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Reducing the risk of blood clots in pregnancy and after birth

Information for women

What is this leaflet for?

All women are assessed during pregnancy and after the delivery of their baby to find out their risk of developing a blood clot in their leg or lung.

Blood clots are more common in pregnancy and in the six weeks after a baby is born than they are when a woman is not pregnant. However, clots only happen in one or two out of every 1000 pregnant women.

Your assessment showed that your risk is high enough for us to offer you injections of dalteparin. Dalteparin is a low molecular weight heparin, which is used to prevent clots developing.

What symptoms should I look out for?

A blood clot in the leg is known as a **DVT** (deep venous thrombosis) and in the lung as a **PE** (pulmonary embolism).

Having injections of dalteparin significantly reduces the chance of blood clots but doesn't prevent every clot, even when used properly. If you have any of the symptoms listed on the next page, seek help immediately. You'll be assessed and your treatment changed, if necessary.

DVT (deep venous thrombosis)

If you have a DVT, you might notice:

- Pain, swelling or tenderness in one of your legs, usually but not always in the calf.
- A heavy ache in the affected area
- Warm skin in the area of the clot.
- Red skin, particularly at the back of your leg below the knee.

PE (pulmonary embolism)

A PE (a blood clot in the lung) can be life-threatening. Symptoms can include:

- Sudden collapse
- Unexplained difficulty breathing.
- Tightness in the chest or chest pain.
- Coughing up blood.

What else can increase my risk of clots?

Before pregnancy

If you:

- Have had a previous blood clot (DVT or PE).
- Have a mother, father, brother or sister with a blood clot.
- Have a thrombophilia (a condition that makes a blood clot more likely).
- Are over 35 years of age.
- Have already had three or more babies.
- Have a medical condition such as heart disease, lung disease or arthritis – your doctor or midwife can tell you if any medical condition you have increases your risk of a DVT or PE.
- Have severe varicose veins that are painful or above the knee with redness and/or swelling.
- Are a wheelchair user.

Lifestyle factors

If you:

- Are overweight with a body mass index (BMI) over 30.
- Are a smoker.
- Use intravenous drugs.

During pregnancy

If you:

- Are admitted to hospital during pregnancy.
- Are carrying more than one baby.
- Become dehydrated or less mobile.
- Are immobile for long periods. For example, after an operation or when travelling for four hours or longer (by air, car or train).
- Have pre-eclampsia.

After the birth of your baby

If you:

- Have a very long labour, have a caesarean section, lose a lot of blood after you have your baby or are unwell for any reason.

Can my risk change?

Yes, your risk can decrease or increase such as if you become unwell during pregnancy (increase) or if you stop smoking (decrease).

If your situation changes in any way during pregnancy or after your baby is born, we carry out another risk assessment.

If you've been prescribed heparin before your baby is born, you'll probably need to keep taking this for six weeks after the birth of your baby.

What does heparin treatment involve?

Heparin is an injection given under the skin (subcutaneous) at the same time every day.

We work out your dose depending on your weight in early pregnancy and your risk factors. You might be on a low dose or a high dose regimen. We'll show you or a family member how and where in your body to give the injections.

We'll give you the needles and syringes (already made up) and advise you how to store and dispose of these.

To watch an NHS Grampian video about giving yourself injections, see the link below or scan the QR code:

<https://youtu.be/QkHrvs0Q0wY>



Are there any risks to my baby and me from this medication?

This drug does not cross the placenta and so can't harm your baby.

There may be some bruising where you inject but this usually fades in a few days.

One to two women in every 100 have an allergic reaction. If you notice a rash after injecting or pain and discoloured skin around injection sites, you must let your doctor know so that another type of heparin can be used.

How long do I need to take heparin?

The length of time you need to take heparin and when this treatment should start, depends on your risk factors and what happens to you during pregnancy, delivery and after your baby is born.

Some women only take it for a short period – for example to cover long distance travel or for 10 days after delivery.

If you've been prescribed heparin to take throughout your pregnancy or from 28 weeks you'll probably need to take it for at least six weeks after the birth of your baby.

What do I do when labour starts?

If you think you're going into labour or your waters break, **don't take any more injections and phone the maternity unit** and tell them you're taking heparin. They will advise you what to do. We'll probably ask you to come to hospital for assessment.

If you're not in labour, we'll advise you to take your injection.

If labour is confirmed, don't take any more injections until after your baby is born.

While there would be no concerns about bleeding during delivery including caesarean section, **you won't be able to have an epidural or spinal injection** (a regional anaesthetic injection given into the spaces around the nerves in your back to numb your lower body for pain relief) **until 12 hours (24 hours if you are on a high dose) after your last heparin injection.** There are other options for pain relief if you've had a heparin injection in the previous 12 hours.

If you need an emergency section within 12 hours of your heparin injection, this is done under general anaesthetic (so you are asleep).

We ask you to stop taking your heparin before an elective (planned) section or induction of labour.

After the birth of your baby

We'll assess you again after the birth of your baby. You'll probably have a heparin injection approximately 4 hours after delivery.

However, if you've had excessive bleeding or keep bleeding more than expected after delivery, we might not give you heparin.


It's important to be as mobile as possible after you have had your baby and also to avoid becoming dehydrated.

Heparin is safe to take when breastfeeding.

What should I do if I have any of the symptoms of a DVT/PE?

Contact your GP immediately for advice or call:

NHS 24

 111

Or the

Triage and Induction Suite
Aberdeen Maternity Hospital

 01224 558855

If you are very concerned, dial 999

Useful websites

www.know-who-to-turn-to.com

Can help you get the right medical assistance when you're ill, injured or have a long term condition.

www.nhsinform.co.uk

Click on "Health A-Z" then the letter "D". Click on "DVT" for further information.

www.thrombosis-charity.org.uk (Lifeblood)

Has lots of information about blood clots.

Please note that NHS Grampian is not responsible or liable for the quality of the information, resources or maintenance of external websites. Any advice on external websites is not intended to replace a consultation with an appropriately qualified medical practitioner.

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Ask for leaflet 1809.**

Feedback from the public helped us to develop this leaflet.
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