Aneurin Bevan University Health Board

Protocol for Blood Investigations for the Common Clinical Scenarios in the Antenatal Settings

N.B. Staff should be discouraged from printing this document. This is to avoid the risk of out of date printed versions of the document. The Intranet should be referred to for the current version of the document.

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1 Executive Summary

This document is a maternity designed document to support safe and effective practice in the Antenatal setting. Based on RCOG and NICE guidelines, it summarises blood test practice, and aims to prevent overuse of blood tests for the purpose of non-clinically indicated reassurance.

1.1 Scope of policy

This protocol applies to all clinicians working within maternity services.

1.2 Executive Summary and Essential Implementation Criteria

Protocol regarding blood test usage in the Antenatal setting
Auditable standards are stated where appropriate.

2. Aims

To provide support for clinical decision (with respect to blood tests only) making in the following commonly seen scenarios:-

- Pre-eclampsia (PET)
- Gestational hypertension
- Obstetric cholestasis (OC)
- Spontaneous rupture of membranes (SROM, PPROM)
- Reduced fetal movements
- Antepartum haemorrhage (APH)- see separate guideline

3. Responsibilities

The Maternity Management team.

4. Training

Staff are expected to access appropriate training where provided. Training needs will be identified through appraisal and clinical supervision.

5. Monitoring and Effectiveness

Regular audit as appropriate, with feedback to the management committee, or else audit if concerns are identified.

6. References

RCOG green top and NICE guidelines for the relevant scenario.

This policy has undergone an equality impact assessment screening process using the toolkit designed by the NHS Centre Equality & Human Rights. Details of the screening process for this policy are available from the policy owner.

7. Appendices

Appendix 1: Protocol for Blood Investigations for the Common Clinical Scenarios in the Antenatal Settings

(This doesn't include non-blood test investigations)

Mild Gestational HTN (no proteinuria) (BP 140/90 – 149/99) ➢ No additional blood tests other than routine antenatal care	**Mild PET (HTN + Proteinuria) (BP 140/90 – 149/99)** ➢ FBC, U&E, LFT, Uric Acid, Bilirubin
Moderate Gestational HTN (BP 150/100 – 159/109) ➢ FBC, U&E, LFTs, Bilirubin ➢ Not to be repeated unless proteinuria at subsequent visits	**Moderate to Severe PET (BP 150/100 or greater)** ➢ FBC, U&E, LFT, Uric Acid, Bilirubin
Severe Gestational HTN (BP 160/110 or greater) ➢ FBC, U&E, LFT, Bilirubin ➢	**NICE CG 107 (2010)**
Obstetric Cholestasis **RCOG guideline 43 (2011)** ➢ LFT, Bile acids weekly ➢ Consider Hepatitis ABC, EBV, CMV, Liver autoimmune screening ,anti-Sm, and anti-mitochondrial antibodies to rule out other hepatic causes especially if LFTs very abnormal ➢ If pruritus persistent but LFT normal then repeat LFT in 1-2 weeks' time.	
PPROM < 37 weeks ➢ FBC and CRP weekly	**Term SROM > 37 weeks** ➢ Routine bloods not indicated at presentation
Reduced Fetal Movements **(RCOG guideline 57 (2011)** ➢ Bloods not indicated	
Minor APH (<50ml) ➢ FBC, G&S ➢ Do not do coag unless platelet count abnormal . ➢ Kleihauer if RhD –ve RCOG guideline 63 (2011)	**Major APH (50-1000ml)** ➢ FBC, G&S Coag (add Fibrinogen), consider cross match x 4 units , U&E ,LFT . Point of care test (bedside) test is advised to assess Hb level . ➢ Kleihauer if RhD -ve

PE/DVT FBC, LFT, U&E, Coag**,** ABG if suspect PE	**Vomiting** FBC, U & E, blood glucose and U&Es repeated daily if significant vomiting continues. In refractory cases / hx of previous admission then add LFT, TFT, calcium, phosphate, amylase level, ABG. (RCOG guideline 69 (June 2016)