CLOTS BEFORE, DURING, AND AFTER PREGNANCY

PATIENT INFORMATION SHEET

WHAT IS A DVT?

A deep vein thrombosis (DVT) is a blood clot that occurs most commonly in the deep vein of the leg.

WHY IS A DVT IMPORTANT?

- DVT can cause short-term and long-term pain and swelling in the leg.
- If left untreated, DVT can move to the lung where it causes pulmonary embolism (PE). Pulmonary embolism causes shortness of breath, chest pain, and tiredness. Once DVT has moved to the lung, the clot is stuck there and cannot move.
- Because blood clots in the lungs cannot move, PEs do not cause strokes or heart attacks.
- Diagnosing DVT and/or PE is the first step to treatment and keeping you and your baby healthy and safe.

WHAT ARE SOME OF THE SIGNS AND SYMPTOMS OF DVT AND PE?

- DVT can lead to pain, swelling, redness and/or warmth in the affected calf, thigh, or lower back, or less commonly the arms.
- PE can lead to problems in taking a deep breath, pain in the chest, and less commonly coughing up blood or fainting.
- During pregnancy, symptoms such as leg swelling and shortness of breath are common. Discuss with your healthcare professional what you need to watch for.

PREGNANCY AND RISK OF DVT/PE

- Being pregnant increases the risk of having a clot 4 to 5 times compared to not being pregnant. There are believed to be many reasons for this.
- The body produces more hormones, especially progesterone, during pregnancy. This causes blood vessels to dilate, creating a situation in which the blood pools, particularly in the legs.
- Fertility treatments may increase the risk of DVT/PE. Discuss this with your fertility healthcare professional.
- Individuals may experience less blood flow to the legs later in pregnancy because the growing baby pressed on the blood vessels around the pelvis.
- Close to birth, the body produces more clotting factors to reduce blood loss during labour and delivery.
- Other risk factors for DVT/PE during pregnancy include obesity and smoking.
- The most common risk factors for PE in the postpartum period are Cesarean delivery and obesity.
- Maintaining your health is important to protect the health of your baby.

WHAT SHOULD YOU DISCUSS WITH YOUR HEALTHCARE PROFESSIONAL? (EG, OBSTETRICIAN, MIDWIFE, FAMILY PHYSICIAN, ETC.)?

- How to safely stop anticoagulants before delivery and restart anticoagulants after birth
- Your personal and family history of thrombosis
- Plans for fertility treatment
- Routine prenatal vitamins and folic acid taken during pregnancy are safe
- Include relevant thrombosis information in your birth plan prior to admission to hospital for labour

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WHO SHOULD BE TESTED FOR DVT OR PE?

- Individuals who have symptoms of DVT should have a D-dimer blood test and sometimes an ultrasound of the affected leg or arm.
- Individuals who have symptoms of PE should have a D-dimer blood test and sometimes a scan of the lungs.

HOW ARE DVTS AND PES TREATED IN PREGNANCY?

- Anticoagulants (also called blood thinners) are used to treat people with DVT and/or PE during pregnancy and breastfeeding. Anticoagulants stop the DVT and/or PE from getting any bigger and prevent new DVT or PE.
- Low molecular weight heparins (LMWHs) are the most common anticoagulants during pregnancy and breastfeeding as they are safe for the baby. LMWHs such as enoxaparin, dalteparin, nadroparin, and tinzaparin are taken as a needle in your skin either once a day or twice a day.
- Warfarin, an anticoagulant that is taken by mouth, is also safe with breastfeeding.
- Treatment is usually required for the rest of your pregnancy and usually continues until 6 weeks after birth and sometimes longer. Anticoagulants should be taken exactly the way your healthcare professional prescribes.
- A small chance of bleeding can happen with LMWHs. LMWH can cause pain at the site of injection, or bruising. Click here to see a short video on how to inject LMWH.

HOW DOES HAVING A DVT AND/OR PE AFFECT MY DELIVERY?

- LMWH used to treat DVTs and PEs need to be stopped 24 hours prior to having an epidural or spinal anesthetic.
- LMWH will be started again soon after birth as they are safe to use with breastfeeding.

HOW CAN I REDUCE THE RISK OF ANOTHER DVT/PE:

- For all future pregnancies, a preventative dose of LMWH should be started when you know you are pregnant.

TAKE AWAY MESSAGE

- DVTs and PEs can happen with pregnancy.
- DVTs and PEs can be treated safely in pregnancy and during breastfeeding.
- Anticoagulants are the treatment and should be taken exactly the way your healthcare professional prescribes.
- Talk to your healthcare professional if you have new or unexplained bleeding, and to ensure a clear birth plan.

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