

5 INTRAPARTUM CARE

5.14 POST BIRTH SPECIMEN COLLECTION / EXAMINATION

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5.14.5.2 Testing for Other Significant Haemoglobinopathies
Section B
Clinical Guidelines
King Edward Memorial Hospital
Perth Western Australia

5.14.5 KEMH NEONATAL HAEMOGLOBINOPATHY TESTING

5.14.5.2 TESTING FOR OTHER SIGNIFICANT HAEMOGLOBINOPATHIES

AIM

The appropriate collection of a cord blood sample for screening for other significant haemoglobinopathies.

BACKGROUND INFORMATION

- KEMH is in the process of implementing an antenatal screening program for haemoglobinopathies to identify carriers of haemoglobin disorders in order to assess the risk of a couple having a severely affected child, and to provide information on the options available to manage their risk. For further information refer to Clinical Guideline [B 1.1.12 Haemoglobinopathy Screening and Referral](#)
- If the fetus is determined to be at risk of a significant haemoglobinopathy e.g. Beta thalassaemia major or Haemoglobin H disease, there may be a 'Haemoglobinopathy Screen' sticker (pink border) on the Obstetric Special Instruction sheet (MR 004) along with a neonatal management plan

PROCEDURE

1. If a sample is required for haemoglobinopathy testing, collect an extra cord EDTA sample (minimum sample required is 0.5mL). NB: the cord EDTA sample sent to Blood Bank cannot be used for haemoglobinopathy testing.
2. If no cord sample is available collect a peripheral blood sample (capillary blood collection – heel stab). See clinical guideline [B 10.3.3.1 Capillary Blood Collection](#)
3. Label the sample with the neonates details.
4. Document in the maternal notes and neonatal history chart (MR 410) that a sample for haemoglobinopathy testing has been collected.
5. Use the CPOE 'down-time' Pathology request form (yellow) with the "Neonatal Haemoglobinopathy Screening" sticker and tick the "Exclude other significant Haemoglobinopathy" box.

Copy of Results: KEMH MFM Service

**NEONATAL HAEMOGLOBINOPATHY
SCREENING**

TICK INDICATION FOR TESTING

Exclude Sickle Cell Disease

AND/OR

Exclude other significant Haemoglobinopathy
(Parental genotype to be included to direct testing)

Maternal genotype:

Paternal Details: Name:

DOB:

Genotype:

6. The form must be completed by the paediatric team. Specify the maternal and paternal globin gene abnormalities (genotype) if this information is available. This is to assist in directing appropriate laboratory testing.
7. Send the specimen to specimen collection in pathology.
8. If the haemoglobin studies results indicate a significant haemoglobinopathy, Pathwest Laboratory Medicine will notify the Princess Margaret Hospital Haematology department and they will make the necessary arrangements to review the neonate. This notification will be indicated on the haemoglobin studies report.