# **Benefits of Medical Compression Stockings throughout Pregnancy & after Birth**





# **PREGNANCY-RELATED SIGNS & SYMPTOMS**

Pregnancy is associated with a wide variety of signs & symptoms:







## VENOUS THROMBO-EMBOLIC EVENTS (VTE)



Nausea and vomiting affect approximately 50% - 80% of women in early pregnancy (that is during the first trimester and early second trimester). Symptoms can be mild, or they can even require treatment and hospitalization<sup>1</sup>.

Due to physiological changes, many mothers-to-be develop varicose veins over time. This can lead to chronic venous insufficiency, which is accompanied by leg pain, heaviness and edema. These symptoms usually worsen as pregnancy progresses<sup>2,3</sup>.

The risk of deep vein thrombosis (DVT) increases during pregnancy and is at its highest in the three months after birth. If left untreated, DVT can lead to a pulmonary embolism (PE). VTE (DVT, PE) remain a main cause of maternal mortality in the developed world<sup>4</sup>.

Maternal hypotension is a frequent complication following spinal anesthesia or epidural analgesia during birth. It may cause nausea and vomiting in the mother, and it can lead to fetal complications such as hypoxia, heart rate abnormalities, or acidosis<sup>5</sup>.

This One-Pager reviews the effectiveness of medical compression stockings (MCS) against various signs & symptoms, throughout pregnancy & beyond.



#### MCS BENEFITS THROUGHOUT PREGNANCY & BEYOND



**TRIMESTER 1** 



TRIMESTER



TRIMESTER 3



**BIRTH** 



**AFTER BIRTH** 



#### **NAUSEA & VOMITING**

MCS (23-32mmHg) alleviate nausea and vomiting<sup>1</sup>.



#### LEG PAIN, HEAVINESS & SWELLING - VARICOSE VEINS, VENOUS INSUFFICIENCY

MCS (15-20mmHg) reduce leg pain and increase the quality of life<sup>3</sup>.

MCS (20-30mmHg) improve pain, edema and leg heaviness<sup>6</sup>.

MCS (20-30mmHg) decrease the reflux time and peak reflux velocity in the great/small saphenous veins<sup>7</sup>.

MCS (20-30mmHg) reduce the great/small saphenous vein diameters<sup>6</sup>.



#### **VENOUS THROMBOEMBOLIC EVENTS (DVT, PE)**

For the prevention of venous thromboembolic events (VTE), MCS are recommended throughout the entire pregnancy up to six weeks after natural birth, or up to six months after a cesarean section<sup>8</sup>.



#### **MATERNAL HYPOTENSION**

MCS (20-36mmHg) **reduce** the incidence of **maternal hypotension** following epidural analgesia during spontaneous term labor<sup>5,9</sup>. MCS (20-30mmHg) worn during a cesarean section effectively **reduce post-spinal maternal hypotension** and **neonatal acidosis**<sup>10</sup>.



## **CONCLUSION**

MCS provide multiple benefits throughout pregnancy and beyond:

- · Alleviation of nausea and vomiting<sup>1</sup>
- · Effective control of varicose veins and retrograde flow<sup>6,7</sup>
- $\cdot$  Improvement of venous insufficiency signs and symptoms  $^{\! 3,6}$
- · Protection against VTE (DVT, PE)8
- · Reduction in maternal hypotension during birth<sup>5,9,10</sup>
- · Increase in quality of life<sup>3</sup>

## TAKE-HOME MESSAGE

MCS are recommended throughout the entire pregnancy<sup>1,3,6,7,8</sup> and childbirth<sup>5,9,10</sup>, for up to six weeks after natural birth, or six months after a cesarean section<sup>8</sup>. Because pregnancy-related venous indications may persist or worsen over time<sup>3</sup>, SIGVARIS GROUP recommends the continued wearing of MCS post-pregnancy.

