

Deep Vein Thrombosis (DVT) in pregnancy

Information and advice for women and families

Maternity

What is a deep vein thrombosis (DVT)?

A deep vein thrombosis (DVT) is a blood clot that forms in a deep leg vein. Deep leg veins are blood vessels which go through the muscle; they are not the veins which you can see just below the skin. A calf vein is the most common site for a DVT. A thigh vein is less commonly affected.

What causes a DVT?

Sometimes a DVT occurs for no apparent reason; however there are factors that make you more likely to develop a DVT. These include:

- **Immobility** - If you are unable to move for a long period of time this causes the flow of blood in your veins to be slow. Slow flowing blood is more likely to clot than normal flowing blood.
- **The contraceptive pill and hormone replacement therapy (HRT) which contain oestrogen** - Oestrogen treatments can cause the blood to clot slightly more easily. Women who taking the pill or HRT have a small increased risk of DVT.
- **Pregnancy** - Pregnancy increases the risk of developing a DVT because the blood becomes more 'sticky'. About 1 in 1000 pregnant women develops a DVT and the risk continues for up to 6 weeks after the baby is born.
- **Obesity** - The veins are more likely to become narrowed because of the pressure from the excess weight.
- **Smoking** - Smoking can cause the blood vessels to become blocked, increasing the risk of a DVT.

You are also at a higher risk of developing a DVT if you or a close family member has previously had a blood clot, especially if they were young or had one during pregnancy.

Your midwife will assess your risk of developing a DVT and may refer you to a doctor for further assessment and treatment to prevent one developing if your risk is higher than normal.

What are the symptoms of a DVT?

The symptoms of a DVT are pain, tenderness and swelling of the calf. The calf may also become warm and red as blood that would normally go through the blocked vein is diverted to outer veins. If you have any of these symptoms you should go to your local A&E or the delivery suite.

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How is a DVT diagnosed?

A DVT is usually diagnosed by an ultrasound scan of the leg to look for any clots, as it is difficult for a doctor to diagnose a DVT just based on your symptoms, because they may have other causes.

What is the treatment for DVT?

The treatment for a DVT during pregnancy is injections of Clexane (enoxaparin) up to 2 times a day for 6 months, once a day for the remainder of pregnancy and up until 6 weeks after your baby is born.

Clexane is a blood-thinning drug which is made from animal components and it can also be used to prevent a DVT if your risk of developing one is high.

What are the benefits of clexane injections?

Clexane thins the blood which dissolves the DVT (or prevents one from developing), stops it getting bigger and prevents it from moving to other parts of the body. Clexane is considered to be safe to use in pregnancy as it doesn't cross the placenta so does not affect your baby.

What are the risks of clexane injections?

- **Bruising:** The most common side effect is bruising where the injection is given. To prevent this bruising do not rub the area after injecting.
- **Bleeding:** If you cut yourself you may find it takes longer for the bleeding to stop; apply a plaster or a dressing over the wound and press firmly for at least 5 minutes.

The manufacturer's information leaflet which comes with the Clexane gives more information about any possible side effects. Please read this carefully before using clexane for the first time.

What are the risks of not having treatment for a DVT?

If you do not have treatment for a DVT it could lead to one of the following complications:

- **Pulmonary embolus (PE)** - where part of the blood clot in the leg breaks off and travels to the lungs where it becomes stuck. This could cause breathing problems, chest pain and/or collapse and can be life-threatening.
- **Post-thrombotic syndrome** - where the leg remains swollen and painful. This occurs in up to 6 out of 10 people who do not have treatment for their DVT and in severe case an ulcer on the skin can develop as a result.

If you do not have treatment to reduce your risk of developing a blood clot, your risk will remain high.

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Are there any alternatives to clexane injections?

During pregnancy alternative treatment for a DVT may be considered following a specialist Consultant Haematologist review. After your baby is born Warfarin tablets may be an appropriate alternative for you.

Compression stockings may be prescribed to reduce your risk of developing a clot but they will not prevent it. For more information about these please see the leaflet 'Compression hosiery'.

In severe cases where a DVT is large a device may need to be fitted into the vein to prevent bits of the clot travelling to the other parts of the body.

How to give Clexane injections

How often do I need to inject Clexane?

You will need to inject yourself with Clexane once or twice a day (you will be told which). Clexane needs to be given at the same time every day so it is important to get into a routine. If you miss a dose, don't panic; just have your injection at the usual time the next day.

Where should I inject Clexane?

Clexane needs to be injected into the tissue layer between your muscle and skin. The area on either side around the tummy button is the best place as it is absorbed more quickly from there, but alternate sides so you do not get sore on one side. The area you choose to inject needs to be:

- easy to reach
- at least 5 cms away from your tummy button and away from any scars

To give the injection you will need to pinch a mound of skin and push the injection straight in. As your pregnancy progresses you may find it harder to find a mound of skin on your tummy. You can use the tops of your legs as an alternative place to give the injection.

How do I give the injections?

Your midwife in the antenatal clinic or on the ward will teach you how to give the injections. This is what you will need to do:

1. Wash your hands thoroughly.
2. Remove the pre-filled syringe from the box and its package.

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3. Hold the syringe with your forefinger and thumb and carefully remove the needle guard. Do not touch the needle.
4. Hold the syringe like a pencil, as if you would when you are going to write something.
5. Using your other hand, pinch a mound of skin and push the needle straight into it as far as it will go.
6. While still holding the pinched skin push the plunger down with the thumb of the hand that is holding the syringe. Push the plunger down quickly and smoothly.
7. Take the needle out slowly keeping it straight.
8. Release the pinched skin. Don't rub the area as this can cause bruising.
9. Place the used needle in a yellow sharp's bin.

The area where you have given the injection may sting for about 20 minutes afterwards but this is normal.

What should I do when I go into labour?

- **When your labour starts** stop taking your Clexane until after your baby's birth.
- **If you are coming in for induction of labour**, leave out the dose for that day.
- **If you are having a caesarean section**, leave out the dose for that day.

This is because an epidural or spinal anaesthetic cannot be given within 12 hours of having Clexane.

How to store Clexane

Clexane needs to be stored at room temperature and out of reach of children. Used needles and syringes should be placed in the yellow sharp's bin you will be provided with, which should also be kept out of reach of children.

Please contact the sharp's bin disposal service when the bin needs emptying and if you need a replacement bin (see back page for contact numbers).

After you have had your baby

Once you have had your baby you will need to continue using Clexane for the next 6 weeks as your risk of developing a DVT is still increased during this time, or you may be offered warfarin tablets instead.

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If you are offered warfarin you will need to continue having your Clexane injections with the Warfarin until you are advised by your doctor that you can stop. You will also need to have regular blood tests whilst taking warfarin to check how long your blood takes to clot so that you can be prescribed the correct dose.

The anti-coagulation nurses will monitor the results of your blood tests and your treatment whilst you are taking Warfarin and you will be given contact details for them.

What are the benefits of warfarin?

Warfarin slows the amount of time it takes for your blood to clot, so reduces your risk of developing another DVT.

What are the risks of warfarin?

Warfarin is harmful to the unborn baby so it is important that you do not get pregnant whilst taking it. The other risks of warfarin are the same as the risks for Clexane, and a full list of possible side effects can be found on the manufacturer's leaflet which comes with it.

How can I reduce my risk of a DVT?

Things you can do to reduce your risk of developing a DVT are:

- Avoid long periods of immobility such as sitting in a chair or going on long journeys.
- Try to have a brisk walk for 30-60 minutes each day or regular short walks if you are not able to do this.
- Exercise your calf muscles regularly. You can do this even when you are sitting.
- If you travel on a long journey take little walks every now and then and exercise your calf muscles while sitting. You should also wear comfortable shoes and make sure your socks are not too tight, or consider wearing travel stockings which can be bought from chemists. Make sure you drink plenty of fluids and avoid alcohol.
- Stop smoking. Your midwife can refer you to stop smoking services if you need help.
- Eat a healthy balanced diet. Although it won't prevent a DVT, this will help you manage your weight. If you would like more advice about this please speak to your midwife.

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Symptoms to report

Please contact the delivery suit if you have any of the following symptoms whilst using Clexane:

- A change in the colour, consistency and smell of your stools
- A change in the colour of your urine
- Bleeding gums
- Blood shot eyes
- Coughing up or vomiting blood
- Bruising over areas of your body (other than the injection sites) more than usual

Check the injection sites regularly and contact the delivery suite if you notice any of the following:

- redness
- warmth
- puffiness
- discolouration of the skin
- oozing

Contact details

Delivery Suite

0121 507 4181

Sharp's bin disposal

Sandwell residents: 0121 507 3869 (option 5)

Birmingham residents: 0121 303 1112 (option 3 and then option 2)

Further information

If you have any questions or concerns please talk to your community midwife or GP.

For more information about our hospitals and services please see our website:

Sandwell and West Birmingham Hospitals NHS Trust

www.swbh.nhs.uk

Further information about pregnancy, labour and birth can be found on the maternity pages.

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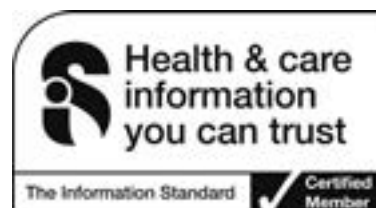
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Sources used for the information in this leaflet

- Royal College of Obstetricians and Gynaecologists (2015) *Thrombosis and embolism during pregnancy and the puerperium, reducing the risk*. [Green-top guideline 37a] Available at: <https://www.rcog.org.uk/en/guidelines-research-services/guidelines/gtg37a/> (Accessed 21 January 2021).
- Royal College of Obstetricians and Gynaecologists (2015) *Thrombosis and embolism during pregnancy and the puerperium: acute management*. [Green-top guideline 37b] Available at: <https://www.rcog.org.uk/en/guidelines-research-services/guidelines/gtg37b/> (Accessed 21 January 2021).

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