The Rosie Hospital
Patient Information
Reducing the risk of venous thromboembolism (VTE) in pregnancy and the postnatal period

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Help with this leaflet:
If you would like this information in another language, large print or audio format, please ask the department to contact Patient Information: 01223 216032 or patient_information@addenbrookes.nhs.uk

Please note: We do not currently hold many leaflets in other languages; written translation requests are funded and agreed by the department who has authored the leaflet.

We are now a smoke-free site: smoking will not be allowed anywhere on the hospital site. For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0169.
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 in the vein that runs through the muscles of the calf and thigh.

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

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

References

After you have administered the final dose of dalteparin (Fragmin®)

When you have administered the final dose of Dalteparin®, lock the sharps box by closing the lid tightly. The box can then 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, also known as TEDS (thrombo embolic deterrent stockings)
  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 (Fragmin®) and breastfeeding

Dalteparin (Fragmin®) 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.

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 the legs. Other risk factors include:

- Smoking
- age over 35
- obesity – BMI over 30kg/m²
- previous history of VTE
- three or more babies
- pre-eclampsia
- postnatal hospital admission longer than three days
- antenatal administration of dalteparin (Fragmin®)
- blood loss over one litre
- emergency caesarean section

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 is crucial in reducing deaths from PE 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 a low-molecular weight heparin (dalteparin (Fragmin®))
Antenatal assessment during any 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 as to how you deliver your baby.

Can I have an epidural whilst taking Dalteparin (Fragmin®)

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 one, or who for other reasons need an epidural, can safely have one. We will discuss this with you and answer any questions that you may have, in the obstetric haematology clinic.

Postnatal assessment

You will be assessed again postnataally for your risk of VTE after delivery. Following assessment, if required, you will be given special leg stockings to wear and VTE prophylaxis (dalteparin) will be started and continued for one week (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 (Fragmin®)

Depending on the time you are discharged home, you will be shown how to inject yourself by a midwife. You will be given a pack of information containing a leaflet and DVD from the pharmaceutical company that makes the dalteparin which has diagrams to help explain how to administer the injection.

Dalteparin should be kept in a cool, dry and safe place (not a fridge) 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 (Fragmin®)

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-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.