

THE ROLE OF KLEIHauer TESTING FOR PRESENTATION OF REDUCED FETAL MOVEMENTS

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Background:

Reduced fetal movements (RFM) can stem from a problem with the functioning of the placenta, with oligo or polyhydramnios, use of medications, illicit substances, sedatives or smoking. RFM can be a precursor to adverse perinatal outcomes including stillbirth and fetal growth restriction.

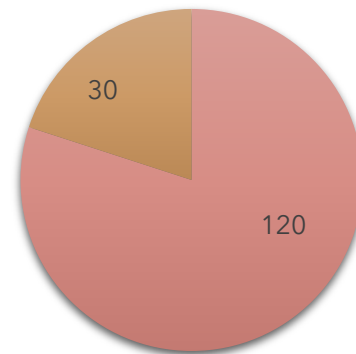
Kleihauer testing can be performed to assess fetomaternal haemorrhage in maternal circulation potentially identifying babies with fetal anemia as underlying causation of RFM with adverse outcomes. There is inconsistency in the literature for the prognostic value of kleihauer testing in the setting of RFM^{1,2}

Aim: For women presenting to MFAU after 28-weeks-gestation with primary presenting complaint RFM, was a Kleihaur performed?

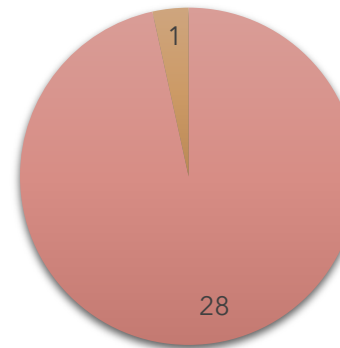
Methods: This audit looked at 150 women presenting to a maternal fetal assessment unit in Western Australia with RFM after 28-weeks-gestation over a 2-month period in 2023

Results:

Kleihauer performed for Presentations of RFM >28 weeks



Of Kleihaurs performed, how many were positive?



Discussion:

The audit identifies a large proportion of women who were not routinely tested with kleihauer leading to the inconsistency between guidelines. With consideration to the cost of each test, timing for results to return, consideration is given for the utility in clinical decision making with routine performance of kleihauer for RFM

This audit had prompted the development of a hospital specific guideline and follow up re-audit of a larger population with consideration of recurrent presentations, abnormal CTG and APH/ abdominal trauma.



1. Perinatal Society of Australia and New Zealand Clinical Practice Guideline for Care Around Stillbirth and Neonatal Death, Third Edition, March 2018
2. Stillbirth Centre of Research Excellence Clinical Practice Care around Stillbirth and Neonatal Death (CAsaND) Clinical Practice Guideline, 2024 Edition