

Maternity information factsheet

Low pregnancy associated plasma protein-A (PAPP-A)

We have given you this factsheet because the blood taken during your recent combined screening test (a screening test for Down's syndrome, Edwards' syndrome and Patau's syndrome that combines the results from an ultrasound scan and a blood test) has shown that your level of pregnancy associated plasma protein-A (PAPP-A) is lower than expected.

This factsheet explains what PAPP-A is and what a low level of PAPP-A means for you and your baby. We hope it will help to answer some of the initial questions you may have. If you have any further questions or concerns, please speak to your obstetrician (a doctor specialising in pregnancy) or midwife.

What is PAPP-A?

During pregnancy, an organ called the placenta develops in your womb and delivers oxygen and nutrients to your baby via their umbilical cord. Pregnancy associated plasma protein-A (PAPP-A) is a hormone that is made by the placenta. PAPP-A plays an important role in determining the healthy growth of both your placenta and your baby and for this reason, it is one of the hormones measured during the combined screening test.

What does having a low level of PAPP-A mean?

Most pregnancies with a low level of PAPP-A will progress as normal, and babies will be born at term (after 37 weeks of pregnancy) and be the expected weight. However, in a small number of pregnancies, a low level of PAPP-A may suggest that the placenta is not working as effectively as it could be. If this is the case, there is an increased chance of pregnancy complications, including:

- your baby being smaller than expected at birth
- loss of your baby due to miscarriage or stillbirth in the second half of your pregnancy (please see the 'useful links' section at the end of this factsheet for more information)
- you developing pre-eclampsia (a condition that occurs during pregnancy and causes high blood pressure and high levels of protein in urine)

Pre-eclampsia can affect the health of you and your baby. For more information about pre-eclampsia, see page 2.

If your baby's growth is slower than expected or you develop pre-eclampsia, the chance of your baby being born prematurely (before 37 weeks of pregnancy) is also increased.

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How will this affect my care during pregnancy?

If you have a low level of PAPP-A, we will offer you additional monitoring during your pregnancy.

Ultrasound scans

We will offer you regular ultrasound scans throughout your pregnancy to measure your baby's growth and assess their wellbeing. We will also measure the blood flow through your placenta and the amount of amniotic fluid (the fluid that surrounds your baby in the womb) around your baby. The number of ultrasound scans we offer you will depend on your baby's growth and wellbeing.

Monitoring of your blood pressure and urine

We will offer you regular antenatal appointments throughout your pregnancy. At each of these appointments, a midwife or an obstetrician will check your blood pressure and urine for signs of pre-eclampsia.

Signs of pre-eclampsia include:

- raised blood pressure
- protein in your urine
- persistent headaches
- sudden swelling of the face, hands and feet
- blurred vision, flashing lights or spots in front of your eyes
- pain below your ribs (especially on the right-hand side)

Please help us by always bringing a urine sample with you to your appointments and reporting any of the signs and symptoms above to your midwife, obstetrician or general practitioner (GP). If you have any concerns between your appointments, please contact the maternity triage line. For more information about pre-eclampsia, please see the 'useful links' section at the end of this factsheet or download the Healthier Together app.

How will this affect my birth plan?

We will review and discuss the timing and place of your birth with you throughout your pregnancy.

What can I do to help my baby grow well?

Attend your antenatal appointments

It is important that you attend all your planned antenatal appointments, so we can monitor your blood pressure and urine, and assess your baby's wellbeing. These appointments are also a good opportunity for you to ask any questions you may have.

Take a low dose of aspirin daily until you are 36 weeks pregnant

There is evidence that taking a low dose of aspirin (150mg) once a day from 12 weeks of pregnancy until 36 weeks of pregnancy can help blood flow through your placenta. This can help your placenta work more effectively, increasing the amount of oxygen and nutrients your baby receives, helping them to grow.

Taking a low dose of aspirin may also help to reduce your risk of pre-eclampsia.

A low dose of aspirin is not known to be harmful to you or your baby during pregnancy. However, aspirin can affect (and be affected by) other medications, including 'over the counter' medicines and herbal remedies. Please discuss any other medications you are currently taking with your midwife, GP or obstetrician.

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For more information about taking a low dose of aspirin during pregnancy, speak to your midwife or obstetrician, or read our 'Low dose aspirin (150mg) in pregnancy' factsheet which can be found here: www.uhs.nhs.uk/departments/maternity-services/maternity-and-parent-information/information-factsheets

Seek support to help you stop smoking

Smoking reduces the amount of oxygen your baby receives via your placenta. This increases your baby's risk of:

- stillbirth
- being born early (before 37 weeks of pregnancy)
- being born with a low birth weight
- sudden infant death syndrome (SIDS), also known as 'cot death'
- developing ear and chest infections, asthma or pneumonia (inflammation of the lungs) after birth and as a child
- developing behaviour problems such as attention deficit hyperactivity disorder (ADHD)

These risks are also increased if your partner or anyone living in your household smokes. Please see the 'useful links' section at the end of this factsheet for more information about the risks of smoking or inhaling secondhand smoke while pregnant.

Protecting your baby from tobacco smoke is one of the best things you can do to give your baby a healthy start. It can be difficult to stop smoking, but it is never too late to quit. If you smoke or have recently stopped smoking, please speak to your midwife or GP about the support available to you.

The National Smokefree helpline also offers free help, support and advice on stopping smoking and can give you details of local support services.

National Smokefree helpline: **0300 123 1044** (Monday to Friday, 9am to 8pm and weekends, 11am to 4pm)

Become familiar with your baby's movements

It is important that you become familiar with your baby's usual daily pattern of movements. If your baby is not well, they may not be as active as usual. A change or a reduction in your baby's movements after 24 weeks of pregnancy can be a warning sign that your baby needs to be checked by your midwife.

Call the maternity triage line immediately using the details below if you feel that your baby's movements have changed at all. Do not wait until the next day.

Maternity triage line

Telephone: **0300 123 9001**

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Contact us

We understand that this can be a worrying time for you, your partner and your family. If you have any further questions or concerns or would like to discuss your baby's wellbeing or the outcome of any of the tests you have been offered in more detail, please contact us. Your midwife or obstetrician will also be happy to answer any questions you may have.

Antenatal screening midwives

Telephone: **023 8120 6027** (Monday to Friday, 9am to 5pm)

For urgent queries outside of these hours, please call the maternity triage line on **0300 123 9001**.

Useful links

www.what0-18.nhs.uk

www.nhs.uk/pregnancy/your-pregnancy-care/screening-for-downs-edwards-pataus-syndrome

www.nhs.uk/conditions/pre-eclampsia

www.action-on-pre-eclampsia.org.uk

www.rcog.org.uk/media/eqfhqocl/pi-having-a-small-baby.pdf

www.nhs.uk/pregnancy/support/when-pregnancy-goes-wrong

www.nhs.uk/pregnancy/keeping-well/stop-smoking

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