

South West Maternal Medicine Network:

Haematology conditions for consideration of referral for an MDT opinion or transfer of care

The woman may need to be referred for MDT discussion or care to the nearest specialist unit (as indicated in the table) either:

1. Maternal Medicine Centres (MMC)

The MMCs have the responsibility for hosting the MDT, the regional guidelines and standards of care

2. Regional Unit (RU)-

The RU has expertise and can manage pregnant women with the condition

	Category of condition management	Maternal Medicine Centre (MMC)	Other Regional Unit (RU)	Pre-pregnancy counselling	Notes- e.g. Geographical variants
Sickle Cell Disease	Refer to Haematology Obstetric MDT Care most likely led by MMC/RU and delivery in MMC /RU	Bristol-UHBW	Exeter Plymouth	Advised MMC/ RU	Swindon Gloucester refer to Oxford if current haematology management there
B Thalassaemia Major and other complex thalassaemia: <ul style="list-style-type: none"> • Iron overload • Endocrine disease Pulmonary hypertension	Refer to Haematology Obstetric MDT Care most likely led by MMC/RU and delivery in MMC /RU	Bristol-UHBW	Plymouth	Advised MMC/ RU	Swindon Gloucester refer to Oxford if current haematology management there
Von-Willebrand Disease: <ul style="list-style-type: none"> • Type I if <u>VWF not normalised in</u> 	Refer to Haematology Obstetric MDT	Bristol-UHBW	Gloucester Bath Exeter Plymouth	Advised MMC/ RU	Swindon Gloucester refer to Oxford if current haematology management there

<p><u>pregnancy</u></p> <ul style="list-style-type: none"> Type II and III 	Care most likely led by MMC/RU and delivery in MMC /RU		Taunton Truro		
<p>Thrombotic Thrombocytopenic Purpura (TTP)</p> <p>Active or previous</p>	Refer to Haematology Obstetric MDT (MMC in emergency) Care most likely led by MMC/RU and delivery in MMC /RU	Bristol-UHBW		Advised MMC	Swindon Gloucester refer to Oxford if current haematology management there UHBW is already the regional centre for TTP
<p>Clotting factor deficiency:</p> <ul style="list-style-type: none"> Factor II, V, VII, XI or XIII < 0.2iu/ml Factor X < 0.3iu/ml Combined deficiencies 	Refer to Haematology Obstetric MDT Care most likely led by MMC/RU and delivery in MMC /RU	Bristol-UHBW	Gloucester Bath Exeter Plymouth Taunton Truro	Advised MMC/ RU	Swindon Gloucester refer to Oxford if current haematology management there
Antithrombin deficiency	Refer to Haematology Obstetric MDT Care most likely led by MMC/RU and delivery in MMC /RU	Bristol-UHBW	Gloucester Bath Exeter Plymouth Taunton Truro	Advised MMC/ RU	Swindon Gloucester refer to Oxford if current haematology management there

Antiphospholipid syndrome with extensive arterial events	Refer to Haematology Obstetric MDT Care most likely led by MMC/RU and delivery in MMC /RU	Bristol-UHBW	Gloucester Bath Exeter Plymouth Taunton Truro	Advised MMC/ RU	Swindon Gloucester refer to Oxford if current haematology management there
Severe platelet function disorder	Refer to Haematology Obstetric MDT Care most likely led by MMC/RU and delivery in MMC /RU	Bristol-UHBW	Gloucester Bath Exeter Plymouth Taunton Truro	Advised MMC/ RU	Swindon Gloucester refer to Oxford if current haematology management there
Moderate platelet function disorder	Refer to Haematology Obstetric MDT Care most likely led by MMC/RU and delivery in MMC /RU	Bristol-UHB	Gloucester Bath Exeter Plymouth Taunton Truro	Advised MMC/RU	Swindon Gloucester refer to Oxford if current haematology management there
ITP refractory to treatment	Refer to Haematology Obstetric MDT Care most likely led by MMC/RU and delivery in MMC /RU	Bristol-UHBW	Gloucester Bath Exeter Plymouth Taunton Truro	Advised MMC/RU	Swindon Gloucester refer to Oxford if current haematology management there

Carriers of haemophilia with male or unknown gender fetus	Discuss care with Haematology Obstetric MDT	Potentially Bristol-UHBW Paediatric Haematology team may be required at birth	Gloucester Bath Exeter Plymouth Taunton Truro	Advised MMC/ RU	Swindon Gloucester refer to Oxford if current haematology management there
Active hematological malignancy	Refer to Haematology Obstetric MDT Care most likely led by MMC/RU and delivery in MMC /RU	Bristol-UHBW	Gloucester Bath Exeter Plymouth Taunton Truro Bath	Advised MMC/ RU	Swindon Gloucester refer to Oxford if current haematology management there
Hereditary Haemorrhagic Telangiectasia (HHT)	Refer to Obstetric Medicine MDT Care most likely led by MMC/RU and delivery in MMC /RU	Bristol-NBT	Plymouth	Strongly advised MMC/ RU	Swindon refer to Oxford
New VTE in Pregnancy with current extensive VTE	Discuss with Haematology Obstetric MDT or MMC/RU (in emergency) about most appropriate further care and place of delivery	Bristol-UHBW	Gloucester Bath Exeter Plymouth Taunton Truro	Local may need discussion with MMC/ RU	Swindon refer to Oxford Gloucester to Oxford or UHB as per haematologist advice
Current ITP –Platelet count <75					
ITP with thrombotic events					
Inherited thrombophilia with thrombotic events					

Stable myelodysplastic/ myeloproloferative disease					
Mild, isolated clotting factor deficiency • Factor II, V, XI or XIII > 0.2iu/ml Factor X > 0.3iu/ml					
Carriers of haemophillia with known female fetus/ PGD and normal factor VIII/IX levels					
Type I Von-Willebrand disease, VWF activity normalised in pregnancy					
Sickle cell trait	Local expertise for disorders in this category	Bristol-UHBW	Gloucester Bath Exeter Plymouth Taunton Truro	Local	
Historical ITP platelets >75 Or Gestational thrombocytopenia					
Current VTE/ previous VTE (without extensive thrombus)					
Inherited thrombophilia (not recurrent VTE/ not antithrombin def)					
Hx haematological malignancy					

Alpha/ Beta Thalassaemia trait					
B12 deficiency					

Guidelines to be used for SW MMN management of women with haematological conditions in pregnancy: