

Preventing Deep Vein Thrombosis before and after Birth

What is Deep Vein Thrombosis (DVT)?

Blood normally flows quickly through the veins in the body. A DVT happens when a blood clot forms in a deep vein which prevents the blood from flowing quickly. It most commonly happens in the deep veins of the lower leg (calf), and can spread up to the deep veins in the thigh. Rarely it can develop in other deep veins for example in the arm.

Symptoms of DVT

A DVT can block the blood flow in the leg causing symptoms such as:

- Swelling of the affected leg - this is usually different from the mild swelling of both ankles that many people experience during pregnancy or long haul flying.
- Pain in the affected leg - the pain may be noticeable or get worse when standing or walking.
- Reddening of the affected leg.
- Tenderness and redness particularly at the back of the leg, below the knee.

If you experience any of these symptoms see a GP, or out of hours attend the Emergency Department to exclude DVT.

Complications of DVT

Pulmonary Embolism is the most serious complication of DVT. Pulmonary Embolus occurs when a blood clot becomes dislodged from a vein and travels to the lung, which can partially

block or block the pulmonary artery. This can be life threatening.

Who is at increased risk of DVT?

There are a number of risk factors which may increase the risk of DVT (blood clot). Pregnancy and the early postnatal period increases the risk of DVT five fold.

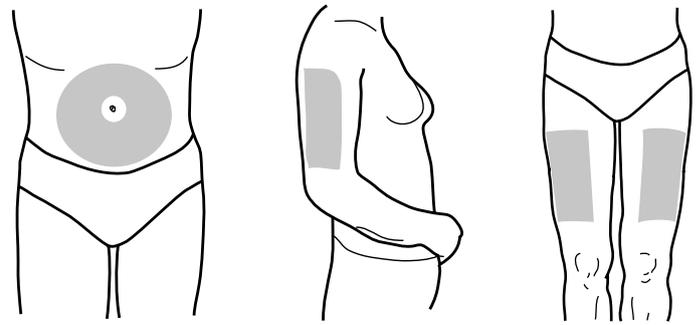
Other risk factors are:

- age > 35
- obesity or a BMI greater than 30
- travelled on a long haul journey in the past month
- immobility which can occur following a caesarean section or with a long labour
- smoking
- diabetes
- a previous history of a blood clot
- known circulation problems
- a history of drug misuse
- gross varicose veins
- known thrombophilia- a hereditary increased risk of blood clotting

How can we reduce the risk of DVT?

Because of the potential serious complications that can occur with DVT it is important for all women to follow this advice:

- Try and mobilise as much as possible, do not sit in one position for long periods of time. When you are sitting keep your ankles elevated above your hips by placing your legs on a stool or something similar.
- Drink plenty of water to avoid dehydration and avoid drinks that contain caffeine.
- Give up smoking.
- If advised by your doctor or midwife wear compression stockings (TEDs).
- Be aware of any symptoms as described above.



Before you administer the injection remove the injection from the plastic cover and wash your hands.

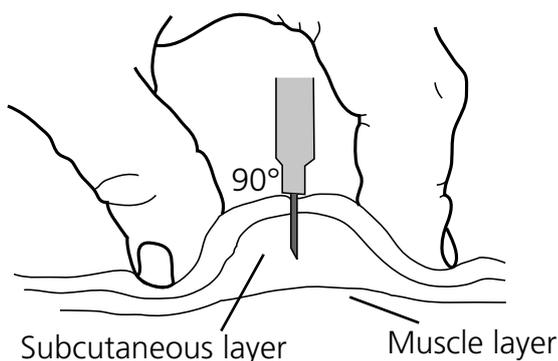
Before giving the injection cleanse the skin in a circular motion with an alcohol swab and wait for the area to dry.

Women who are at increased risk of DVT

If you have increased risk factors for DVT your medical team will prescribe a Fragmin injection either during your pregnancy and /or for a period of 10 days to six weeks after birth. The dose and frequency will depend on your weight at booking in pregnancy. The Fragmin injection is prescribed to thin the blood to help to prevent blood clots forming.

Preparing to give your Fragmin injection

The Fragmin injection is given subcutaneously (just beneath the skin).



The midwifery staff will demonstrate how to administer the Fragmin injection. It is important that you administer the injection at the same time each day and do not miss a dose.

The injection is best given into the abdomen below the rib area, in the side of the arm or the upper thigh area.

Injecting Fragmin

- Take the cover off the needle and be careful not to contaminate the needle by touching anything with the needle.
- Hold the syringe in one hand like a pencil or dart.
- Grasp your skin between the thumb and forefingers (in the areas described above).
- Quickly thrust the needle all the way into the skin at a 90 degree angle (you do not need to push or be forceful). Do not press the plunger whilst piercing the skin.
- Once the needle is inserted into the skin inject the medication at a slow steady rate by pressing the plunger.
- When all of the medication has been injected wait 5 seconds before removing the needle by pressing down on the skin with cotton wool or gauze whilst pulling the needle out of the skin gently.
- It is not serious if you notice blood at the site after the needle is removed, simply press the site with the cotton wool or gauze until bleeding stops.
- Dispose of the syringe in a sharps container and give the container to your midwife when you have completed your medication.

What to do if you think you are in labour?

If you have any vaginal bleeding or think you might be in labour, do not inject any further doses until you have spoken to a midwife. You can ring maternity triage for advice.

If you are booked for induction of labour or an elective caesarean section, you will be advised by your midwife or doctor regarding when to stop your fragmin injections.

The Trust cannot accept any responsibility for the accuracy of the information given if the leaflet is not used by RD&E staff undertaking procedures at the RD&E hospitals.

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