產前血液檢驗須知

孕婦需要作以下血液檢驗:

1. 血型

「血型」主要分為O型、A型、B型及AB型四種。

Rh因子

Rh因子「恆河猴因子」是紅血球中一種抗原。體內含有此抗原者屬(Rh positive)，無則屬負(Rh negative)。中國人絕大部份屬正Rh因子。小部份負Rh因子的婦女若懷有正Rh因子胎兒，會因Rh因子不配合而引致胎兒溶血性貧血，出現水胎或死胎。此等孕婦須定期接受血液測試檢查。

2. 血色素及平均紅血球容積

「血色素」可測試孕婦有否患有貧血，而「平均紅血球容積」可助分辨不同種類的貧血。

「地中海貧血」或稱「地貧」是最常見的遺傳性血液病，本港大約有8%人口為「地貧」基因攜帶者。大部份輕型「地貧」者並沒有病徵，只有部份人有輕微貧血。當夫婦均為「地貧」基因攜帶者，下一代便會有四份一機會患上重型「地中海貧血」。這是一種嚴重的貧血病，可引致胎死腹中或終生需要接受輸血和藥物治療。

「平均紅血球容積」可助分辨不同種類的貧血，其準確性甚高。當孕婦的「平均紅血球容積」偏低，可能患上「鐵質缺失貧血」或「地中海貧血」，丈夫亦要進行同樣血液測試。假如夫婦的「平均紅血球容積」均偏低，他們必須再接受進一步檢查。若証實兩人都是「地貧」基因攜帶者，醫生會建議檢驗胎兒是否患有重型「地貧」。若然屬實，父母可選擇人工流產。

德國麻疹抗體

孕婦如在懷孕前曾接受「德國麻疹疫苗」或曾染上「德國麻疹」，體內應已產生抗體，可避免於懷孕期間因感染「德國麻疹」而引致畸形。假如孕婦的「德國麻疹抗體」呈陰性(即沒有抗體)，產後應接受防疫注射，減低下次懷孕感染「德國麻疹」的機會。

乙型肝炎抗原

本港大約有10%人口為「乙型肝炎」帶菌者，大部份帶菌者均健康，並無任何病徵。但帶菌母親在生產或快將生產時可能將「乙型肝炎」病毒傳染給嬰兒。假若孕婦的「乙型肝炎抗原」呈陽性反應 (即帶菌者)，其初生嬰兒須接受「乙型肝炎疫苗」和「乙型肝炎免疫球蛋白」注射，以減低感染的機會。

梅毒測試

如梅毒測試呈陽性反應，孕婦須接受進一步血液測試，以証實孕婦是否患有「梅毒」。假如孕婦患有「梅毒」，可引致流產或導致嬰兒有各種殘缺，如眼盲、耳聾等，因此須及早接受治療。

愛滋病病毒抗體測試

愛滋病病毒可以引致愛滋病 (後天免疫力缺乏症)。傳染途徑包括性接觸、血液接觸及由受感染的婦女在懷孕、生產或餵哺母乳過程中傳染嬰兒。母嬰傳染的機會率為百分之十五至四十。及早診斷以及早期使用抗病毒治療，可以將胎兒受感染的機會減低三分之二。

若有任何疑問，請向醫生或護士查詢

以上資料由瑪麗醫院婦產科及贊育醫院提供

瑪麗醫院
Queen Mary Hospital

贊育醫院
Tsan Yuk Hospital

產前血液檢驗須知
ANTENATAL BLOOD INVESTIGATIONS

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ANTENATAL BLOOD INVESTIGATIONS

Pregnant women will have the following blood tests :

Blood grouping

The four main blood groups are O, A B and AB.

Rhesus (Rh) Factor

Rh factor is an antigen found on the red blood cells. Individuals who have this factor are classified as "Rh positive" and those without it are "Rh negative". Majority of the Chinese population are "Rh positive". When "Rh" negative mother carries a "Rh positive" fetus, this may lead to haemolytic anaemia and eventually oedema or even death of the fetus. Such mothers should have antenatal blood tests to find out whether the fetus has been affected.

Haemoglobulin and Mean Cell Volume

These tests help to find out whether the pregnant mother has anaemia and to provide clues to the types of anaemia.

Thalassemia is the commonest hereditary blood disorder and 8% of the local population are thalassemia carriers. Most of these carriers do not have symptoms, and only a small proportion may be mildly anaemic. When both parents are thalassemia carriers, one quarter of their babies will belong to the 'Major' type of Thalassemia which is a severe form of anaemia. It may lead to the death of the fetus or the affected child may require life-long blood transfusion and prolonged drug treatment.

Pregnant woman who has low MCV may have iron deficiency anaemia or may be a thalassemia carrier. Her husband should also have the MCV checked. When both have low MCV, further blood tests are required. If both parents are thalassemia carriers, doctors will advise them to check whether the fetus is suffering from "Thalassemia Major". If so, they can choose to terminate the pregnancy.

Rubella Antibody

A woman who had either Rubella vaccination or history of Rubella infection prior to conception should develop immunity. That is, the acquiring of Rubella antibodies. This can protect her from having Rubella infection during pregnancy which may induce abnormalities in the fetus. If she does not have Rubella antibody, she should receive Rubella Vaccination after delivery to safeguard herself and the next fetus against Rubella.

Hepatitis B Antigen

10% of the local population are carriers of Hepatitis B Virus. Most of these carriers show no signs or symptoms of the disease. A mother who is a Hepatitis B carrier may transmit the virus to the infant at or around the time of delivery. Therefore, if the mother is positive for Hepatitis B Antigen(carrier), the newborn should receive Hepatitis B Vaccination and Hepatitis B Immunoglobulin after birth to prevent Hepatitis B infection.

Syphilis Screening

When the test result for "VDRL" is positive, further blood tests are required to confirm the diagnosis of syphilis. Syphilis in pregnancy may cause abortion or congenital defects of the fetus such as blindness or deafness. Treatment can prevent these complications.

Human Immunodeficiency Virus (HIV) Antibody Testing

HIV can cause AIDS (Acquired Immune Deficiency Syndrome). The routes of transmission include sexual intercourse, blood products or vertical transmission from an infected mother during pregnancy, delivery or breastfeeding. The transmission rate from an infected mother to her baby is around 15-40%. Early detection and introduction of antiviral treatment can reduce the risk of HIV transmission from mother to child by two-thirds.

Most of the blood tests results will be explained to you in your next antenatal visit. We will contact you by phone if you require earlier follow up for further investigation or treatment.

If you have any query concerning the above blood tests, please contact our nursing staff

Information provided by Department of Obstetrics & Gynaecology, Queen Mary Hospital and Tsan Yuk Hospital