

Frequently asked questions:

Who is at extra risk of blood clots in pregnancy?

Pregnancy is associated with a risk of blood clots for all people, but people with a history of a clot are at a higher risk. The risk of clotting is especially high if the blood clot was “unprovoked” (no trigger or cause was found) or if the previous trigger was a past pregnancy or the use of medication containing estrogen, such as birth control pills.

How long does the risk last?

The increased risk of a blood clot starts as soon as you are pregnant, but it is lower in the first trimester than later on in pregnancy. The highest risk of blood clots comes in the 6 weeks after delivery, so that is the most important time to be on a prevention medication.



Blood clot prevention in pregnancy

Do I really need to keep taking blood thinners after delivery?

Yes! The highest risk of getting a blood clot related to pregnancy is in the 6 weeks after delivery. Despite the many challenges and demands you are going through during your own recovery and with your new baby, it is very important to keep taking the blood thinners for a full 6 weeks after delivery.

What blood thinners are safe in pregnancy?

There are two blood thinners that are preferred: low molecular weight heparin (e.g. enoxaparin (brand name lovenox) and unfractionated heparin (usually just called "heparin"). These medications don't cross the placenta, so they don't thin the baby's blood or have any risk of birth defects. They have been used for many decades safely in pregnancy. Enoxaparin can be given once per day, but unfractionated heparin is twice per day. Both medications are injections under the skin.

Are there any safe blood thinners that are not injections?

Unfortunately, no. Some blood thinner pills, such as warfarin (brand name coumadin)) are known to cause birth defects. Other newer pills have unknown effects on pregnancy, so we avoid them to be careful. In addition to the concern for birth defects, these pill medications are all

expected to cross the placenta, so they thin the baby's blood.

If you discover you are pregnant and are taking one of these blood thinner pills, you should be seen immediately by a doctor who can switch you to a safer option.

Are these blood thinners safe when breastfeeding?

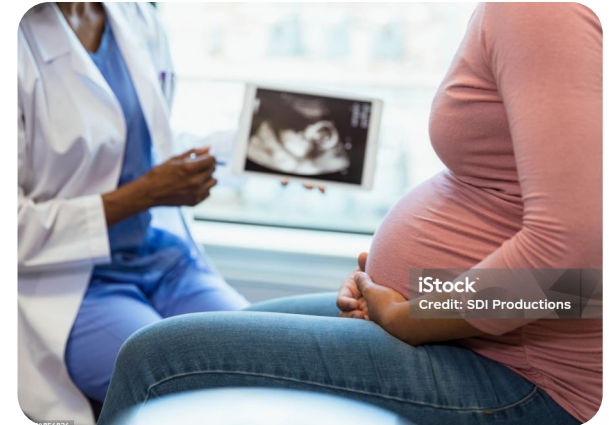
Enoxaparin and unfractionated heparin are all safe when breastfeeding and do not enter the breastmilk.

I'm not breastfeeding, do I have other blood thinner choices?

If you are not breastfeeding, pills such as apixaban and rivaroxaban may be an option instead of injections to complete the 6 weeks of blood thinners after delivery. Talk to your hematologist to learn more about this option and to see if it is right for you.

My injections are hurting a lot, what can I do?

Rotating which spot you injection in can rest the skin and limit discomfort. The skin of the abdomen and inner thigh are the easiest to use - make sure to avoid the muscular top of the thigh. Even with a growing belly, the skin of the abdomen is always a safe place for the injection. If someone else can help with injections, the back of the upper arms is another spot that can be used. Bruising around the injection site is common, and while unpleasant, is not dangerous. If you have a rash at the injection site, talk to your provider, so we can check out what is going on.



Can I have an epidural or spinal block?

Usually, being on a prevention dose of a blood thinner usually doesn't interfere with getting an epidural or other similar types of pain control. Some patients are switched over to unfractionated heparin when close to delivery because it wears off faster. Usually, you have to wait 12 hours after the last dose of enoxaparin and 4 to 6 hours after the last dose of unfractionated heparin to be able to have an epidural placed. If you think you are in labor or break your water and are due for a dose of blood thinner, hold off on administering it and check in with your obstetrician.

I think I am in early labor, what do I do about my blood thinner?

It's better to hold off for a little while and figure out if you are in labor before giving yourself that next shot. If contractions stop or slow down, you can always give it then. If you aren't sure about whether or not you are in labor, check in with your obstetrician about what you are experiencing.