

DID YOU KNOW?

- ★ VTEs are the leading cause of maternal deaths in Ireland and the UK, occurring in 1 in 100,000 maternities.
- ★ VTE accounts for 60% of hospital related deaths, the leading cause of preventable death - greater than pneumonia and infection.
- ★ 1 in 1000 pregnant women experience a VTE.
- ★ 1 in 4 people die from thrombosis worldwide
- ★ Pregnant women are 4-5 times more likely to develop VTE than their non-pregnant counterparts.



WHERE CAN I GET MORE INFORMATION?

For more information about VTE contact (??) or visit our website:

Contact details are listed below.

Contact:

Address

Email

Website



THROMBOSIS RISK IN PREGNANCY

what you need to know



WHAT IS VTE?

WHAT IS THROMBOSIS?

Thrombosis is the formation of a blood clot (thrombus) within the blood vessels. A blood clot can disrupt and block the flow of blood in the vessels which can have serious consequences. There are two types of thrombosis:

DEEP VEIN THROMBOSIS (DVT)

This occurs when a blood clot forms in a deep vein, such as in the legs or the pelvis.



PULMONARY EMBOLISM (PE)

This occurs when a DVT breaks away, causing a potentially deadly blood clot to travel to the lungs.



Together, these are known as **Venous Thromboembolism** or VTE.

WHAT ARE THE SYMPTOMS?

Deep Vein Thrombosis symptoms in the leg may include:

- Pain
- Tenderness
- Swelling
- Warmth, Bruising & Redness

Pulmonary Embolism symptoms include:

- Unexplained shortness of breath
- Chest pain or tightness in the chest
- Rapid breathing and heart rate
- Coughing up blood
- Fainting and lightheadedness

IF YOU EXPERIENCE ANY OF THESE SYMPTOMS, YOU SHOULD VISIT A HOSPITAL IMMEDIATELY.

VTE IN PREGNANCY

In pregnancy and the postpartum period, you are at greatest risk of developing VTE.

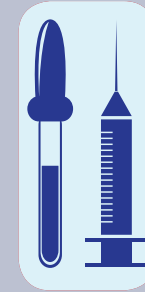
The growing baby places increased pressure on the chambers of the heart, slowing down the flow of blood causing an increase in pressure to the veins of the legs. Increased hormonal levels can also increase the elasticity of veins, further slowing the flow of blood and causing damage to the lining of the blood vessels, increasing susceptibility to clotting. The main cause of VTE in pregnancy stems from the blood's increased clotting ability, likely induced to protect mothers from excess bleeding in miscarriage and birth.

RISK FACTORS

VTE is a rare but quite serious condition. Risk factors for development of VTE include:

- + A personal/family history of VTE
- + 35 years of age or older
- + 3 or more previous pregnancies
- + Multiple Pregnancy (twins, triplets etc.)
- + Obesity
- + Smoking/IV drug use
- + IVF treatment
- + Medical conditions such as pre-eclampsia, heart disease, varicose veins, ovarian hyperstimulation syndrome (OHSS) or a thrombophilia (clotting condition)
- + Dehydration or reduced mobility
- + If you have had a prolonged Labour, C- section, blood transfusion or suffered postpartum blood loss bleeding in miscarriage and birth.

VTE TREATMENT



VTE is usually treated using Low Molecular Weight Heparin (LMWH), an anticoagulant which thins the blood, dissolving clots and preventing further clot formation.

LMWH is safe for expectant mums as it cannot cross the placenta to affect the baby and it does not substantially increase the risk of postpartum bleeding.

Breastfeeding is also safe. Administered via injection once or twice a day, most women find LMWH easy to use.

VTE PREVENTION

- There are many things that you can do to prevent VTE: Ensure that you keep mobile to promote blood flow, avoiding long uninterrupted journeys over 3 hours' duration
- Keep hydrated
- Lose weight
- Wear anti-embolism stockings to prevent clot formation
- In some cases, Low Molecular Weight Heparin may be prescribed to thin the blood once or twice a day, most women find LMWH easy to use.