

Preventing blood clots (VTE) in pregnancy

Information for patients

This guide has been written for you if you are pregnant or have recently given birth. It is intended to help you understand venous blood clots (venous thromboembolism or VTE), which can form in your body during or after pregnancy. After reading this guide, you may wish to discuss VTE with your midwife or doctor and ask about the best way to reduce the likelihood of this condition.

Confirming your identity

Before you have a treatment or procedure, our staff will ask you your name and date of birth and check your ID band. If you do not have an ID band we will also ask you to confirm your address. If we do not ask these questions, then please ask us to check. Ensuring your safety is our primary concern.

What is venous thromboembolism (VTE)?

VTE is the name given to a deep vein thrombosis (DVT) or a pulmonary embolism (PE). A DVT is a thrombus (blood clot) that forms in a deep vein, most commonly in your legs or pelvis and can cause swelling and pain in the affected leg. If a clot becomes dislodged and passes through your circulation and reaches your lungs, this is called a PE and can cause coughing (with blood stained phlegm), chest pain and breathlessness. VTE diagnosis requires immediate treatment. If you develop any of these symptoms either in hospital or after discharge, please seek medical advice immediately.

Who is at risk?

The risk of VTE is increased in pregnancy and up to six weeks after giving birth. A VTE can occur at any time during your pregnancy, and although not common, events occur in approximately one to two women per 1,000 births. In addition to pregnancy, there are other factors that may place you at greater risk of VTE. These include obesity, previous history of VTE and certain medical conditions.

Will my risk of VTE be assessed?

All pregnant women will have their risk of VTE assessed at booking, during any hospital admission and at the time of childbirth.

When you book your pregnancy, we assess and record your individual risk of developing a blood clot. Your midwife will inform you if any risk factors were identified. Your risk will be reassessed throughout your pregnancy and if you are admitted to hospital.

What can I do to reduce my risk?

- Keep moving - when you are active, it increases the blood flow and helps prevent clots. If you can, walk around at regular intervals. If not, bend and stretch your leg and ankles regularly to increase your blood flow.
- Drink plenty - water helps to prevent you becoming dehydrated and developing blood clots.
- Ask your midwife if you have any questions about your risk.

What will be done to reduce my risk of VTE?

If we have assessed that you are at increased risk of VTE, we may advise you to take an anticoagulant ('blood thinning' medication), which reduces the chance of you getting a VTE. This may be during your pregnancy or after the birth. The drug normally prescribed in the Trust is enoxaparin sodium, which is given through an injection into the tummy or thighs. This medicine is derived from pigs, so if you have any concerns about using animal products, please tell your doctor or midwife and they will discuss other options with you. Enoxaparin sodium is safe for you and your baby, while you are pregnant and if you plan to breastfeed.

When in hospital, we may also ask you to wear a special inflatable sleeve or cuff around your legs while you are in bed. This will inflate automatically and provide pressure at regular intervals, increasing blood flow in your legs back to your heart.

To be effective, these methods of prevention must be fitted, used and administered correctly, so if you have any questions or concerns, please ask your doctor or midwife for advice.

Stay active as much as possible and drink plenty of water. If we advised you to have enoxaparin injections, we will teach you how to self-inject and give you a sharps-bin to safely store used syringes. Once your treatment is complete, close the lid on the sharps-bin until sealed and give it to a health care professional for disposal. If you develop any signs or symptoms of VTE at home, seek medical advice immediately, either from your GP or your nearest hospital emergency department.

Sharing your information

We have teamed up with Guy's and St Thomas' Hospitals in a partnership known as King's Health Partners Academic Health Sciences Centre. We are working together to give our patients the best possible care, so you might find we invite you for appointments at Guy's or St Thomas'. To make sure everyone you meet always has the most up-to-date information about your health, we may share information about you between the hospitals.

Care provided by students

We provide clinical training where our students get practical experience by treating patients. Please tell your doctor or nurse if you do not want students to be involved in your care. Your treatment will not be affected by your decision.

PALS

The Patient Advice and Liaison Service (PALS) is a service that offers support, information and assistance to patients, relatives and visitors. They can also provide help and advice if you have a concern or complaint that staff have not been able to resolve for you. The PALS office is located on the ground floor of the Hambleton Wing, near the main entrance on Bessemer Road - staff will be happy to direct you.

PALS at King's College Hospital, Denmark Hill, London SE5 9RS

Tel: 020 3299 3601

Email: kch-tr.palsdh@nhs.net

You can also contact us by using our online form at **www.kch.nhs.uk/contact/pals**

PALS at Princess Royal University Hospital, Farnborough Common, Orpington, Kent BR6 8ND

Tel: 01689 863252

Email: kch-tr.palspruh@nhs.net

If you would like the information in this leaflet in a different language or format, please contact PALS on 020 3299 1844.

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