NHS
University Hospitals Sussex
NHS Foundation Trust
St Richards, Worthing & Southlands Hospitals

Referral for Low Platelets in Pregnancy Protocol

Summary statement: How does the document support patient care?	To provide clearly the process of referral for low platelets in pregnancy.
Staff/stakeholders involved in development:	Antenatal clinic managers, haematology, consultant obstetricians, clinical effectiveness midwife
Division:	Women and Childrens
Department:	Maternity Department
Responsible Person:	Chief of Service
Author:	Antenatal clinic manager
For use by:	All staff who care and make clinical judgements for pregnant women/people.
Purpose:	To provide staff with a clear process for referral of women/people with a low platelet count during pregnancy.
This document supports:	UH Sussex West maternity guidelines
Key related documents:	UN Sussex West maternity guidelines
Approved by:	Joint Obstetric Guideline Group (JOGG)
Approval date:	18th May 2022 Date uploaded: 24th May 2022
Ratified by Board of Directors/ Committee of the Board of Directors:	Not Applicable
Ratification Date:	Not Applicable
Expiry Date:	May 2025
Review date:	November 2024
If you require this document in another format such as Braille, large print, audio or another language please contact the Trusts Communications Team	
Reference Number:	P19011

Version	Date	Author	Status	Comment
1.0	June 2019	Jane Milner, Sophia Stone, Haematology both sites, Lavanya Buddha	Archived	Developed to ensure process of referral clear and timely
2.0	May 2022	Ian Nouvel, Obstetric Registrar Jo Collard, Clinical Effectiveness Support Midwife	LIVE	• 3 year review. • Platelets >50 email escalation added. • Ensure comprehensive history is taken when referring to anaesthetists and JHOC. • Middle threshold changed to 50-99 (from 51-99) • Urgent Anaesthetic referral is platelets below 70

The interpretation and application of clinical protocols will remain the responsibility of the individual clinician.
If in doubt contact a senior colleague or expert.

Contents

Referral for Low Platelets in Pregnancy Protocol

1.0 Aim of this document

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

2.0 Scope

This guideline applies to all staff who care and make clinical judgements for pregnant women/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 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/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 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/birthing parent 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. (RCOG 2009)

This protocol is to set out a clear referral pathway to manage new onset thrombocytopenia in pregnancy. Please see CG21008 Management of high risk maternal medicine conditions for management of pre-existing thrombocytopenia during pregnancy.

4.0 Abbreviations used within this protocol

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

5.0 Responsibilities

Midwives & Obstetricians:

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

Management:

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

6.0 Referral process for low platelets / thrombocytopenia in pregnancy

See appendix 1 for referral flowchart.

7.0 Audit

Audit for thrombocytopenia in pregnancy will come under the scope of audit for: CG21008 Management of high risk maternal medicine conditions.

References

B. Myers. 2009. Review: Thrombocytopenia in pregnancy TOG11_3_177-183.qxd (rcog.org.uk) RCOG (accessed 26/04/22)

Appendix 1: Referral for Low Platelets in Pregnancy Protocol

Joint Haematology and Obstetric Clinic (JHOC)

Platelets <150 but >100 ^{9}/L	→	**Rule out Pre-eclampsia/HELLP syndrome** **Check - B12, folate, blood film, Hepatitis C and HIV (If not checked at booking)** **Take FBC 4 weekly until 32/40 then 2 weekly thereafter**
Platelets 50-99 ^{9}/L (At any point in the pregnancy) Refer routinely to JHOC via ANC for review and management plan	→	**Rule out Pre-eclampsia/HELLP syndrome** **Check - B12, folate, blood film, Hepatitis C and HIV (If not checked at booking)** **Take FBC 4 weekly until 32/40 then 2 weekly thereafter** **Anaesthetic referral - Urgently if platelets < 70 ^{9}/L**
Platelets <50 ^{9}/L (At any point in the pregnancy) **Refer urgently to JHOC, email both Dr John Laurie and either Miss Buddha (if Worthing) or Miss Stone (if Chichester) and anaesthetics via ANC/LW for review and management plan.**	→	**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 at previously)** **Take FBC 4 weekly until 32/40 then 2 weekly thereafter**

For EITHER any low platelets with significant bleeding OR if platelets < 30 discuss with on call haematologist

- **Urgent** obstetric, haematology and anaesthetic review required for platelets <50 ^{9}/L. Contact ANC or labour ward as soon as possible to arrange.
- All referrals to JHOC are made by calling ANC (both sites).
- 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.