

Patient Information

Reducing the Risk of Venous Thromboembolism (VTE) in Pregnancy and the Postnatal Period



Introduction

This leaflet is about reducing the risk of blood clots in pregnant women and women following birth. This condition is known as 'Venous Thromboembolism' or 'VTE'.

Treatment may differ but we aim to treat all women as individuals, respecting your personal wishes and preferences.

What is Venous Thromboembolism (VTE)?

Deep Vein Thrombosis (DVT) and Pulmonary Embolism (PE) together are known as VTE. DVT and PE are two major causes of maternal death in the UK.

Whenever we cut ourselves, our blood hardens and a clot forms. This process is called blood clotting or coagulation. Sometimes a clot of blood can occur within a vein, forming a 'plug' that can interrupt the normal flow of blood through the blood vessels. A DVT is a blood clot in one of the deep veins, usually a vein that runs through the muscle of the calf or thigh.

PE occurs if a clot from a deep vein (usually the leg) detaches itself and travels to the lungs. Sudden death will follow if the clot is large enough to stop the blood flow through the heart or lungs.

VTE is a serious condition which may cause severe pain, swelling, skin changes, shortness of breath and sudden collapse.

Who is at risk?

Anyone can develop a blood clot. However, women are more at risk during and following birth. This is due to an increase in blood volume, an increase in clotting factors in the blood, the effect of pregnancy hormones and the weight of a heavy uterus on the veins that drain the blood out of the legs. Other risk factors include:

- Smoking
- Age over 30
- Obesity - BMI over 20Kg/m²
- Previous history of VTE

Why are we assessing you?

It is a recommendation from the National Institute of Clinical Excellence (NICE) and the Royal College of Obstetricians and Gynaecologists (RCOG) that all women in pregnancy have a risk assessment performed in early pregnancy to establish their risk of developing a DVT or PE. This is because prevention of a DVT or PE is crucial in reducing deaths from VTE in pregnancy.

Antenatal Assessment at Booking

This assessment will be carried out in early pregnancy at your first booking visit and is based on a scoring system. If your score is high risk you will be referred to the Obstetric Haematology Clinic. Your GP will also be informed and will prescribe antenatal VTE thromboprophylaxis (a preventative medicine) with an anticoagulant (anti-clotting) drug called low-molecular weight heparin (Dalteparin).

Antenatal Assessment during an Inpatient Admission

If you need to be admitted to hospital during your pregnancy a further VTE assessment will be carried out by a midwife and if necessary Dalteparin will be prescribed for you on the ward by a doctor.

Will being on Dalteparin affect how I will deliver?

Taking Dalteparin during pregnancy should make no difference to how you deliver your baby.

Can I have an epidural whilst taking Dalteparin?

There is a 12 hour 'window' between when your last dose of Dalteparin is given and when an epidural can be given. This errs on the side of extreme caution and follows both national and international recommendations. In practice, more than 95% of women who request an epidural or who need one for other reasons, can safely have one.

We will discuss this with you and answer any questions you may have in the Obstetric Haematology Clinic.

Postnatal Assessment

You will be assessed again postnatally for your risk of VTE after delivery. Following assessment, if required, you will be given special leg stockings to wear and Dalteparin will be started and continued for days, or longer if required for some women.

While in hospital the midwife (or nurse) will give you the Dalteparin by injection into your abdomen (tummy). When you are discharged home you will need to continue to use Dalteparin and administer it to yourself, or your partner may do this for you.

How to give yourself an injection of Dalteparin

Depending on the time you are discharged home, you will be shown how to inject yourself by a midwife. You will be given an information pack (from the pharmaceutical company that make Dalteparin) containing a DVD and a leaflet which has diagrams to help explain how to administer the injections.

Dalteparin should be kept in a cool, dry and safe place (not a fridge) and out of the reach of children. You will be supplied with a 'sharps' box which is a special yellow plastic box to put the used needles in.

How safe is Dalteparin?

Dalteparin is a very safe drug in pregnancy. It does not cross the placenta so your baby is 'isolated' from the drug. Older types of Heparin (that we no longer use in pregnancy) had significant side effects associated with them but Dalteparin does not. The drug might sting a little when you inject it but this only lasts a few seconds. Some bruising around the injection site is common and can be minimised by pressing on the injection site for three to four minutes after you inject.

Very occasionally a skin rash may appear around the injection site. Often, by changing you to a different but similar Heparin, this disappears.

When you are seen in the Obstetric Haematology Clinic we will go through all of this and answer any questions or concerns that you may have.

After you have administered the final dose of Dalteparin

When you have administered the final dose of Dalteparin, lock the sharps box by closing the lid tightly. The box can be taken to your GP for safe disposal or your community midwife may be able to take it for you.

Other Recommended Treatments

- Wearing anticoagulation compression stockings (Thrombo Embolic Deterrent Stockings - also known as TEDS). These are made of elastic fibres that squeeze the legs and promote healthy blood flow.
- Hydration - drink plenty of water.
- Stop or reduce smoking.
- Lose weight - keep active during pregnancy and after birth

Dalteparin and Breastfeeding

Dalteparin does not cross the placenta and a published review of the evidence suggests that these agents are safe for the fetus. Dalteparin can also be safely used during breastfeeding as it is not secreted in the breast milk.

The RCOG and other sources indicate that the use of the drug during pregnancy is safe and therefore we are able to endorse the use of Dalteparin whilst breastfeeding.

Useful Contact Details

Antenatal Clinic, Lister Hospital 01438 286031
Monday to Friday, 8:30am - 4:30pm

Consultant Led Unit, Lister hospital 01438 284124
(24 hours)

Gloucester Ward, Lister Hospital 01438 284071
(24 hours)

References

Royal College of Obstetricians and Gynaecologists (RCOG)

National Institute of Clinical Excellence (NICE)

www.enherts-tr.nhs.uk

You can request this information in a different format or another language.

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