Maternal B12 Deficiency Care Plan
(Draft 7/13/10)

Clinical Considerations • Neurological manifestations if not treated • Macrocytic anemia • Etiology of maternal B12 deficiency (dietary, perinicious anemia, gastric bypass, autoimmune, or short gut syndrome)	**Initial labs (diagnostic & baseline)** • ACP and UOA • Plasma total homocysteine • Serum B12 • Serum methylmalonic acid • Maternal B12 • Maternal plasma total homocysteine • Maternal plasma methylmalonic acid
Treatment Considerations • Hydroxocobalamin / Cyanocobalamin IM or subcu for baby and mom	**Monitoring labs** • Serum MMA and plasma tHCY at 24-48 hours post B12 supplementation then repeat at 2-4 weeks • If mother is non-compliant with B12 supplementation, repeat labs as needed
Frequency of metabolic visits • At time of diagnosis, 1 year and 3 years for evaluation of neurological status	**Clinic Visit labs** • None
Other evaluations • No specialty visits for baby • Consider maternal internal medicine eval • Developmental questionnaire at age 3y (to be completed by parents)	**Yearly labs** • None if mom compliant

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Performance Indicators	**Outcome Indicators**
1. Age of diagnosis and age of normalization of 2. Initial labs on Infant a. NBS b. ACP c. UOA d. Serum B12 e. Total homocysteine f. Serum MMA 3. Maternal labs a. ACP b. UOA c. Serum B12 d. Total homocysteine e. Serum MMA	1. Track maternal etiology of B12 deficiency (dietary, perinicious anemia, gastric bypass, autoimmune or short gut syndrome) ***2.*** History and/or presence of neurological symptoms in infant (hypotonia, regression)