

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

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

Platelets <150 but >100 $\times 10^9/L$

- Rule out Pre-eclampsia / HELLP syndrome.
- Check - B12, folate, blood film, Hepatitis C and HIV (If not checked at booking).
- FBC 4 weekly until 32/40 then 2 weekly thereafter.

Platelets 81-99 $\times 10^9/L$

At any point in the pregnancy +/- low platelets prior to pregnancy.

- Rule out Pre-eclampsia / HELLP syndrome.
- Check - B12, folate, blood film, Hepatitis C and HIV (If not checked at booking).
- Refer routinely to JHOC via ANC.
- Routine anaesthetic referral.
- Community midwife to take FBC 4 weekly until 32/40 then 2 weekly thereafter.

**Platelets <80 $\times 10^9/L$
(At any point in the pregnancy)**

Refer urgently to JHOC via ANC.

If the situation is extremely urgent eg the woman or birthing person is in labour – please discuss with labour ward anaesthetist +/- on-call haematologist.

- Rule out Pre-eclampsia / HELLP syndrome and assess urgently for bleeding / bruising symptoms.
- Check - B12, folate, blood film, Hepatitis C and HIV (If not checked previously).
- Refer urgently to JHOC & anaesthetics via ANC.
- Community midwife to take FBC 4 weekly until 32/40 then 2 weekly thereafter.

**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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SOP version	v1.0
Related policies	None
Related protocols/procedures	SRH&WH: Management of High-risk Maternal Medicine Conditions, Antenatal Care & Patient Information. PRH&RSCH: MP028 Medical Disorders, Schedule of Antenatal Care. UHSx: None
Standards	None
Superseded documents	SRH&WH: P19011 Referral for low platelets in pregnancy protocol PRH&RSCH: None
Review due	July 2028
Date uploaded	02/07/25

Approval

JOGG	Date approved	10/06/25
Women & Children's Clinical Effectiveness Meeting	Date approved	19/06/2025

Consultation

B. Marson, Haematology Consultant	Date consulted	08/01/25
J. Laurie, Haematology Consultant	Date consulted	10/03/25

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: • P19011 Referral for low platelets in pregnancy protocol (SRH&WH)