

# WOMEN'S HEALTH MONTH

*Protect yourself or the  
women in your life.*

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## 2022 TOOLKIT

This toolkit contains key messaging, social sharables, and other materials related to women's unique blood clot risk factors.

# FACTS & STATISTICS

*Know Your Risk*



- 💧 Use of birth control pills – combined hormonal contraceptives – doubles the venous clot risk.
- 💧 Venous blood clots are a leading cause of death in a woman during pregnancy or just after having a baby.
- 💧 In pregnancy, the risk of VTE is increased 5 times greater than in non-pregnancy.
- 💧 Clot risk is increased during all trimesters, but is highest – a risk of 100 fold – in the first week after the baby is born. Risk remains elevated for up to 12 weeks following delivery.
- 💧 Use of hormone replacement therapy (HRT) increases VTE risk by 2 to 4 times.



# PROTECT YOURSELF OR THE WOMEN IN YOUR LIFE

*Learn More*



Birth control methods that contain estrogen can place a woman at increased risk for blood clots.



Women who are pregnant or who have just given birth are at increased risk for blood clots.



As women approach menopause, they begin to experience symptoms that are sometimes treated with hormone therapy, which contain estrogen and can increase a woman's risk for blood clots.

# SOCIAL SHARABLES

*Share to Stop the Clot®*



## BIRTH CONTROL & BLOOD CLOTS

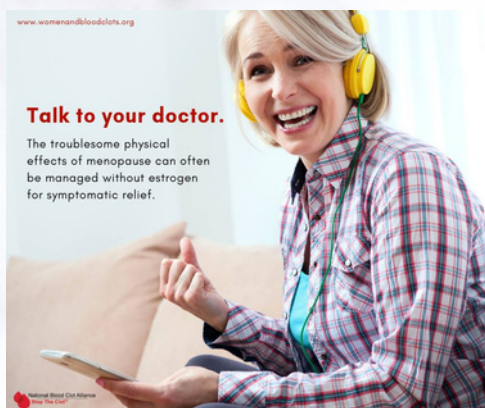
Hormonal birth control, including the pill, patch, and ring increase a woman's risk for life-threatening blood clots. Learn more about birth control methods to reduce or eliminate your blood clot risk by visiting [stoptheclot.org](http://stoptheclot.org)

#stoptheclot #womenandbloodclots #womenshealth

## PREGNANCY & BLOOD CLOTS

Pregnancy and childbirth are major risk factors for the development of life-threatening blood clots. If you are pregnant or planning to become pregnant, talk to your doctor about ways to reduce your risk for blood clots, and develop a blood clot prevention plan.

#stoptheclot #womenandbloodclots #womenshealth



## MENOPAUSE & BLOOD CLOTS

Hormone therapy for the treatment of menopause symptoms increases a woman's risk for blood clots. Learn more about how to safely manage symptoms of menopause: [www.stoptheclot.org](http://www.stoptheclot.org)

#stoptheclot #womenandbloodclots #womenshealth

Download these graphics: <https://bit.ly/NBCAwomenshealth>



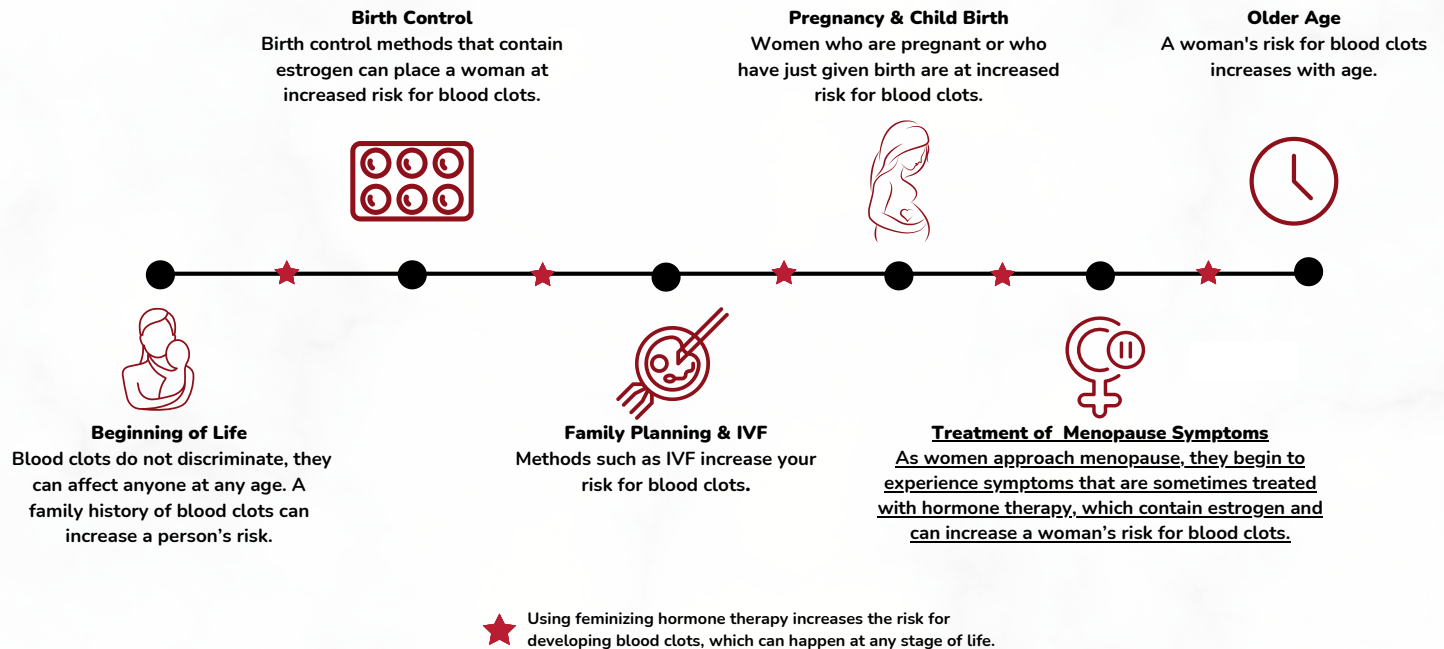
# ADDITIONAL RESOURCES

*Help Stop the Clot®*

## WOMEN AND BLOOD CLOTS RISK TIMELINE



### Women and Blood Clots Risk Timeline



DOWNLOAD THIS TIMELINE:



# ADDITIONAL RESOURCES CONT.

*Help Stop the Clot®*

## WOMEN AND BLOOD CLOTS RISK ASSESSMENT TOOL



### Women and Blood Clots Risk Assessment Tool

*Use this questionnaire at your general check up exams, when considering birth control options that contain the hormone estrogen, when considering starting a family or undergoing IVF, before childbirth or after pregnancy, when considering hormone replacement therapy, and as you get older. Share the results of this questionnaire with your healthcare provider before or after any of these life events. Your healthcare provider will use your answers to the questions below to help assess your risk for blood clots.*

Name: \_\_\_\_\_ Healthcare Provider Name: \_\_\_\_\_ Date: \_\_\_\_\_  
DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_ BMI (weight/height): \_\_\_\_\_ Date of last women's health clinical visit: \_\_\_\_\_  
Any allergies to medications? Circle One: Yes / No If yes, list them here: \_\_\_\_\_

#### General Questions

- |                                                                                                                                                                                  |         |    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|----|
| 1. Have you or any member in your family ever had a blood clot in your leg or in your lung?                                                                                      | YES     | NO |
| 2. What was the first date of your last menstrual period? (month/day/year)                                                                                                       | ( / / ) |    |
| 3. Are you currently breastfeeding an infant who is less than 1 month of age?                                                                                                    | YES     | NO |
| 4. Do you think you might be pregnant now?                                                                                                                                       | YES     | NO |
| 5. Have you been told that you are overweight or obese? (Overweight: BMI >25, Obese: BMI >30)                                                                                    | YES     | NO |
| 6. Do you smoke cigarettes?                                                                                                                                                      | YES     | NO |
| 7. Do you have diabetes?                                                                                                                                                         | YES     | NO |
| 8. Do you get migraine headaches, or headaches so bad that you feel sick to your stomach, you lose the ability to see, it makes it hard to be in light, or it involves numbness? | YES     | NO |
| 9. Do you have high blood pressure, hypertension, or high cholesterol?                                                                                                           | YES     | NO |
| 10. Have you ever had a heart attack or stroke, atrial fibrillation, or been told you had any heart disease?                                                                     | YES     | NO |
| 11. Have you ever been told by a medical professional that you are at a high risk of developing a blood clot in your leg or in your lung?                                        | YES     | NO |
| 12. Have you had bariatric surgery or stomach reduction surgery?                                                                                                                 | YES     | NO |
| 13. Have you had recent major surgery or are you planning to have surgery in the next 4 weeks?                                                                                   | YES     | NO |
| 14. Do you have or have you ever had breast cancer?                                                                                                                              | YES     | NO |
| 15. Do you have lupus, rheumatoid arthritis or any blood disorders?                                                                                                              | YES     | NO |
| 16. Do you take medication for seizures, tuberculosis (TB) fungal infections, or human immunodeficiency virus (HIV)? If yes, list them here: _____                               | YES     | NO |
| 17. Do you have any other medical problems or take regular medication? Please list: _____                                                                                        | YES     | NO |

## DOWNLOAD THE FULL RISK ASSESSMENT:



# TAKE ACTION

*Help Stop the Clot®*

**JOIN OUR  
EMAIL LIST**



**DONATE  
NOW**



**LEARN HOW TO  
GET INVOLVED**

