Thrombophilia Screening

Requests for thrombophilia screening should be made to a consultant haematologist who will confirm whether they are indicated and advise on timing. Consultant's secretary will arrange an appointment for the consultant to discuss the results of the tests with the patient and advise the GP or other consultant as appropriate.

Indications

1. First episode of thrombosis in patient under 50 years of age with no obvious risk factor.
2. Atypical thrombosis e.g. subclavian vein
3. First degree relative with history of thrombosis with no risk factor or thrombophilia particularly if individual being considered for oral contraceptive or HRT.
4. Mid trimester foetal loss or recurrent foetal loss (3 or more consecutive)
5. Recurrent thrombosis
6. Skin necrosis following use of warfarin
7. Neonatal thrombosis

Timing

1. If related to thrombosis should be 4 weeks after completion of anticoagulation.
2. Should not be on Heparain or Warfarin. Avoid testing in the acute phase of thrombosis as acute phase changes may be present.
3. Pregnancy, oral contraceptives, HRT and cancer chemotherapy may also affect some tests.
4. Avoid intercurrent severe illness.
5. Factor V Leiden and Prothrombin mutation are PCR tests so can be carried out in patients on anticoagulants and in acute phase. However, other tests will also be required later to exclude dual pathology.

Tests to be performed

Full blood count

PT APTT Fibrinogen

Antithrombin III

Protein C

Protein S

APC resistance

Factor VIIIc

Thrombin Time

Factor V Leiden

Prothrombin mutation

Anticardiolipin antibody

Lupus anticoagulant screen

Samples required

1 x EDTA (purple top)

4 x Citrate (blue top)

5 ml clotted sample (red top)

Patients should be referred to a Consultant Haematologist for testing as counselling is usually required and this is a highly specialised area.

Collect samples with minimum stasis. Patient should be resting. Deliver samples immediately to the laboratory as processing is a lengthy process and must be completed within an hour.

These tests are not suitable for taking at GP surgeries.

GUIDELINES FOR ANTENATAL HAEMOGLOBINOPATHY SCREENING

INTRODUCTION

We follow guidelines issued by the NHS Sickle Cell and Thalassaemia Screening Programme , Handbook for Laboratories, 1st Edition; NSC, September 2006.

Useful Web site : www.sickleandthal..org.uk

The two hospital Trusts and linked community HealthCare services that are served by PPS are currently deemed 'low prevalence' based upon the findings of foetal prevalence of sickle cell disease of < 1.5 per 10,000 pregnancies.

Summary

Use of the Family Origin Questionnaire is required for all ANC women. Based upon the findings of the individuals risk and also, in some cases, patient choice a screen for both abnormal Haemoglobin types and the presence of thalassaemia will be performed. The level of the woman's Mean Cell Haemoglobin (MCH) will also give guidance to the laboratory as to whether screening should take place.

Where it is the baby's father that is identified to fall into a high risk group then the woman should be tested regardless of her own risk assessment.

All abnormal findings will be communicated to the named individual responsible in the relevant antenatal clinics either at FPH or RSCH.

Partner testing must be offered in all cases where an abnormal level of normal Haemoglobin types (Thalassaemia) or an abnormal type of Haemoglobin is detected in the mother.

Counselling for Antenatal women and their partners is carried out by the appropriate ANC.