

How to Prevent Deep Vein Thrombosis During and After Pregnancy

Deep Vein Thrombosis

Deep vein thrombosis (DVT) is a condition that happens when a blood clot forms in one of the deep veins surrounded by muscle in the leg. The clot may partly or completely block blood flow through the vein, causing leg swelling.

The clot may break off and travel through the bloodstream and may lodge in the lung arteries. This condition is called a pulmonary embolism (PE). This can be serious and life-threatening.

It's important to treat DVT early to help prevent a PE. These conditions can be serious but are treatable with blood-thinner medicines (known as anticoagulants).

Risk of DVT During Pregnancy and After Giving Birth

There is a higher risk of having DVT during pregnancy and for the first 6 weeks after giving birth.

The hormones in your body make it more likely for your blood to clot. This is caused by slower blood flow, the weight of your growing uterus pressing on blood vessels, or being less physically active than usual.

The risk of DVT also increases if you are on bedrest during pregnancy or if you need a Cesarean birth.

There are a number of other risk factors for DVT including:

- smoking
- being overweight
- injuries or infections
- a previous episode of DVT
- being born with blood-clotting problems
- varicose veins.

Signs and Symptoms

These are common symptoms of DVT:

- redness or warmth in part of your leg
- swelling in the thigh, calf, ankle, foot, or the entire leg
- pain in the leg
- constant pain in one leg while standing or walking.

If you have any of these symptoms, tell your nurse or health care provider right away.

During pregnancy and after giving birth, these symptoms are more common in the left leg.

It's possible to develop DVT and not have any symptoms. If you have any risk factors, your health care provider may have you take medicine to prevent blood clots.

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Sometimes there may not be leg pain and the first symptoms are of a pulmonary embolism. **If you have any of these symptoms, tell your nurse or health care provider right away:**

- shortness of breath
- sharp chest pain under a breast or on one side
- pain in the ribs when breathing
- cough that produces bloody sputum
- excessive sweating
- rapid pulse
- feeling lightheaded.

Preventing DVT

To decrease your risk of DVT during pregnancy and after giving birth, use the following tips.

- If you have to sit for a long time, stretch your feet and legs every 20 minutes.
- Get up and walk around if you have been sitting for more than 60 minutes.
- If you're on bedrest, ask your health care provider what you can and cannot do.
- After giving birth, move your legs while in bed and get out of bed as able.
- Drink plenty of liquids unless your health care provider gives you other instructions.
- Follow your health care provider's instructions about physical activity and lifestyle changes (such as quitting smoking).
- Keep all of your scheduled visits with your health care provider.

If you are on bedrest during pregnancy or have a Cesarean birth

You may need to wear a sequential compression device, take a medicine or both.

- **Sequential Compression Device (SCD)**
This an inflatable wrap used to prevent blood clots. It's worn around your lower leg while you're in bed. After the wrap is applied, air is pumped in and then released. This pumping action, repeated regularly during the day or night, helps improve circulation and prevent blood clots. Your health care provider will decide how long you will need to wear the SCD.

- **Medicine**

You may need to take a blood-thinner medicine. The two most common types are heparin and enoxaparin (Lovenox®). They are given by injection (shot) under the skin. These medicines help prevent clots from forming or getting bigger.

- You may need one of these medicines if you have risk factors before giving birth or are on bedrest in the hospital.
- You may need one of these medicines during your hospital stay only or continue taking it when you get home.
- You and your health care provider will talk about what is best for you.

If you are on bedrest during pregnancy and taking a blood-thinner medicine, it's possible that you may or may not be able to have an epidural or spinal anesthesia medicine during birth. Talk about this with your health care provider.

Treatment

Your health care provider will treat DVT to prevent a PE and to keep another clot from forming.

You will likely be treated with medicines. They keep the clots from getting bigger or traveling to the lungs.

How long you take this medicine is based on many things, including bleeding risk and if the cause of the clot is known or not.