

Venous thromboembolism in pregnancy and after birth

Information for patients

This information is for women diagnosed with deep vein thrombosis (DVT) or pulmonary embolism (PE) in pregnancy or after giving birth. If you have any questions, please do not hesitate to speak to the midwife, nurse or doctor caring for you.

What is venous thromboembolism (VTE)?

Venous thromboembolism (VTE) is a term that includes both deep vein thrombosis and pulmonary embolism. Blood clots (thrombosis) can occur in blood vessels in the body such as the deep veins of the legs. These can move and become lodged in the blood vessels of the lungs (pulmonary embolism). Separate King's information leaflets about DVT and PE are available, which explain more about these conditions and their treatment.

How is a VTE treated?

You have been prescribed an anticoagulant (often referred to as a 'blood-thinner') which, in pregnancy is usually given as injections. Anticoagulants stop the clot from getting larger, prevent new blood clots developing and allow your body to break down the existing blood clot.

The injections commonly used are a type of heparin. Heparin injections are safe to use in pregnancy and cause no harm to your developing baby. The heparin injections do not pass into breastmilk, so you are able to breastfeed whilst on the heparin injections. At King's, the injection you will commonly receive is called enoxaparin.

If you are not breastfeeding after the birth, there are tablet alternatives we can offer you. Ask your midwife or doctor about these.

You will be shown how to give the injections into your abdomen. It is safe to inject into your tummy even as your baby is growing. The injections go into the fatty layer just beneath the skin. If you prefer, it can also be given into the thigh, ask your nurse or midwife to show you how to do this.

It is common to develop bruises around the injection sites. It is important that you give the injection slowly (over about a minute) and do not rub the area. If you develop any painful lumps where you have injected, talk to your nurse or midwife.

Anticoagulants can increase the risk of bleeding, which may require medical review.

If you experience any of the following symptoms please seek medical attention

- unexpected or uncontrollable bleeding
- coughing or vomiting blood
- black stools or blood in your stools
- a severe headache that will not go away, dizziness or weakness
- a fall or injury to your head
- blood in your urine
- severe unexplained bruising
- any vaginal bleeding

Frequently asked questions

How will the blood clot affect the birth?

The blood clot will not usually affect the type of birth you have. At around 36 weeks, you will be given a plan for what you should do when labour starts. This usually involves stopping your heparin injection treatment, but speak to your midwife or thrombosis team if you are in any doubt. It is important you do not stop the heparin injection, unless advised by your midwife or doctor.

You will not be able to have an epidural for pain relief if you have had an injection within the last 24 hours but your midwife and /or anaesthetist will discuss other pain relief options with you. Your midwife will tell you when it is safe to restart the heparin injections after the birth of your baby.

How long will the symptoms of my blood clot last?

Symptom duration varies greatly from person to person, some patients feel better within days of starting treatment, while other still feel the effects of the blood clot weeks or even months later.

How long will I be on anticoagulants?

If you developed a blood clot during pregnancy, you will continue treatment for the duration of your pregnancy and for at least six weeks after (and for at least three months in total). If your clot was diagnosed after the birth of your baby, you are likely to need three months of treatment.

Sometimes women may need to continue treatment for longer. This will depend on several factors and will be discussed with you in detail at your haematology clinic appointment.

When should I be concerned about my symptoms?

If you develop worsening leg pain, shortness of breath or chest pain or develop any bleeding (see box on previous page), call 111 for advice or go to your local emergency department or maternity assessment unit.

Will I have another scan to see if the blood clot has gone?

Repeat scans are not routinely performed as the results do not usually change management. There are certain circumstances when more imaging may be required but your haematology doctor will discuss this with you.

What is the risk of having another VTE?

Each woman's risk is different, but the risk of having another blood clot after the six-week period following pregnancy is greatly reduced. You are very likely to need preventative treatment with injections in future pregnancies, so should consult a doctor as soon as you become pregnant again in the future. You should also tell doctors that you have had a previous thrombosis if you are admitted to hospital unwell, require surgery or lower limb immobilisation (for example, plaster cast). It is recommended that you do not receive combined hormonal (estrogen and progesterone) contraception, however progesterone only methods (for example, minipill) are thought to be safe.

How much activity should I do?

Immediately after a VTE, it is advisable to avoid strenuous exercise, but you should try and carry out your normal daily activities, including walking if you feel able. Bed rest is not usually necessary. Be guided by your body – if normal activity makes you feel short of breath or unwell you will need to rest until you feel recovered. Once your symptoms have settled you can start slowly increasing your activity.

Further information

Thrombosis UK is a charity that raises awareness about thrombosis: [Thrombosisuk.org](https://www.thrombosisuk.org)

King's College Hospital

DVT Clinic

Monday to Friday, 9am to 5pm

Tel: 07623 901 822 (the operator will ask for a call sign, answer 'DVT1')

Princess Royal University Hospital

DVT Clinic

Monday to Friday, 8:30am to 4:30pm

Tel: 01689 864273

Sharing your information

King's College Hospital NHS Foundation Trust has partnered with Guy's and St Thomas' NHS Foundation Trust through the 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' hospitals. King's College Hospital and Guy's and St Thomas' NHS Foundation Trusts share an electronic patient record system, which means information about your health record can be accessed safely and securely by health and care staff at both Trusts. For more information visit www.kch.nhs.uk.

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.

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

Tel: 020 3299 3601

Email: kch-tr.palsdh@nhs.net

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 our Communications and Interpreting telephone line on 020 3299 4826 or email kch-tr.accessibility@nhs.net

www.kch.nhs.uk