**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

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|  | **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 MDTCare most likely led by MMC/RU and delivery in MMC /RU | Bristol-UHBW | ExeterPlymouth | AdvisedMMC/ RU | Swindon Gloucester refer to Oxford if current haematology management there |
| **B Thalassaemia Major and other complex thalassaemia:*** **Iron overload**
* **Endocrine disease**

**Pulmonary hypertension** | Refer to Haematology Obstetric MDTCare most likely led by MMC/RU and delivery in MMC /RU | Bristol-UHBW | Plymouth | AdvisedMMC/ RU | Swindon Gloucester refer to Oxford if current haematology management there |
| **Von-Willebrand Disease:*** **Type I if VWF not normalised in pregnancy**
* **Type II and III**
 | Refer to Haematology Obstetric MDTCare most likely led by MMC/RU and delivery in MMC /RU | Bristol-UHBW | GloucesterBathExeterPlymouthTauntonTruro | AdvisedMMC/ RU | Swindon Gloucester refer to Oxford if current haematology management there |
| **Thrombotic Thrombocytopaenic Purpura (TTP)****Active or previous** | Refer to Haematology Obstetric MDT (MMC in emergency)Care most likely led by MMC/RU and delivery in MMC /RU | Bristol-UHBW |  | AdvisedMMC | Swindon Gloucester refer to Oxford if current haematology management thereUHBW is already the regional centre for TTP |
| **Clotting factor deficiency:*** **Factor II, V, VII, XI or XIII < 0.2iu/ml**
* **Factor X < 0.3iu/ml**
* **Combined deficiencies**
 | Refer to Haematology Obstetric MDTCare most likely led by MMC/RU and delivery in MMC /RU | Bristol-UHBW | GloucesterBathExeterPlymouthTauntonTruro | AdvisedMMC/ RU | Swindon Gloucester refer to Oxford if current haematology management there |
| **Antithrombin deficiency** | Refer to Haematology Obstetric MDTCare most likely led by MMC/RU and delivery in MMC /RU | Bristol-UHBW | GloucesterBathExeterPlymouthTauntonTruro | AdvisedMMC/ RU | Swindon Gloucester refer to Oxford if current haematology management there |
| **Antiphospholipid syndrome with extensive arterial events** | Refer to Haematology Obstetric MDTCare most likely led by MMC/RU and delivery in MMC /RU | Bristol-UHBW | GloucesterBathExeterPlymouthTauntonTruro | AdvisedMMC/ RU | Swindon Gloucester refer to Oxford if current haematology management there |
| **Severe platelet function disorder** | Refer to Haematology Obstetric MDTCare most likely led by MMC/RU and delivery in MMC /RU | Bristol-UHBW | GloucesterBathExeterPlymouthTauntonTruro | AdvisedMMC/ RU | Swindon Gloucester refer to Oxford if current haematology management there |
| **Moderate platelet function disorder** | Refer to Haematology Obstetric MDTCare most likely led by MMC/RU and delivery in MMC /RU | Bristol-UHB | GloucesterBathExeterPlymouthTauntonTruro | AdvisedMMC/RU | Swindon Gloucester refer to Oxford if current haematology management there |
| **ITP refractory to treatment** | Refer to Haematology Obstetric MDTCare most likely led by MMC/RU and delivery in MMC /RU | Bristol-UHBW | GloucesterBathExeterPlymouthTauntonTruro | AdvisedMMC/RU | Swindon Gloucester refer to Oxford if current haematology management there |
| **Carriers of haemophillia with male or unknown gender fetus** | Discuss care with Haematology Obstetric MDT | Potentially Bristol-UHBWPaediatric Haematology team may be required at birth | GloucesterBathExeterPlymouthTauntonTruro  | AdvisedMMC/ RU | Swindon Gloucester refer to Oxford if current haematology management there |
| **Active hematological malignancy**  | Refer to Haematology Obstetric MDTCare most likely led by MMC/RU and delivery in MMC /RU | Bristol-UHBW | GloucesterBathExeterPlymouthTauntonTruro Bath | AdvisedMMC/ RU | Swindon Gloucester refer to Oxford if current haematology management there |
| **Hereditary Haemorrhagic Telangiectasia (HHT)** | Refer to Obstetric Medicine MDTCare most likely led by MMC/RU and delivery in MMC /RU  | Bristol-NBT | Plymouth | Strongly advisedMMC/ 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 | GloucesterBathExeterPlymouthTauntonTruro  | Local may need discussion with MMC/ RU | Swindon refer to OxfordGloucester 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 | GloucesterBathExeterPlymouthTauntonTruro  | 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:**