Flinders Women & Children

Reducing the risk of venous thrombosis in pregnancy and after birth

What is venous thrombosis?

Thrombosis is a blood clot in a blood vessel (vein or artery). This information is about a thrombosis that occurs in a vein – the blood vessels that take blood towards the heart and lungs.

A deep vein thrombosis (DVT) is a blood clot that forms in a deep vein of the leg, calf or pelvis.

Why is a DVT serious?

The danger of a DVT is that the blood clot may break off and travel in the blood stream until it gets stuck in another part of the body, such as the lung (Pulmonary embolus).

Although a pulmonary embolus is rare, it can be life threatening. The risk of developing a pulmonary embolus once a DVT has been diagnosed and treated is extremely small.

Venous thrombosis (VTE) is a term that includes deep vein thrombosis and pulmonary embolism.

Who is at risk of venous thrombosis (VTE)?

Pregnant women are ten times more likely to develop venous thrombosis than women who are at the same age and not pregnant. Venous thrombosis related to pregnancy can occur at any stage of pregnancy and for six weeks after birth. In the period immediately after birth the risk of venous thrombosis increases to sixty times the risk for a non-pregnant person of the same age. This is due to the changes in the body during pregnancy and after birth of pregnancy and birth. Additional risks for developing a venous thrombosis during pregnancy are when you:

- have had a previous venous thrombosis
- have a condition called thrombophilia makes blood clot more likely
- are a smoker
- are over 35 years of age
- are overweight body mass index (BMI) over 30
- are pregnant as a result of infertility treatment
- are carrying more than one baby (multiple pregnancy)

- have given birth to 4 or more children in the past
- have just had a caesarean
- have had a forceps birth
- have had a large blood loss at birth

Reducing the risk of VTE is a priority

You will have your risk for VTE assessed during the course of your pregnancy and if necessary, will be offered treatment to reduce the risk.

You will also be assessed again for risk for VTE on admission to hospital and again following the birth of your baby, and if risk factors are identified, it will be recommended that you begin treatment to reduce the risk of VTE while you are in hospital.

What is the treatment to reduce the risk of venous thrombosis and embolism?

The treatment is an injection of heparin (an anticoagulant) to 'thin the blood'. This reduces the risk of a clot forming in a deep vein. There are different types of Heparin. The most commonly used in pregnancy and after birth is 'low molecular weight heparin' (LMWH), or commonly known as *clexane*.

What does heparin treatment involve?

Heparin is given as an injection under the skin at the same time every day. The dose is worked out for you according to your weight when you are admitted to hospital. You will receive an injection once a day while you are in hospital, and may need to be continued for ten days after delivery.

What else can help?

- Stay as active as you can
- If you need pain relief, ask your doctor or midwife
- Drink plenty of water

Are there any risks to me and my baby from heparin?

Low molecular weight heparin cannot cross the placenta to the baby and so is safe to take when you are pregnant.

There may be some bruising where the heparin is injected which will usually fade in a few days.

One or two women in every 100 (1-2%) will have an allergic reaction when they inject. If you notice a rash after the injection, you should inform your doctor so that the type of heparin can be changed.

Is it safe to breast feed?

Low molecular weight heparin does not cross into breast milk and is not absorbed orally, so it is safe to breast feed while having LMWH injections.

If you have any questions please discuss then with your doctor or midwife.

For more information

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