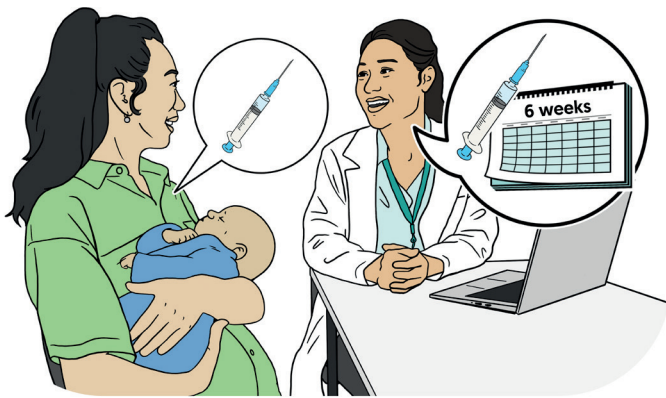
What happens after birth?



It is important to be as active as you can be after having your baby and to not get dehydrated.



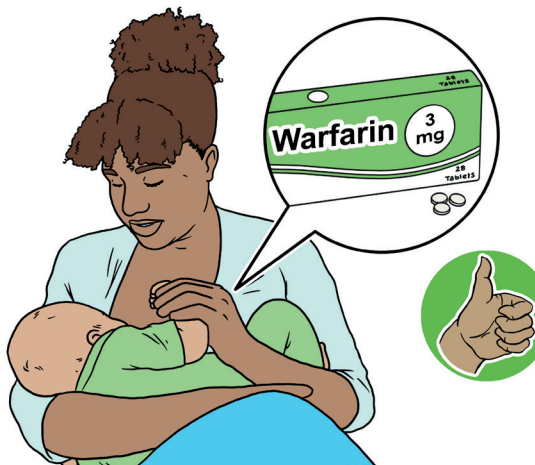
You will have a risk assessment after having your baby even if you did not need heparin injections when you were pregnant.



If you had heparin injections when you were pregnant, it is likely the doctor will advise you to keep taking it for 6 weeks.



If you were taking warfarin but changed to taking heparin, your doctor will let you know when you can go back to taking warfarin.



It is safe to breastfeed when you are taking heparin or warfarin.



At your next appointment your doctor should talk to you about changes you can make to lower your risk of DVT, and treatment you may need if you are pregnant again in the future.

Making a choice

If you are asked to make a choice, you may have lots of questions that you want to ask. You may also want to talk over your options with your family or friends. It can help to write a list of the questions you want to ask and bring it to your appointment.

If you are asked to make a choice about your healthcare, these are 3 questions you should ask:

1. What are my other choices?
2. What is good about the options, and are there any risks?
3. What support can I get to help me make this choice?

Sources and acknowledgements

This information has been developed by the RCOG Patient Information Committee. It is based on the RCOG Green-top Guideline Reducing the Risk of Thrombosis and Embolism during Pregnancy and the Puerperium (April 2015). The guideline contains a full list of the sources of evidence we have used. You can find it online at: www.rcog.org.uk/en/guidelines-research-services/guidelines/gtg37a.

This leaflet was reviewed before publication by women attending clinics in Glasgow, Coleraine and Sunderland, and by the RCOG Women's Network.

The RCOG produces guidelines as an educational aid to good clinical practice. They present recognised methods and techniques of clinical practice, based on published evidence, for consideration by obstetricians and gynaecologists and other relevant health professionals. This means that RCOG guidelines are unlike protocols or guidelines issued by employers, as they are not intended to be prescriptive directions defining a single course of management.

A glossary of all medical terms is available on the RCOG website at: www.rcog.org.uk/en/patients/medical-terms.

Easy Read acknowledgment

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