

Plain language summary

Prevention and Management of Venous Thromboembolism (VTE) in Pregnancy

Who is this summary for?

This summary is for women who are pregnant, planning a pregnancy, have recently given birth, who may be at risk of developing a blood clot during pregnancy or after birth in Ireland.

What is this summary about?

The National Women and Infants Health Programme (NWIHP) has developed a National Clinical Practice Guideline on the Prevention and Management of Venous Thromboembolism (VTE) in Pregnancy. This guideline is for healthcare professionals caring for women planning a pregnancy, pregnant and recently pregnant women. This plain language summary explains the key recommendations in clear, non-medical language.

What is VTE?

Venous thromboembolism (VTE) is the medical term for a blood clot that forms in a vein. Blood clots most commonly occur in the legs but can also occur in the lungs (pulmonary embolism, PE). Blood clots can be serious but if recognised early, can be treated effectively.

Why is VTE important in pregnancy?

Pregnancy and the weeks after birth increase the risk of developing a blood clot. Although blood clots are uncommon, they can be a serious cause of illness and, in rare cases, death. Many pregnancy-related blood clots can be prevented when risk factors are identified early and appropriate treatment is provided.

Who is at increased risk?

There are many risk factors that put women at higher risk of developing a blood clot in pregnancy such as having had a previous blood clot, a family history of blood clots, certain inherited blood-clotting conditions (thrombophilia), obesity, smoking and increasing age, amongst other things. The healthcare team will assess the woman's individual risk throughout pregnancy and after birth.

What are the signs and symptoms?

Symptoms of a DVT may include swelling, pain, redness, or warmth in one leg. Symptoms of a PE may include shortness of breath, chest pain, coughing up blood, dizziness, or collapse. Anyone with symptoms suggestive of a blood clot should seek urgent medical attention.

What tests are available?

If a blood clot is suspected, the pregnant woman will be assessed by a healthcare professional and may need imaging tests. An ultrasound scan of the leg is usually used to investigate a suspected DVT. If a PE is suspected, a chest X-ray and other specialised scans may be recommended. These tests help confirm or exclude a blood clot so that the correct medical treatment can be started.

How can VTE be prevented and treated?

All women should have their risk of VTE assessed at different stages of pregnancy and after birth. Women at increased risk may be advised to take low molecular weight heparin (LMWH), a blood-thinning medication given by injection.

Women diagnosed with a blood clot are usually treated with a higher dose of LMWH for the remainder of pregnancy and for a period after birth. Healthcare professionals will also provide advice on staying active, maintaining hydration, and recognising symptoms of a blood clot.

How will pregnancy and birth be managed?

Women at increased risk of VTE or those receiving anticoagulant treatment will usually have an individualised care plan. This may involve care from a multidisciplinary team, including obstetricians, haematologists, midwives, and other specialists. The plan will include guidance on treatment during pregnancy, labour, birth, and the postnatal period, including when blood-thinning medication should be stopped and restarted.

Where to go for more information?

<https://www2.hse.ie/conditions/blood-clots-pregnancy/>

<https://irishheart.ie/publications/blood-clots-in-pregnancy-and-after-birth-booklet/>