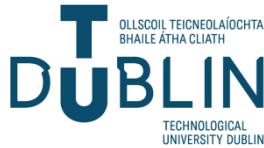


# Current Laboratory Procedure for the Identification of Anaemic Maternity Patients at The CWIUH.



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## Abstract

Anaemia is a condition that is characterised by a decreased haemoglobin concentration (Hb g/dL), abnormal red cells or a low haematocrit, causing symptoms of fatigue, pallor, dizziness, weakness and shortness of breath. Approx. 40% of pregnant women globally are anaemic according to the WHO.

RCOG guidelines recommend a Full Blood Count (FBC) at booking and at 28 weeks' gestation to identify anaemia. Currently, antenatal patients attending the Coombe Women & Infant's University Hospital (CWIUH) have an FBC processed at booking, but a 28-week FBC is not a standard part of the care pathway. The aim of this study was to evaluate a proposal to introduce a routine FBC at the 28-week visit for all maternity patients in the CWIUH.

1898 patients who booked in May 2019, January 2020 or June 2020 were reviewed using the maternity information system (K2) and the laboratory information system (LabCentre) to identify current trends in antenatal FBC testing, degree of anaemia and suspected nutritional deficiencies and transfusion history.

In the population evaluated, 20% of patients currently receive a 28 week FBC and 28% of these FBC requests identify anaemia and/or suspected iron deficiency. Further findings indicate 2.5% of patients who receive a 28 week FBC are anaemic on admission for delivery, in comparison to 5.6% of those who don't. Clinical follow-up on FBC reports with comments indicating suspected iron deficiency is high at 85.3%. Introduction of a routine 28-week FBC could identify haematinic deficiency/anaemia in approximately 2200 maternity patients per annum, in time to correct the anaemia before delivery. The calculated cost in terms of reagents is €6300, though additional costs in personnel may be incurred.