

# Clinical SOP

## Referral for Low Platelets in Pregnancy

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### 1.0 Aim of this SOP

To provide staff with a clear process for referral of women and birthing people with a low platelet count during pregnancy.

### 2.0 Scope

This SOP applies to all staff who care and make clinical judgements for pregnant women and birthing people including:

- Midwives
- Obstetricians
- Anaesthetists
- Haematologists

### 3.0 Introduction

- Thrombocytopenia occurs in 8–10% of all pregnancies.
- In pregnancy it is usually mild and benign.
- Rare causes can be associated with severe complications for mother or birthing parent and baby.

During pregnancy there is a general downward drift in platelet count, particularly during the last trimester. This results at term in a level that is approximately 10% less than the pre-pregnancy

level. The mechanisms for this are thought to be a combination of dilutional effects and acceleration of platelet destruction across the placenta.

Most pregnant women or birthing people still have platelet counts within the normal range; however, if the starting count is at the lower end of the normal range, or there is a more severe drop, thrombocytopenia occurs. Hence thrombocytopenia is a common finding in pregnancy. Most cases are mild and have no significance for mother or birthing person, or fetus but, in some instances, where thrombocytopenia is part of a complex clinical disorder, there can be profound and even life-threatening results for both mother or birthing person and baby. The effect of pregnancy on the disorder and, conversely, of the disorder on the pregnancy, must be taken into account. In some instances, the aetiology is unique to pregnancy and the puerperium.

This SOP is to set out a clear referral pathway to manage new onset thrombocytopenia in pregnancy.

Please see Maternity maternal guidance for management of pre-existing thrombocytopenia during pregnancy.

#### 4.0 Abbreviations used within this SOP

<b>ANC</b> Antenatal Clinic	<b>FBC</b> Full Blood Count
<b>HELLP</b> Haemolysis, Elevated Liver Enzymes and Low Platelet count	<b>JHOC</b> Joint Obstetric/Haematology Clinic
<b>LW</b> Labour Ward	<b>SOP</b> Standard Operating Procedure

#### 5.0 Responsibilities

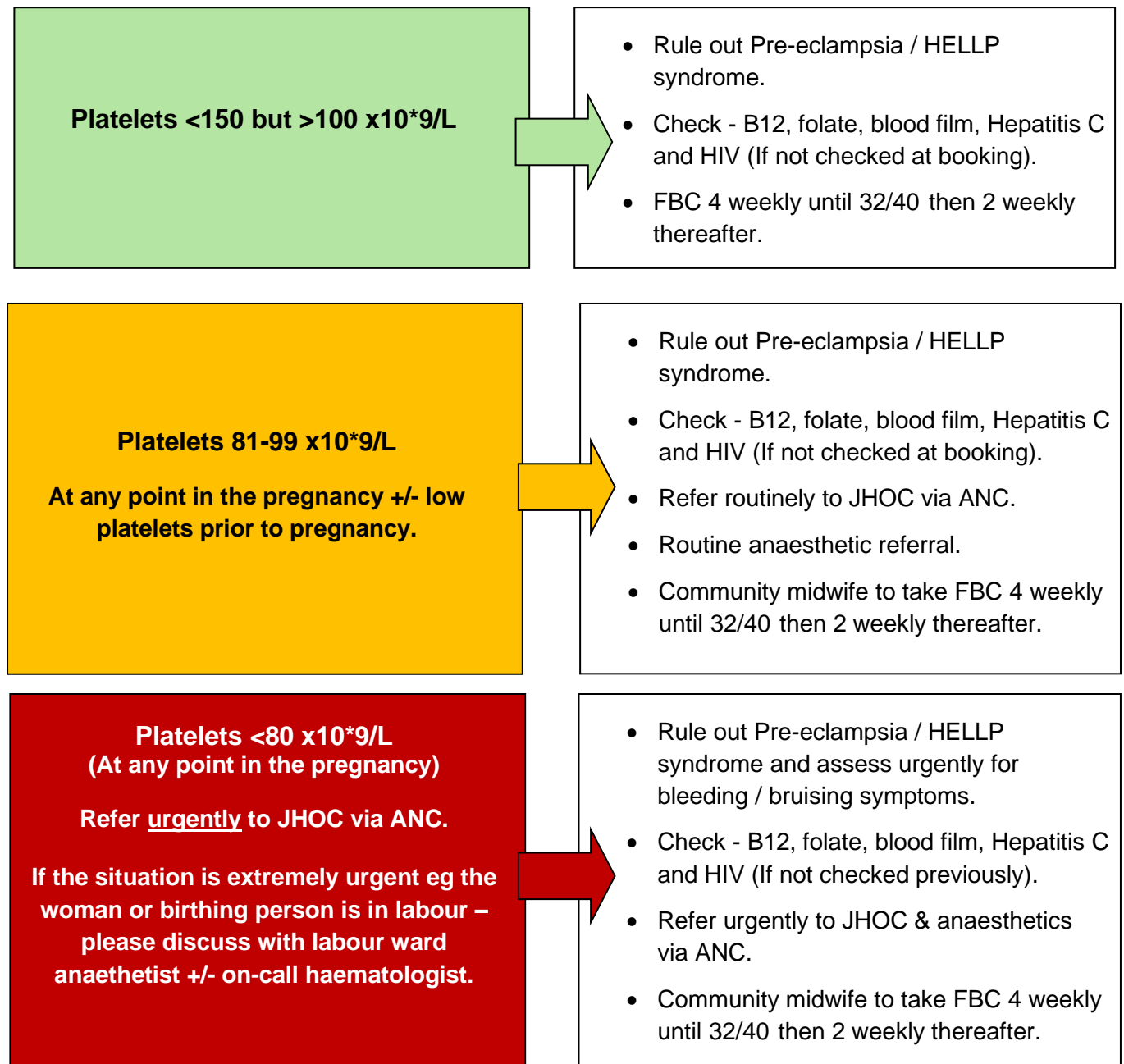
Midwives & obstetricians:

- To access, read, understand and follow this SOP.
- To use their professional judgement in application of this SOP.

Management:

- To ensure the SOP is reviewed as required in line with Trust and National recommendations.
- To ensure the SOP is accessible to all relevant staff.

## 6.0 Referral process for low platelets / thrombocytopenia in pregnancy



**For EITHER any low platelets  $<80 \times 10^9/L$  with significant bleeding OR if platelets  $< 30 \times 10^9/L$  discuss with on call haematologist**

- Urgent obstetric, haematology and anaesthetic review required for platelets  $< 50 \times 10^9/L$ . Contact ANC or labour ward as soon as possible to arrange.
- All referrals to JHOC are made via ANC.
- Discuss urgently with ANC/LW and on-call obstetric doctor if there are any bleeding symptoms.
- Liaise with Haematologist if JHOC appointment cannot be offered in a timely manner.

**When referring - please include a brief medical background including recent medication changes and previous haematological investigations.**

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<b>Standards</b>	None
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**Approval**

JOGG	Date approved	10/06/25
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**Ratification**

Clinical Document Approval Group	Date approved	02/07/25
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**SOP Version Control Log**

Version	Date	Author	Comment
1.0	March 2025	S. Stone Maternal Medicine Consultant	New Trust wide SOP replacing: <ul style="list-style-type: none"> <li>P19011 Referral for low platelets in pregnancy protocol (SRH&amp;WH)</li> </ul>