



MIDWIVES – CHANGES TO TEST REQUEST LIST

URINE PROTEIN ON RANDOM SAMPLES

With immediate effect midwives will be able to request protein on a random urine sample. Please request 'Urine protein'. Creatinine will be added automatically and the result will be reported as a Protein: Creatinine ratio.

(Prot: Creat ratio or PCR MUST NOT be used as this may cause confusion)

The cut-off for proteinuria in a random sample in pregnancy is 30 mg/mmol.

Levels >30 mg/mmol = "positive for proteinuria".

Why the change?

The 24 hour urine collection has been considered the gold standard for quantifying proteinuria. Random urine samples resulted as a Protein: Creatinine ratio gives similar clinical information with the benefit of a rapid answer and is more practical than a 24 hour collection.

HBA1C REQUESTS

Undiagnosed and therefore untreated type 2 diabetes in pregnancy is associated with significant harm to the foetus. Good glucose control reduces the risk of harm. Therefore the use of HbA1c to screen for undiagnosed Type 2 diabetes early in pregnancy (first antenatal visit) is recommended when one or more of the following risk factors are present:

- Previous GDM
- Previous macrosomia
- Patients older than 40 years
- Morbid obesity: BMI >37 Polynesian, >32 if Asian/Indian and >35 for other ethnic groups
- Two first degree relatives with DM
- Glycosuria
- On antipsychotic medication
- On prednisone

HEPATITIS B (HBV) VIRAL LOAD TESTING

A hepatitis B viral load should be performed on all pregnant women who test positive for HBsAg. Midwives are now able to request Hepatitis B viral load testing. Testing will only be performed if there is a record of a positive HBsAg test and Dr Graeme Dickson is included on the request form as a "copy to".

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