

Normal reference ranges for laboratory values in pregnancy

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INTRODUCTION

Numerous physiologic changes occur during pregnancy to accommodate the maternal and fetal needs. Most of these changes begin soon after conception and continue until late gestation. Not surprisingly, these physiologic adaptations of pregnancy result in many significant changes in laboratory test values. Some of these changes are well-known, such as the reduction in hematocrit and hemoglobin levels, which is termed physiologic or dilutional anemia of pregnancy. Similarly, the kidney changes leading to lower creatinine values in pregnancy are well-described and a "normal" serum creatinine value of 1.0 mg/dL in a nonpregnant female is immediately recognized as elevated in pregnancy.

Despite the well-recognized phenomenon of pregnancy-induced physiologic changes and their potential for altering laboratory values, very few laboratories provide clinicians with reference intervals during pregnancy. Indeed, many laboratories do not even report reference intervals for females versus males. This topic will discuss reference intervals (or ranges) for laboratory values during pregnancy based upon the author's review of the literature [1-75].

REFERENCE INTERVALS IN PREGNANCY

A pregnancy laboratory reference interval is an approximation of what can be expected in the overall healthy pregnant population [76]. It does not necessarily indicate the presence or absence of a disorder. For example, a result within the reference interval does not necessarily exclude the presence of a disorder in a specific patient and a result outside of the interval does not necessarily indicate the presence of a disorder in a specific patient. For example, the lower ferritin value in the pregnancy reference interval is 5 ng/mL, but clinicians consider a ferritin <30 ng/mL sufficient to diagnose iron deficiency.

Previous investigators have compiled information on laboratory reference intervals in pregnancy [30,40,43,77]. Using these references, as well as publications by other researchers in which normal intervals were determined across pregnancy for a number of analytes, the author of this topic has compiled a table of the most common, and some not so common, laboratory test reference intervals across pregnancy (table 1) [1-75].

Laboratory test values are grouped by system and listed for each trimester and for nonpregnant adults. The table shows that some analytes, such as the leukocyte count and alkaline phosphatase levels, continue to rise during pregnancy. Similarly, the upper reference interval limit for D-dimer nearly doubles during midpregnancy. Several hormones and coagulation factors all increase markedly. Unless these physiologically induced pregnancy-related alterations are taken into account when evaluating laboratory values in a pregnant patient, many of the physiologic adaptations of pregnancy can be misinterpreted as pathologic or may mask diagnosis of a disease process.

The author of this topic considers these data the best available information on reference intervals in pregnancy; however, there are some limitations. The analysis is subject to the inherent limitations of abridged data and does not account for potential variations, such as time of day of sampling. Although he has tried to include comparisons of analytes performed by similar analytic methods, some variation is inevitable. In the majority of instances, reference ranges for analytes are expressed as 5th to 95th percentiles, but some are reported with standard deviations. In addition, pregnancy-specific information is not always available for laboratory tests that have been newly introduced into medical care or have recently gained in popularity. Despite these limitations, the table is intended to provide a quick reference for most laboratory values needed to provide care for the pregnant patient.

ADDITIONAL RESOURCES

Additional information on physiologic changes during pregnancy can be found in the following UpToDate topic reviews:

- (See "Maternal adaptations to pregnancy: Dyspnea and other physiologic respiratory changes", section on 'Physiologic pulmonary changes in pregnancy'.)
- (See "Maternal adaptations to pregnancy: Hematologic changes".)
- (See "Maternal adaptations to pregnancy: Cardiovascular and hemodynamic changes".)

- (See "Maternal adaptations to pregnancy: Gastrointestinal tract".)
- (See "Maternal adaptations to pregnancy: Musculoskeletal changes and pain".)
- (See "Maternal adaptations to pregnancy: Skin and related structures".)
- (See "Maternal adaptations to pregnancy: Renal and urinary tract physiology".)
- (See "Clinical manifestations and diagnosis of early pregnancy".)
- (See "Immunology of the maternal-fetal interface".)

SUMMARY AND RECOMMENDATIONS

 Laboratory test values across pregnancy – Numerous physiologic changes occur during pregnancy to accommodate the maternal and fetal needs. This table shows common, and not so common, laboratory reference intervals across pregnancy (table 1). (See 'Reference intervals in pregnancy' above.)

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REFERENCES

- 1. Stagnaro-Green A, Abalovich M, Alexander E, et al. Guidelines of the American Thyroid Association for the diagnosis and management of thyroid disease during pregnancy and postpartum. Thyroid 2011; 21:1081.
- 2. Acromite MT, Mantzoros CS, Leach RE, et al. Androgens in preeclampsia. Am J Obstet Gynecol 1999; 180:60.
- 3. Izquierdo Alvarez S, Castañón SG, Ruata ML, et al. Updating of normal levels of copper, zinc and selenium in serum of pregnant women. J Trace Elem Med Biol 2007; 21 Suppl 1:49.
- 4. Ardawi MS, Nasrat HA, BA'Aqueel HS. Calcium-regulating hormones and parathyroid hormone-related peptide in normal human pregnancy and postpartum: a longitudinal study. Eur J Endocrinol 1997; 137:402.
- 5. Karim SA, Khurshid M, Rizvi JH, et al. Platelets and leucocyte counts in pregnancy. J Pak Med Assoc 1992; 42:86.
- 6. Bacq Y, Zarka O, Bréchot JF, et al. Liver function tests in normal pregnancy: a prospective study of 103 pregnant women and 103 matched controls. Hepatology 1996; 23:1030.
- 7. Balloch AJ, Cauchi MN. Reference ranges for haematology parameters in pregnancy derived from patient populations. Clin Lab Haematol 1993; 15:7.
- 8. Beguin Y, Lipscei G, Thoumsin H, Fillet G. Blunted erythropoietin production and decreased erythropoiesis in early pregnancy. Blood 1991; 78:89.

- 9. Belo L, Caslake M, Gaffney D, et al. Changes in LDL size and HDL concentration in normal and preeclamptic pregnancies. Atherosclerosis 2002; 162:425.
- 10. Belo L, Santos-Silva A, Rocha S, et al. Fluctuations in C-reactive protein concentration and neutrophil activation during normal human pregnancy. Eur J Obstet Gynecol Reprod Biol 2005; 123:46.
- 11. Bianco I, Mastropietro F, D'Asero C, et al. Serum levels of erythropoietin and soluble transferrin receptor in the course of pregnancy in non beta thalassemic and beta thalassemic women. Haematologica 2000; 85:902.
- 12. Borghi C, Esposti DD, Immordino V, et al. Relationship of systemic hemodynamics, left ventricular structure and function, and plasma natriuretic peptide concentrations during pregnancy complicated by preeclampsia. Am J Obstet Gynecol 2000; 183:140.
- 13. Hauser SL, Longo DL. Harrison's Principles of Internal Medicine, 15th ed, Braunwald E, F auci AS, Kasper DL, Jameson JL (Eds), McGraw-Hill, New York 2001.
- 14. Carranza-Lira S, Hernández F, Sánchez M, et al. Prolactin secretion in molar and normal pregnancy. Int J Gynaecol Obstet 1998; 60:137.
- 15. Carter J. Serum bile acids in normal pregnancy. Br J Obstet Gynaecol 1991; 98:540.
- 16. Cerneca F, Ricci G, Simeone R, et al. Coagulation and fibrinolysis changes in normal pregnancy. Increased levels of procoagulants and reduced levels of inhibitors during pregnancy induce a hypercoagulable state, combined with a reactive fibrinolysis. Eur J Obstet Gynecol Reprod Biol 1997; 73:31.
- 17. Choi JW, Pai SH. Tissue plasminogen activator levels change with plasma fibrinogen concentrations during pregnancy. Ann Hematol 2002; 81:611.
- 18. Davison JM, Vallotton MB, Lindheimer MD. Plasma osmolality and urinary concentration and dilution during and after pregnancy: evidence that lateral recumbency inhibits maximal urinary concentrating ability. Br J Obstet Gynaecol 1981; 88:472.
- 19. Desoye G, Schweditsch MO, Pfeiffer KP, et al. Correlation of hormones with lipid and lipoprotein levels during normal pregnancy and postpartum. J Clin Endocrinol Metab 1987; 64:704.
- 20. Dunlop W. Serial changes in renal haemodynamics during normal human pregnancy. Br J Obstet Gynaecol 1981; 88:1.
- 21. Dux S, Yaron A, Carmel A, Rosenfeld JB. Renin, aldosterone, and serum-converting enzyme activity during normal and hypertensive pregnancy. Gynecol Obstet Invest 1984; 17:252.
- 22. Elsheikh A, Creatsas G, Mastorakos G, et al. The renin-aldosterone system during normal and hypertensive pregnancy. Arch Gynecol Obstet 2001; 264:182.

- 23. Ezimokhai M, Davison JM, Philips PR, Dunlop W. Non-postural serial changes in renal function during the third trimester of normal human pregnancy. Br J Obstet Gynaecol 1981; 88:465.
- 24. Fadel HE, Northrop G, Misenhimer HR, Harp RJ. Acid-base determinations in amniotic fluid and blood of normal late pregnancy. Obstet Gynecol 1979; 53:99.
- 25. Faught W, Garner P, Jones G, Ivey B. Changes in protein C and protein S levels in normal pregnancy. Am J Obstet Gynecol 1995; 172:147.
- 26. Francalanci I, Comeglio P, Liotta AA, et al. D-dimer concentrations during normal pregnancy, as measured by ELISA. Thromb Res 1995; 78:399.
- 27. Handwerker SM, Altura BT, Altura BM. Serum ionized magnesium and other electrolytes in the antenatal period of human pregnancy. J Am Coll Nutr 1996; 15:36.
- 28. Higby K, Suiter CR, Phelps JY, et al. Normal values of urinary albumin and total protein excretion during pregnancy. Am J Obstet Gynecol 1994; 171:984.
- 29. Hwang HS, Kwon JY, Kim MA, et al. Maternal serum highly sensitive C-reactive protein in normal pregnancy and pre-eclampsia. Int J Gynaecol Obstet 2007; 98:105.
- 30. Hytten, FE, Lind T. Diagnostic Indices in Pregnancy. Summit, New Jersey, CIBAGEIGY Corporation, 1975.
- 31. Ilhan N, Ilhan N, Simsek M. The changes of trace elements, malondialdehyde levels and superoxide dismutase activities in pregnancy with or without preeclampsia. Clin Biochem 2002; 35:393.
- **32.** Jimenez DM, Pocovi M, Ramon-Cajal J, et al. Longitudinal study of plasma lipids and lipoprotein cholesterol in normal pregnancy and puerperium. Gynecol Obstet Invest 1988; 25:158.
- 33. Karsenti D, Bacq Y, Bréchot JF, et al. Serum amylase and lipase activities in normal pregnancy: a prospective case-control study. Am J Gastroenterol 2001; 96:697.
- 34. Kato T, Seki K, Matsui H, Sekiya S. Monomeric calcitonin in pregnant women and in cord blood. Obstet Gynecol 1998; 92:241.
- 35. Kim EH, Lim JH, Kim YH, Park YW. The relationship between aldosterone to renin ratio and RI value of the uterine artery in the preeclamptic patient vs. normal pregnancy. Yonsei Med J 2008; 49:138.
- 36. Kline JA, Williams GW, Hernandez-Nino J. D-dimer concentrations in normal pregnancy: new diagnostic thresholds are needed. Clin Chem 2005; 51:825.
- 37. Koscica KL, Bebbington M, Bernstein PS. Are maternal serum troponin I levels affected by vaginal or cesarean delivery? Am J Perinatol 2004; 21:31.
- 38. Kratz, A, Pesce, MA, Fink, DJ. Appendix: Laboratory values of clinical importance. In: Harr ison's Principles of Internal Medicine, 17th ed, Fauci, AS, Braunwald, E, Kasper, DL (Eds),

- New York, McGraw-Hill, 2008, Appendix 1. p.A-1.
- 39. Larrea F, Méndez I, Parra A, Espinosa de los Monteros A. Serum pattern of different molecular forms of prolactin during normal human pregnancy. Hum Reprod 1993; 8:1617.
- 40. Larsson A, Palm M, Hansson LO, Axelsson O. Reference values for clinical chemistry tests during normal pregnancy. BJOG 2008; 115:874.
- 41. Lefkowitz JB, Clarke SH, Barbour LA. Comparison of protein S functional and antigenic assays in normal pregnancy. Am J Obstet Gynecol 1996; 175:657.
- 42. Leiserowitz GS, Evans AT, Samuels SJ, et al. Creatine kinase and its MB isoenzyme in the third trimester and the peripartum period. J Reprod Med 1992; 37:910.
- 43. Lockitch, G. Handbook of diagnostic biochemistry and hematology in normal pregnancy. Boca Raton (FL): CRC Press; 1993.
- 44. López-Quesada E, Vilaseca MA, Lailla JM. Plasma total homocysteine in uncomplicated pregnancy and in preeclampsia. Eur J Obstet Gynecol Reprod Biol 2003; 108:45.
- **45**. Louro MO, Cocho JA, Tutor JC. Assessment of copper status in pregnancy by means of determining the specific oxidase activity of ceruloplasmin. Clin Chim Acta 2001; 312:123.
- 46. Milman N, Bergholt T, Byg KE, et al. Reference intervals for haematological variables during normal pregnancy and postpartum in 434 healthy Danish women. Eur J Haematol 2007; 79:39.
- 47. Milman N, Byg KE, Hvas AM, et al. Erythrocyte folate, plasma folate and plasma homocysteine during normal pregnancy and postpartum: a longitudinal study comprising 404 Danish women. Eur J Haematol 2006; 76:200.
- 48. Milman N, Graudal N, Nielsen OJ, Agger AO. Serum erythropoietin during normal pregnancy: relationship to hemoglobin and iron status markers and impact of iron supplementation in a longitudinal, placebo-controlled study on 118 women. Int J Hematol 1997; 66:159.
- 49. Mimouni F, Tsang RC, Hertzberg VS, et al. Parathyroid hormone and calcitriol changes in normal and insulin-dependent diabetic pregnancies. Obstet Gynecol 1989; 74:49.
- 50. Montelongo A, Lasunción MA, Pallardo LF, Herrera E. Longitudinal study of plasma lipoproteins and hormones during pregnancy in normal and diabetic women. Diabetes 1992; 41:1651.
- 51. Moran P, Baylis PH, Lindheimer MD, Davison JM. Glomerular ultrafiltration in normal and preeclamptic pregnancy. J Am Soc Nephrol 2003; 14:648.
- 52. Morse M. Establishing a normal range for D-dimer levels through pregnancy to aid in the diagnosis of pulmonary embolism and deep vein thrombosis. J Thromb Haemost 2004; 2:1202.

- 53. O'Leary P, Boyne P, Flett P, et al. Longitudinal assessment of changes in reproductive hormones during normal pregnancy. Clin Chem 1991; 37:667.
- 54. Ozerol E, Ozerol I, Gökdeniz R, et al. Effect of smoking on serum concentrations of total homocysteine, folate, vitamin B12, and nitric oxide in pregnancy: a preliminary study. Fetal Diagn Ther 2004; 19:145.
- 55. Parente JV, Franco JG Jr, Greene LJ, et al. Angiotensin-converting enzyme: serum levels during normal pregnancy. Am J Obstet Gynecol 1979; 135:586.
- 56. Piechota W, Staszewski A. Reference ranges of lipids and apolipoproteins in pregnancy. Eur J Obstet Gynecol Reprod Biol 1992; 45:27.
- 57. Pitkin RM, Gebhardt MP. Serum calcium concentrations in human pregnancy. Am J Obstet Gynecol 1977; 127:775.
- 58. Price A, Obel O, Cresswell J, et al. Comparison of thyroid function in pregnant and non-pregnant Asian and western Caucasian women. Clin Chim Acta 2001; 308:91.
- 59. Qvist I, Abdulla M, Jägerstad M, Svensson S. Iron, zinc and folate status during pregnancy and two months after delivery. Acta Obstet Gynecol Scand 1986; 65:15.
- 60. Radder JK, van Roosmalen J. HbA1c in healthy, pregnant women. Neth J Med 2005; 63:256.
- 61. Reiter EO, Braunstein GD, Vargas A, Root AW. Changes in 25-hydroxyvitamin D and 24,25-dihydroxyvitamin D during pregnancy. Am J Obstet Gynecol 1979; 135:227.
- 62. Risberg A, Larsson A, Olsson K, et al. Relationship between urinary albumin and albumin/creatinine ratio during normal pregnancy and pre-eclampsia. Scand J Clin Lab Invest 2004; 64:17.
- 63. Romslo I, Haram K, Sagen N, Augensen K. Iron requirement in normal pregnancy as assessed by serum ferritin, serum transferrin saturation and erythrocyte protoporphyrin determinations. Br J Obstet Gynaecol 1983; 90:101.
- 64. Shakhmatova EI, Osipova NA, Natochin YV. Changes in osmolality and blood serum ion concentrations in pregnancy. Hum Physiol 2000; 26:92.
- 65. Sharma SC, Sabra A, Molloy A, Bonnar J. Comparison of blood levels of histamine and total ascorbic acid in pre-eclampsia with normal pregnancy. Hum Nutr Clin Nutr 1984; 38:3.
- 66. Shivvers SA, Wians FH Jr, Keffer JH, Ramin SM. Maternal cardiac troponin I levels during normal labor and delivery. Am J Obstet Gynecol 1999; 180:122.
- 67. Singh HJ, Mohammad NH, Nila A. Serum calcium and parathormone during normal pregnancy in Malay women. J Matern Fetal Med 1999; 8:95.
- **68.** Spiropoulos K, Prodromaki E, Tsapanos V. Effect of body position on PaO2 and PaCO2 during pregnancy. Gynecol Obstet Invest 2004; 58:22.

- 69. Strickland DM, Hauth JC, Widish J, et al. Amylase and isoamylase activities in serum of pregnant women. Obstet Gynecol 1984; 63:389.
- 70. Suri D, Moran J, Hibbard JU, et al. Assessment of adrenal reserve in pregnancy: defining the normal response to the adrenocorticotropin stimulation test. J Clin Endocrinol Metab 2006; 91:3866.
- 71. van Buul EJ, Steegers EA, Jongsma HW, et al. Haematological and biochemical profile of uncomplicated pregnancy in nulliparous women; a longitudinal study. Neth J Med 1995; 46:73.
- **72.** van den Broe NR, Letsky EA. Pregnancy and the erythrocyte sedimentation rate. BJOG 2001; 108:1164.
- 73. Walker MC, Smith GN, Perkins SL, et al. Changes in homocysteine levels during normal pregnancy. Am J Obstet Gynecol 1999; 180:660.
- **74.** Wickström K, Edelstam G, Löwbeer CH, et al. Reference intervals for plasma levels of fibronectin, von Willebrand factor, free protein S and antithrombin during third-trimester pregnancy. Scand J Clin Lab Invest 2004; 64:31.
- 75. Wolfson GH, Vargas E, Browne VA, et al. Erythropoietin and Soluble Erythropoietin Receptor: A Role for Maternal Vascular Adaptation to High-Altitude Pregnancy. J Clin Endocrinol Metab 2017; 102:242.
- 76. Whyte MB, Kelly P. The normal range: it is not normal and it is not a range. Postgrad Med J 2018; 94:613.
- 77. Ramsay M. Appendix of normal values. In: High-risk pregnancy: management options, 3 rd ed, James DK, Steer P, Weiner C, Gonik B (Eds), WB Saunders, New York 2005.

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GRAPHICS

Reference intervals in pregnancy

	Nonpregnant females*	First trimester	Second trimester	Third trimester	Re
Hematology					
Erythropoietin [¶] (units/L)	4 to 27	12 to 25	8 to 67	14 to 222	1-3
Ferritin [¶] (ng/mL)	10 to 150 [∆]	6 to 130	2 to 230	0 to 116	1-8
Folate, red blood cell (ng/mL)	150 to 450	137 to 589	94 to 828	109 to 663	6, 9
Folate, serum (ng/mL)	5.4 to 18.0	2.6 to 15.0	0.8 to 24.0	1.4 to 20.7	1, 6
Haptoglobin (mg/mL)	25 to 250	130±43	115±50	135±65	91
Hemoglobin [¶] (g/dL)	12 to 15.8 [∆]	11.6 to 13.9	9.7 to 14.8	9.5 to 15.0	2, 3
Hematocrit [¶] (%)	35.4 to 44.4	31.0 to 41.0	30.0 to 39.0	28.0 to 40.0	1, 2 15
Iron, total binding capacity [¶] (mcg/dL)	251 to 406	278 to 403	Not reported	359 to 609	7
Iron, serum [¶] (mcg/dL)	41 to 141	72 to 143	44 to 178	30 to 193	2, 7
Mean corpuscular hemoglobin (pg/cell)	27 to 32	30 to 32	30 to 33	29 to 32	5
Mean corpuscular volume (×m³)	79 to 93	81 to 96	82 to 97	81 to 99	103
Platelet (×10 ⁹ /L)	165 to 415	174 to 391	155 to 409	146 to 429	5, 6 17
Mean platelet volume (mcm ³)	6.4 to 11.0	7.7 to 10.3	7.8 to 10.2	8.2 to 10.4	5
Red blood cell count (×10 ⁶ /mm³)	4.00 to 5.20 [∆]	3.42 to 4.55	2.81 to 4.49	2.71 to 4.43	5, 6
Red cell distribution width (%)	<14.5	12.5 to 14.1	13.4 to 13.6	12.7 to 15.3	5
White blood cell count (×10 ³ /mm ³)	3.5 to 9.1	5.7 to 13.6	5.6 to 14.8	5.9 to 16.9	5, 6 18
Neutrophils (×10³/mm³)	1.4 to 4.6	3.6 to 10.1	3.8 to 12.3	3.9 to 13.1	5,
Lymphocytes (×10 ³ /mm ³)	0.7 to 4.6	1.1 to 3.6	0.9 to 3.9	1.0 to 3.6	5,
Monocytes	0.1 to 0.7	0.1 to 1.1	0.1 to 1.1	0.1 to 1.4	5,

(×10 ³ /mm ³)					
Eosinophils (×10 ³ /mm ³)	0 to 0.6	0 to 0.6	0 to 0.6	0 to 0.6	14
Basophils (×10³/mm³)	0 to 0.2	0 to 0.1	0 to 0.1	0 to 0.1	14
Transferrin (mg/dL)	200 to 400	254 to 344	220 to 441	288 to 530	4,
Transferrin, saturation without iron (%)	22 to 46 [¶]	Not reported	10 to 44	5 to 37	3
Transferrin, saturation with iron (%)	22 to 46 [¶]	Not reported	18 to 92	9 to 98	3
Hepcidin (ng/mL)	Not reported	4 to 97	6 to 36	1 to 43	98
pagulation					
Antithrombin, functional (%)	70 to 130	89 to 114	78 to 126	82 to 116	17
Factor V (%)	50 to 150	75 to 95	72 to 96	60 to 88	25
Factor VII (%)	50 to 150	100 to 146	95 to 153	149 to 211	17
Factor VIII (%)	50 to 150	90 to 210	97 to 312	143 to 353	17
Factor IX (%)	50 to 150	103 to 172	154 to 217	164 to 235	1.
Factor XI (%)	50 to 150	80 to 127	82 to 144	65 to 123	17
Factor XII (%)	50 to 150	78 to 124	90 to 151	129 to 194	17
Fibrinogen (mg/dL)	211 to 496	244 to 510	291 to 538	301 to 696	5, 23
Homocysteine (mmol/L)	4.4 to 10.8	3.34 to 11	2.0 to 26.9	3.2 to 21.4	6,
International Normalized Ratio	0.9 to 1.04 ^{\$}	0.86 to 1.08	0.83 to 1.02	0.80 to 1.09	19
Partial thromboplastin time, activated (seconds)	26.3 to 39.4	23.0 to 38.9	22.9 to 38.1	22.6 to 35.0	5,
Plasminogen activator inhibitor-1 (PAI-1) antigen (pg/mL)	17.3±5.7	17.7±1.9	Not reported	66.4±4.9	85
Plasminogen activator inhibitor-1 (PAI-1) activity (arbitrary units)	9.3±1.9	9.0±0.8	Not reported	31.4±3.0	8;
Prothrombin time (seconds)	12.7 to 15.4	9.7 to 13.5	9.5 to 13.4	9.6 to 12.9	5,
Protein C, functional (%)	70 to 130	78 to 121	83 to 133	67 to 135	19
Protein S, total (%)	70 to 140	39 to 105	27 to 101	33 to 101	17
Protein S, free (%)	70 to 140	34 to 133	19 to 113	20 to 65	2!

Protein S, functional activity (%)	65 to 140	57 to 95	42 to 68	16 to 42	25
Tissue plasminogen activator (ng/mL)	1.6 to 13 [§]	1.8 to 6.0	2.36 to 6.6	3.34 to 9.20	17,
Tissue plasminogen activator inhibitor-1 (ng/mL)	4 to 43	16 to 33	36 to 55	67 to 92	17
Activated protein C resistance (APC-r)	2.12 to 5.00	1.79 to 4.75	1.00 to 2.83	1.61 to 5.00	104
D-Dimer (DDU) (ng/mL)	<500	200 to 900	200 to 1600	400 to 500	21-
von Willebrand measurer	ments				
von Willebrand factor antigen (%)	75 to 125	62 to 318	90 to 247	84 to 422	20,
ADAMTS-13, von Willebrand cleaving protease	40 to 170 [¥]	40 to 160	22 to 135	38 to 105	20,
Blood chemical constitue	nts				
Alanine aminotransferase (units/L)	7 to 41	3 to 30	2 to 33	2 to 25	4, 5
Albumin (g/dL)	4.1 to 5.3 [△]	3.1 to 5.1	2.6 to 4.5	2.3 to 4.2	29-
Alkaline phosphatase (units/L)	33 to 96	17 to 88	25 to 126	38 to 229	4, 5
Alpha-1 antitrypsin (mg/dL)	100 to 200	225 to 323	273 to 391	327 to 487	5
Alpha-fetoprotein (ng/mL)	_	_	Approximately 130-400	Approximately 130-590	93
Ammonia (microM)	31±3.2	_	_	27.3±1.6	92
Amylase (units/L)	20 to 96	24 to 83	16 to 73	15 to 81	4, 5
Anion gap (mmol/L)	7 to 16	13 to 17	12 to 16	12 to 16	5
Aspartate aminotransferase (units/L)	12 to 38	3 to 23	3 to 33	4 to 32	4, 5
Bicarbonate (mmol/L)	22 to 30	20 to 24	20 to 24	20 to 24	5
Bilirubin, total (mg/dL)	0.3 to 1.3	0.1 to 0.4	0.1 to 0.8	0.1 to 1.1	4, 2
Bilirubin, unconjugated (mg/dL)	0.2 to 0.9	0.1 to 0.5	0.1 to 0.4	0.1 to 0.5	5, 2
Bilirubin, conjugated (mg/dL)	0.1 to 0.4	0 to 0.1	0 to 0.1	0 to 0.1	29

	0.0 · 4.0 †		0.01		
Bile acids (micromol/L)	0.3 to 4.8 [‡]	0 to 4.9	0 to 9.1	0 to 11.3	29,
CA 125 antigen (units/mL)	7.2 to 27.0	2/2 to 268	12 to 25.1	16.8 to 43.8	86,
Calcium, ionized (mg/dL)	4.5 to 5.3	4.5 to 5.1	4.4 to 5.0	4.4 to 5.3	5, 3
Calcium, total (mg/dL)	8.7 to 10.2	8.8 to 10.6	8.2 to 9.0	8.2 to 9.7	4, 5 36-
Ceruloplasmin (mg/dL)	25 to 63	30 to 49	40 to 53	43 to 78	5, 3
Chloride (mEq/L)	102 to 109	101 to 105	97 to 109	97 to 109	4, 5
Creatinine (mg/dL)	0.5 to 0.9 [∆]	0.4 to 0.7	0.4 to 0.8	0.4 to 0.9	4, 5
Gamma-glutamyl transpeptidase (units/L)	9 to 58	2 to 23	4 to 22	3 to 26	4, 5
Lactate dehydrogenase (units/L)	115 to 221	78 to 433	80 to 447	82 to 524	4, 5
Lead (microg/dL)	Not reported	6.8 to 7.7	5.8 to 6.6	6.8 to 7.8	110
Lipase (units/L)	3 to 43	21 to 76	26 to 100	41 to 112	33
Magnesium (mg/dL)	1.5 to 2.3	1.6 to 2.2	1.5 to 2.2	1.1 to 2.2	4, 5 36,
Osmolality (mOsm/kg H20)	275 to 295	275 to 280	276 to 289	278 to 280	38,
Phosphate (mg/dL)	2.5 to 4.3	3.1 to 4.6	2.5 to 4.6	2.8 to 4.6	4, <u>5</u>
Potassium (mEq/L)	3.5 to 5.0	3.6 to 5.0	3.3 to 5.0	3.3 to 5.1	4, ⁵ 32,
Prealbumin (mg/dL)	17 to 34	15 to 27	20 to 27	14 to 23	5
Protein, total (g/dL)	6.7 to 8.6	6.2 to 7.6	5.7 to 6.9	5.6 to 6.7	5, 3
Sodium (mEq/L)	136 to 146	133 to 148	129 to 148	130 to 148	4, ⁵ 32,
Urea nitrogen (mg/dL)	7 to 20	7 to 12	3 to 13	3 to 11	4, 5
Uric acid (mg/dL)	2.5 to 5.6 [∆]	2.0 to 4.2	2.4 to 4.9	3.1 to 6.3	4, 5
Metabolic and endocrine	tests			·	
Adiponectin (ng/dL)	Not reported	1141 to 13,499	1205 to 16,035	1428 to 13,857	11
Aldosterone (ng/dL)	2 to 9	6 to 104	9 to 104	15 to 101	43,
Angiotensin converting enzyme (units/L)	9 to 67	1 to 38	1 to 36	1 to 39	39,
Alpha-fetoprotein (ng/mL)	0 to 8.5	Not reported	50 to 425	50 to 590	82,
() /		1			

Hemoglobin A _{1C} (%)	4 to 6	4 to 6	4 to 6	4 to 7	36,
Iodine (urine, microg/dL)	Not reported	75 to 291	89 to 316	Not reported	112
Leptin (pg/mL)	Not reported	5594 to 166,097	1401 to 96,912	3997 to 189,930	11
Parathyroid hormone (pg/mL)	8 to 51	10 to 15	18 to 25	9 to 26	30
Parathyroid hormone- related protein (pmol/L)	<1.3 [†]	0.7 to 0.9	1.8 to 2.2	2.5 to 2.8	30
Renin, plasma activity (ng/mL/hour)	0.3 to 9.0 [†]	Not reported	7.5 to 54.0	5.9 to 58.8	40,
Thyroid-stimulating hormone (milli-int. units/mL)	0.34 to 4.25	0.60 to 3.40	0.37 to 3.60	0.38 to 4.04	4, 5
[American Thyroid Association recommendation]**		0.1 to 2.5	0.2 to 3.0	0.3 to 3.0	83
Thyroxine-binding globulin (mg/dL)	1.3 to 3.0	1.8 to 3.2	2.8 to 4.0	2.6 to 4.2	5
Thyroxine, free (ng/dL)	0.8 to 1.7	0.8 to 1.2	0.6 to 1.0	0.5 to 0.8	5, 4
Thyroxine, total (mcg/dL)	5.4 to 11.7	6.5 to 10.1	7.5 to 10.3	6.3 to 9.7	5, 3
Triiodothyronine, free (pg/mL)	2.4 to 4.2	4.1 to 4.4	4.0 to 4.2	Not reported	49
Triiodothyronine, total (ng/dL)	77 to 135	97 to 149	117 to 169	123 to 162	5
/itamins and minerals					
Copper (mcg/dL)	70 to 140	112 to 199	165 to 221	130 to 240	50,
Selenium (mcg/L)	63 to 160	116 to 146	75 to 145	71 to 133	5, 5
Vitamin A (retinol) (mcg/dL)	20 to 100	32 to 47	35 to 44	29 to 42	5
Vitamin B12 (pg/mL)	279 to 966	118 to 438	130 to 656	99 to 526	6, 1
Vitamin C (ascorbic acid) (mg/dL)	0.4 to 1.0	Not reported	Not reported	0.9 to 1.3	52
Vitamin D, 1,25- dihydroxy (pg/mL)	25 to 45	20 to 65	72 to 160	60 to 119	30,
Vitamin D, 24,25- dihydroxy (ng/mL)	0.5 to 5.0 [†]	1.2 to 1.8	1.1 to 1.5	0.7 to 0.9	53
Vitamin D, 25-hydroxy (ng/mL)	14 to 80	18 to 27	10 to 22	10 to 18	30,

Vitamin E (α-tocopherol) (mcg/mL)	5 to 18	7 to 13	10 to 16	13 to 23	5
Zinc (mcg/dL)	75 to 120	57 to 88	51 to 80	50 to 77	5, 1
Autoimmune and inflamn	natory mediators				
C3 complement (mg/dL)	83 to 177	62 to 98	73 to 103	77 to 111	5
C4 complement (mg/dL)	16 to 47	18 to 36	18 to 34	22 to 32	5
C-reactive protein (mg/L)	0.2 to 3.0	Not reported	0.4 to 20.3	0.4 to 8.1	54
Erythrocyte sedimentation rate (mm/hour)	0 to 20 [∆]	4 to 57	7 to 47	13 to 70	55
Immunoglobulin A (mg/dL)	70 to 350	95 to 243	99 to 237	112 to 250	5
Immunoglobulin G (mg/dL)	700 to 1700	981 to 1267	813 to 1131	678 to 990	5
Immunoglobulin M (mg/dL)	50 to 300	78 to 232	74 to 218	85 to 269	5
Procalcitonin (ng/mL)	Not reported	0.03	0.04	0.05	113
Sex hormones					
Dehydroepiandrosterone sulfate (mmol/L)	1.3 to 6.8 [†]	2.0 to 16.5	0.9 to 7.8	0.8 to 6.5	56
Estradiol (pg/mL)	<20 to 443 ^{Δ,¶¶}	188 to 2497	1278 to 7192	614 to 3460	56,
Progesterone (ng/mL)	<1 to 20 [∆]	8 to 48		99 to 342	56,
Prolactin (ng/mL)	0 to 20	36 to 213	110 to 330	137 to 372	30,
Sex hormone binding globulin (nmol/L)	18 to 114 [∆]	39 to 131	214 to 717	216 to 724	56,
Testosterone (ng/dL)	6 to 86 [∆]	25.7 to 211.4	34.3 to 242.9	62.9 to 308.6	56
17-hydroxyprogesterone (nmol/L)	0.6 to 10.6 ^{Δ,†}	5.2 to 28.5	5.2 to 28.5	15.5 to 84	56
Lipids					
Cholesterol, total (mg/dL)	<200	141 to 210	176 to 299	219 to 349	5, 6
High-density lipoprotein cholesterol (mg/dL)	40 to 60	40 to 78	52 to 87	48 to 87	5, (
Low-density lipoprotein cholesterol (mg/dL)	<100	60 to 153	77 to 184	101 to 224	5, (

Very-low-density lipoprotein cholesterol (mg/dL)	6 to 40 [†]	10 to 18	13 to 23	21 to 36	62
Triglycerides (mg/dL)	<150	40 to 159	75 to 382	131 to 453	4, 5
Apolipoprotein A-I (mg/dL)	119 to 240	111 to 150	142 to 253	145 to 262	4, 4
Apolipoprotein B (mg/dL)	52 to 163	58 to 81	66 to 188	85 to 238	4, 4
Cardiac function					
Cardiac output (L/minute)	4.8 to 6.8	5.6 to 9.7	5.5 to 9.9	4.8 to 8.7	64, 68
Cardiac index (L/min/m²)	2.6 to 4.2	3.2 to 4.6	3.1 to 4.7	2.5 to 4.4	65,
Stroke volume (mL)	79 to 90	77.5 to 107.6	70.3 to 107.6	54 to 99	65,
Stroke index (mL/m²)		46 to 62	39 to 62	30 to 42	65
Systemic vascular resistance (dyns/cm ⁵)	700 to 1600	747 to 1485	692 to 1201	1034 to 1201	65,
Echocardiography					
Intraventricular septal dimension (cm)	0.7 to 0.9	0.63 to 0.83	0.65 to 0.85	0.66 to 0.9	68, 90
Posterior ventricular wall dimension (cm)	0.75 to 0.9	0.56 to 0.8	0.59 to 0.9	0.59 to 0.9	68, 90
Left ventricular mass (g)	116 to 143	108 to 167	115 to 150	128 to 162	68,
Left ventricular mass index	40 to 78	53 to 79	58 to 82	60 to 88	68,
E/A ratio	1.4 to 1.75	1.6	1.4	1.3	68,
Left ventricular diastolic diameter (cm)	4.3 to 4.8	4.3 to 4.6	4.4 to 4.9	5.1	69,
Left ventricular systolic diameter (cm)	2.8 to 3.1	2.8 to 2.9	2.8 to 3.4	2.8 to 3.3	69,
Left vent, fractional shortening (%)	35 to 36	35 to 37	3.5	35 to 36	69,
Left vent ejection fraction (%)	60 to 73	61 to 75	61 to 63	60 to 73	69,
Diastolic function					
Mitral E wave (m/second)	0.77±0.11	0.85±0.13	0.84±0.16	0.77±0.15	89,
Mitral A wave (m/second)	0.46±0.1	0.5±0.09	0.5±0.1	0.55±0.1	89,
Isovolumic relaxation time (m/second)	69±10	50±10	79±18	72±16	89,

ardiac function (blood te	ests)				
Atrial natriuretic peptide (pg/mL)	Not reported	Not reported	28.1 to 70.1	Not reported	73
B-type natriuretic peptide (pg/mL)	<167 (age- and gender-specific)	18.4	13.5 to 29.5	15.5 to 46	71
Creatine kinase (units/L)	39 to 238 [∆]	27 to 83	25 to 75	13 to 101	5,
Creatine kinase-MB (units/L)	<6ΔΔ	_	_	1.8 to 2.4	74
N-terminal pro-brain natriuretic peptide (pg/mL)	50±26	60±45	60±40	43±34	94
Troponin I (hs-TnI)	0 to 1.0	0 to 1.0	0 to 1.0	0 to 1.0	10
Blood gas					
рН	7.38 to 7.42 (arterial)	7.36 to 7.52 (venous)	7.40 to 7.52 (venous)	7.41 to 7.53 (venous)	31,
				7.39 to 7.45 (arterial)	
PO ₂ (mmHg)	90 to 100	93 to 100	90 to 98	92 to 107	75
PCO ₂ (mmHg)	38 to 42	Not reported	Not reported	25 to 33	75
Bicarbonate (HCO ₃ ⁻) (mEq/L)	22 to 26	Not reported	Not reported	16 to 22	75
Renal function tests				·	
Effective renal plasma flow (mL/minute)	492 to 696 ^{Δ,†}	696 to 985	612 to 1170	595 to 945	77,
Glomerular filtration rate (GFR) (mL/minute)	106 to 132 [∆]	131 to 166	135 to 170	117 to 182	77,
Filtration fraction (%)	16.9 to 24.7**	14.7 to 21.6	14.3 to 21.9	17.1 to 25.1	77
Osmolarity, urine (mOsm/kg)	500 to 800	326 to 975	278 to 1066	238 to 1034	80
24-h albumin excretion (mg/24 hours)	<30	5 to 15	4 to 18	3 to 22	80
24-h calcium excretion (mmol/24 hours)	<7.5 [†]	1.6 to 5.2	0.3 to 6.9	0.8 to 4.2	15
24-h creatinine clearance (mL/minute)	91 to 130	69 to 140	55 to 136	50 to 166	15
24-h creatinine excretion (mmol/24 hours)	8.8 to 14 [†]	10.6 to 11.6	10.3 to 11.5	10.2 to 11.4	80

25 to 100 [†]	17 to 33	10 to 38	11 to 35	15
<150	19 to 141	47 to 186	46 to 185	81
100 to 260 [†]	53 to 215	34 to 213	37 to 149	15,
4.00±0.51	3.89±0.48	3.92±0.48	4.00±0.53	96
3.20±0.41	3.18±0.44	3.16±0.39	3.20±0.43	96
7.18±1.05	6.71±1.19	6.92±1.13	7.19±1.10	96
0.21 to 0.48	0.52±0.15	0.54±0.15	0.57±0.14	10 ⁻
2.27 to 10.35	12.63±3.89	13.05±3.55	14.08±4.07	10 ⁻
	<150 100 to 260 [†] 4.00±0.51 3.20±0.41 7.18±1.05 0.21 to 0.48	<150 19 to 141 100 to 260† 53 to 215 4.00±0.51 3.89±0.48 3.20±0.41 3.18±0.44 7.18±1.05 6.71±1.19 0.21 to 0.48 0.52±0.15	 <150 19 to 141 47 to 186 100 to 260[†] 53 to 215 34 to 213 4.00±0.51 3.89±0.48 3.92±0.48 3.20±0.41 3.18±0.44 3.16±0.39 7.18±1.05 6.71±1.19 6.92±1.13 0.21 to 0.48 0.52±0.15 0.54±0.15 	 <150 19 to 141 47 to 186 46 to 185 100 to 260[†] 53 to 215 34 to 213 37 to 149 4.00±0.51 3.89±0.48 3.92±0.48 4.00±0.53 3.20±0.41 3.18±0.44 3.16±0.39 3.20±0.43 7.18±1.05 6.71±1.19 6.92±1.13 7.19±1.10 0.21 to 0.48 0.52±0.15 0.54±0.15 0.57±0.14

A pregnancy laboratory reference interval is an approximation of what can be expected in the overall healthy pregnant population. A value inside or outside of the interval does not necessarily indicate the presence or absence of a disorder in an individual patient.

¶ Range includes references with and without iron supplementation.

Δ Normal reference range is specific range for females.

- ♦ Reference values are from Cerneca et al: Coagulation and fibrinolysis changes in normal pregnancy increased levels of procoagulants and reduced levels of inhibitors during pregnancy induce a hypercoagulable state, combined with a reactive fibrinolysis^[19].
- § References values are from Cerneca et al and Choi et al: Tissue plasminogen activator levels change with plasma fibrinogen concentrations during pregnancy^[17,19].
- ¥ Reference values are from Mannuci et al: Changes in health and disease of the metalloprotease that cleaves von Willebrand factor^[28].
- ‡ Reference values are from Bacq Y et al: Liver function tests in normal pregnancy: a prospective study of 102 pregnant women and 102 matched controls^[29].
- † Reference values are from the fifteenth edition of Harrison's Principles of Internal Medicine^[83].
- ** The American Thyroid Association recommends these TSH ranges if individual laboratories do not determine their own trimester-specific reference ranges.
- $\P\P$ Range is for premenopausal females and varies by menstrual cycle phase.

 $\Delta\Delta$ Reference values are from Leiserowitz GS et al: Creatine kinase and its MB isoenzyme in the third trimester and the peripartum period^[74].

^{*} Unless otherwise specified, all normal reference values are from the seventeenth edition of *Harrison's Principles of Internal Medicine*^[82].

♦♦ Reference values are from Dunlop W: Serial changes in renal haemodynamics during normal human pregnancy^[77].

References:

- 1. Beguin Y, Lipscei G, Thourmsin H, et al: Blunted erythropoietin production and decreased erythropoiesis in early pregnancy. Blood 78(1):89, 1991.
- 2. Bianco I, Mastropietro F, D'Aseri C, et al: Serum levels of erythropoietin and soluble transferrin receptor during pregnancy in non- β -thalassemic and β -thalassemic women. Haematologica 85:902, 2000 [PMID: 10980626].
- 3. Milman N, Graudal N, Nielsen OJ: Serum erythropoietin during normal pregnancy: Relationship to hemoglobin and iron status markers and impact of iron supplementation in a longitudinal, placebo-controlled study on 118 women. Int J Hematol 66:159, 1997 [PMID: 9277046].
- 4. Larsson A, Palm M, Hansson L-O, et al: Reference values for clinical chemistry tests during normal pregnancy. BJOG 115:874, 2008 [PMID: 18485166].
- 5. Lockitch G: Handbook of Diagnostic Biochemistry and Hematology in Normal Pregnancy. Boca Raton, FL, CRC Press, 1993.
- 6. Milman N, Bergholt T, Byg KE, et al: Reference intervals for haematological variables during normal pregnancy and postpartum in 434 healthy Danish women. Eur J Haematol 79:39, 2007 [PMID: 17598837].
- 7. Romslo I, Haram K, Sagen N, et al: Iron requirement in normal pregnancy as assessed by serum ferritin, serum transferring saturation and erythrocyte protoporphyrin determinations. Br J Obstet Gynaecol 90:101, 1983 [PMID: 6824608].
- 8. Van Buul EJA, Steegers EAP, Jongsma HW, et al: Haematological and biochemical profile of uncomplicated pregnancy in nulliparous women; a longitudinal study. Neth J Med 46:73, 1995.
- 9. Milman N, Byg KE, Hvas AM, et al: Erythrocyte folate, plasma folate and plasma homocysteine during normal pregnancy and postpartum: A longitudinal study comprising 404 Danish women. Eur J Haematol 76:200, 2006 [PMID: 16412135].
- 10. Walker MC, Smith GN, Perkins SL, et al: Changes in homocysteine levels during normal pregnancy. Am J Obstet Gynecol 180:660, 1999 [PMID: 10076144].
- 11. López-Quesada E, Vilaseca MA, Lailla JM: Plasma total homocysteine in uncomplicated pregnancy and in preeclampsia. Eur J Obstet Gynecol Reprod Biol 108:45, 2003 [PMID: 19899161].
- 12. Özerol E, Özerol I, Gökdeniz R, et al: Effect of smoking on serum concentrations of total homocysteine, folate, vitamin B12, and nitric oxide in pregnancy: A preliminary study. Fetal Diagn Ther 19:145, 2004.
- 13. Qvist I, Abdulla M, Jägerstad M, et al: Iron, zinc and folate status during pregnancy and two months after delivery. Acta Obstet Gynecol Scand 65:15, 1986 [PMID: 3716775].
- 14. Balloch AJ, Cauchi MN: Reference ranges for haematology parameters in pregnancy derived from patient populations. Clin Lab Haemat 15:7, 1993 [PMID: 8472501].
- 15. Singh HJ, Mohammad NH, Nila A: Serum calcium and parathormone during normal pregnancy in Malay women. J Matern Fetal Med 8:95, 1999 [PMID: 10338062].
- 16. AzizKarim S, Khurshid M, Rizvi JH, et al: Platelets and leucocyte counts in pregnancy. J Pak Med Assoc 42:86, 1992.
- 17. Choi JW, Pai SH: Tissue plasminogen activator levels change with plasma fibrinogen concentrations during pregnancy. Ann Hematol 81:611, 2002 [PMID: 12454697].
- 18. Belo L, Santos-Silva A, Rocha S, et al: Fluctuations in C-reactive protein concentration and neutrophil activation during normal human pregnancy. Eur J Obstet Gynecol Reprod Biol 123:46, 2005 [PMID: 16260340].
- 19. Cerneca F, Ricci G, Simeone R, et al: Coagulation and fibrinolysis changes in normal pregnancy increased levels of procoagulants and reduced levels of inhibitors during pregnancy induce a hypercoagulable state, combined with a reactive fibrinolysis. Eur J Obstet Gynecol Reprod Biol 73:31, 1997 [PMID: 9175686].
- 20. Lattuada A, Rossi E, Calzarossa C, et al: Mild to moderate reduction of a von Willebrand factor cleaving protease (ADAMTS-13) in pregnant women with HELLP microangiopathic syndrome. Haematologica 88(9):1029, 2003.
- 21. Francalanci I, Comeglio P, Liotta AA, et al: D-Dimer concentrations during normal pregnancy, as measured by ELISA. Thromb Res 78:399, 1995 [PMID: 7660356].
- 22. Kline JA, Williams GW, Hernandez-Nino J: D-Dimer concentrations in normal pregnancy: New diagnostic thresholds are needed. Clin Chem 51:825, 2005 [PMID: 15764641].
- 23. Morse M: Establishing a normal range for D-dimer levels through pregnancy to aid in the diagnosis of pulmonary embolism and deep vein thrombosis. J Thromb Haemost 2:1202, 2004 [PMID: 15219216].
- 24. Liu XH, Jiang YM, Shi H, et al: Prospective, sequential, longitudinal study of coagulation changes during pregnancy in Chinese women. Int J Gynaecol Obstet 105(3):240, 2009.
- 25. Lefkowitz JB, Clarke SH, Barbour LA: Comparison of protein S functional and antigenic assays in normal pregnancy. Am J Obstet Gynecol 175:657, 1996 [PMID: 8828430].

- 26. Faught W, Garner P, Jones G, et al: Changes in protein C and protein S levels in normal pregnancy. Am J Obstet Gynecol 172:147, 1995 [PMID: 7847526].
- 27. Wickström K, Edelstam G, Löwbeer CH, et al: Reference intervals for plasma levels of fibronectin, von Willebrand factor, free protein S and antithrombin during third-trimester pregnancy. Scand J Clin Lab Invest 64:31, 2004 [PMID: 13035697].
- 28. Mannucci PM, Canciani MT, Forza I, et al: Changes in health and disease of the metalloprotease that cleaves von Willebrand factor. Blood 98(9):2730, 2001.
- 29. Bacq Y, Zarka O, Bréchot JF, et al: Liver function tests in normal pregnancy: A prospective study of 102 pregnant women and 102 matched controls. Hepatology 23:1030, 1996 [PMID: 8621129].
- 30. Ardawi MSM, Nasrat HAN, BA'Aqueel HS: Calcium-regulating hormones and parathyroid hormone-related peptide in normal human pregnancy and postpartum: A longitudinal study. Eur J Endocrinol 137:402, 1997 [PMID: 9368509].
- 31. Handwerker SM, Altura BT, Altura BM: Serum ionized magnesium and other electrolytes in the antenatal period of human pregnancy. J Am Coll Nutr 15:36, 1996 [PMID: 8632112].
- 32. Hytten FE, Lind T: Diagnostic Indices in Pregnancy. Summit, NJ, CIBA-GEIGY Corporation, 1975.
- 33. Karsenti D, Bacq Y, Bréchot JF, et al: Serum amylase and lipase activities in normal pregnancy: A prospective case-control study. Am J Gastroenterol 96:697, 2001 [PMID: 11280536].
- 34. Strickland DM, Hauth JC, Widish J, et al: Amylase and isoamylase activities in serum of pregnant women. Obstet Gynecol 63:389, 1984 [PMID: 6199704].
- 35. Carter J: Serum bile acids in normal pregnancy. BJOG 98:540, 1991 [PMID: 1873244].
- 36. Mimouni F, Tsang RC, Hertzbert VS, et al: Parathyroid hormone and calcitriol changes in normal and insulindependent diabetic pregnancies. Obstet Gynecol 74:49, 1989 [PMID: 2733941].
- 37. Pitkin RM, Gebhardt MP: Serum calcium concentrations in human pregnancy. Am J Obstet Gynecol 127:775, 1977 [PMID: 848531].
- 38. Shakhmatova EI, Osipova NA, Natochin YV: Changes in osmolality and blood serum ion concentrations in pregnancy. Hum Physiol 26:92, 2000.
- 39. Louro MO, Cocho JA, Tutor JC: Assessment of copper status in pregnancy by means of determining the specific oxidase activity of ceruloplasmin. Clin Chim Acta 312:123, 2001 [PMID: 11580917].
- 40. Dux S, Yaron A, Carmel A, et al: Renin, aldosterone, and serum-converting enzyme activity during normal and hypertensive pregnancy. Gynecol Obstet Invest 17:252, 1984 [PMID: 6329926].
- 41. Davison JB, Vallotton MB, Lindheimer MD: Plasma osmolality and urinary concentration and dilution during and after pregnancy: Evidence that lateral recumbency inhibits maximal urinary concentrating ability. BJOG 88:472, 1981 [PMID: 7236550].
- 42. Kato T, Seki K, Matsui H, et al: Monomeric calcitonin in pregnant women and in cord blood. Obstet Gynecol 92:241, 1998 [PMID: 9699759].
- 43. Elsheikh A, Creatsas G, Mastorakos G, et al: The renin-aldosterone system during normal and hypertensive pregnancy. Arch Gynecol Obstet 264:182, 2001 [PMID: 11205704].
- 44. Kim EH, Lim JH, Kim YH, et al: The relationship between aldosterone to renin ratio and RI value of the uterine artery in the preeclamptic patient vs. normal pregnancy. Yonsei Med J 49(1):138, 2008.
- 45. Suri D, Moran J, Hibbard JU, et al: Assessment of adrenal reserve in pregnancy: Defining the normal response to the adrenocorticotropin stimulation test. J Clin Endocrinol Metab 91:3866, 2006 [PMID: 16895954].
- 46. Parente JV, Franco JG, Greene LJ, et al: Angiotensin-converting enzyme: Serum levels during normal pregnancy. Am J Obstet Gynecol 135:586, 1979 [PMID: 228554].
- 47. Montelongo A, Lasunción MA, Pallardo LF, et al: Longitudinal study of plasma lipoproteins and hormones during pregnancy in normal and diabetic women. Diabetes 41:1651, 1992 [PMID: 1446807].
- 48. Radder JK, Van Roosmalen J: HbAIC in healthy, pregnant women. Neth J Med 63:256, 2005 [PMID: 16093576].
- 49. Price A, Obel O, Cresswell J, et al: Comparison of thyroid function in pregnant and non-pregnant Asian and western Caucasian women. Clin Chim Acta 208:91, 2001.
- 50. Álvarez SI, Castañón SG, Ruata MLC, et al: Updating of normal levels of copper, zinc and selenium in serum of pregnant women. J Trace Elem Med Biol 21(S1):49, 2007.
- 51. Ilhan N, Ilhan N, Simsek M: The changes of trace elements, malondialdehyde levels and superoxide dismutase activities in pregnancy with or without preeclampsia. Clin Biochem 35:393, 2002 [PMID: 12270770].
- 52. Sharma SC, Sabra A, Molloy A, et al: Comparison of blood levels of histamine and total ascorbic acid in preeclampsia with normal pregnancy. Hum Nutr Clin Nutr 38C:3, 1984.
- 53. Reiter EO, Braunstein GD, Vargas A, et al: Changes in 25-hydroxyvitamin D and 24,25-dihydroxyvitamin D during pregnancy. Am J Obstet Gynecol 135:227, 1979 [PMID: 474676].
- 54. Hwang HS, Kwon JY, Kim MA, et al: Maternal serum highly sensitive C-reactive protein in normal pregnancy and pre-eclampsia. Int J Gynecol Obstet 98:105, 2007 [PMID: 17588579].

- 55. van den Broek NR, Letsky EA: Pregnancy and the erythrocyte sedimentation rate. Br J Obstet Gynaecol 108:1164, 2001.
- 56. O'Leary P, Boyne P, Flett P, et al: Longitudinal assessment of changes in reproductive hormones during normal pregnancy. Clin Chem 35(5):667, 1991.
- 57. Carranza-Lira S, Hernández F, Sánchez M, et al: Prolactin secretion in molar and normal pregnancy. Int J Gynaecol Obstet 60:137, 1998 [PMID: 9509951].
- 58. Larrea F, Méndez I, Parra A: Serum pattern of different molecular forms of prolactin during normal human pregnancy. Hum Reprod 8:1617, 1993 [PMID: 8300816].
- 59. Acromite MT, Mantzoros CS, Leach RE, et al: Androgens in preeclampsia. Am J Obstet Gynecol 180:60, 1999 [PMID: 9914579].
- 60. Belo L, Caslake M, Gaffney D, et al: Changes in LDL size and HDL concentration in normal and preeclamptic pregnancies. Atherosclerosis 162:425, 2002 [PMID: 11996963].
- 61. Desoye G, Schweditsch MO, Pfeiffer KP, et al: Correlation of hormones with lipid and lipoprotein levels during normal pregnancy and postpartum. J Clin Endocrinol Metab 64:704, 1987 [PMID: 3546352].
- 62. Jimenez DM, Pocovi M, Ramon-Cajal J, et al: Longitudinal study of plasma lipids and lipoprotein cholesterol in normal pregnancy and puerperium. Gynecol Obstet Invest 25:158, 1988 [PMID: 3391425].
- 63. Piechota W, Staszewski A: Reference ranges of lipids and apolipoproteins in pregnancy. Eur J Obstet Gynecol Reprod Biol 45:27, 1992 [PMID: 1618359].
- 64. Rang S, van Montfrans GA, Wolf H. Serial hemodynamic measurement in normal pregnancy, preeclampsia, and intrauterine growth restriction. Am J Obstet Gynecol. 198(5):519.e1-9, 2008 PMID: 18279824.
- 65. Moertl MG, Ulrich D, Pickel K, et al: Changes in haemodynamic and autonomous nervous system parameters measured non-invasively throughout normal pregnancy. Eur J Obstet Gynecol Reprod Biol. 144 Suppl 1:S179-83. 2009 PMID: 19285779.
- 66. Pandey Ak, Das A, Srinivas C, et al: Maternal myocardial performances in various stages of pregnancy and post-partum. Research Jour of Cardiology 3(1):9-16, 2010.
- 67. Lees M. Central circulatory responses in normotensive and hypertensive pregnancy. Postgrad Med J. 55(643): 311–314, 1979. PMCID: PMC2425449.
- 68. Poppas A, Shroff SG, Korcarz CE, et al: Serial assessment of the cardiovascular system in normal pregnancy: Role of arterial compliance and pulsatile arterial load. Circulation 95:2407-2415, 1997.
- 69. Katz R, Karliner JS, Resnik R: Effects of a natural volume overload state (pregnancy) on left ventricular performance in normal human subjects. Circulation 58: 434-441, 1978.
- 70. Mesa A, Jessurun C, Hernandez A, et al: Left ventricular diastolic function in normal human pregnancy. Circulation 99:511-517, 1999.
- 71. Resnik JL, Hong C, Resnik R, et al: Evaluation of B-type natriuetic peptide (BNP) levels in normal and preeclamptic women. Am J Obstet Gynecol 193:450-458, 2005.
- 72. Hamid RR, Larsson A, Pernow J, et al: Assessment of left ventricular structure and function in preeclampsia by echocardiography and cardiovascular biomarkers. J Hypertens 27L2257-2264, 2009.
- 73. Borghi CB, Esposti DD, Immordino V, et al: Relationship of systemic hemodynamics, left ventricular structure and function, and plasma natriuretic peptide concentrations during pregnancy complicated by preeclampsia. Am J Obstet Gynecol 183:140, 2000 [PMID: 10920322].
- 74. Leiserowitz GS, Evans AT, Samuels SJ, et al: Creatine kinase and its MB isoenzyme in the third trimester and the peripartum period. J Reprod Med 37:910, 1992 [PMID: 1460608].
- 75. Fadel HE, Northrop G, Misenhimer HR, et al: Acid-base determinations in amniotic fluid and blood of normal late pregnancy. Obstet Gynecol 53:99, 1979 [PMID: 32503].
- 76. Spiropoulos K, Prodromaki E, Tsapanos V: Effect of body position on PaO2 and PaCO2 during pregnancy. Gynecol Obstet Invest 58:22, 2004 [PMID: 15028865].
- 77. Dunlop W: Serial changes in renal haemodynamics during normal human pregnancy. Br J Obstet Gynaecol 88:1, 1981 [PMID: 7459285].
- 78. Ezimokhai M, Davison JM, Philips PR, et al: Non-postural serial changes in renal function during the third trimester of normal human pregnancy. Br J Obstet Gynaecol 88:465, 1981 [PMID: 7236549].
- 79. Moran P, Baylis PH, Lindheimer, et al: Glomerular ultrafiltration in normal and preeclamptic pregnancy. J Am Soc Nephrol 14:648, 2003 [PMID: 12595500].
- 80. Risberg A, Larsson A, Olsson K, et al: Relationship between urinary albumin and albumin/creatinine ratio during normal pregnancy and pre-eclampsia. Scand J Clin Lab Invest 64:17, 2004 [PMID: 15025425].
- 81. Higby K, Suiter CR, Phelps JY, et al: Normal values of urinary albumin and total protein excretion during pregnancy. Am J Obstet Gynecol 171:984, 1994 [PMID: 7943114].
- 82. Kratz A, Pesce MA, Basner RC, Einstein AJ. Appendix: Laboratory values of clinical importance. In: Longo DL, Fauci AS, Kasper DL, et al (Eds). Harrison's Principles of Internal Medicine, 18th ed, McGraw-Hill, New York 2012.

- Appendix 1, p A-1.
- 83. Stagnaro-Green A, Abalovich M, Alexander E, et al. Guidelines of the American Thyroid Association for the diagnosis and management of thyroid disease during pregnancy and postpartum. Thyroid 2011; 21:1081.
- 84. Leek AE, Ruoss CF, Kitau MJ, Chard T. Magernal plasma alphafetoprotein levels in the second half of normal pregnancy: Relationship to fetal weight, and maternal age and parity. BJOG 1975; 82:669.
- 85. Hale SA, Sobel B, Benvenuto A, et al. Coagulation and fibrinolytic system protein profiles in women with normal pregnancies and pregnancies complicated by hypertension. Pregnancy Hypertens 2012; 2:152.
- 86. Spitzer M, Kaushal N, Benjamin F. Maternal CA-125 levels in pregnancy and the puerperium. J Reprod Med 1998; 43:387.
- 87. Aslam N, Ong C, Woelfer B, et al. Serum CA-125 at 11-14 weeks of gestation in women with morphologically normal ovaries. BJOG 2000; 107:689.
- 88. Jacobs IJ, Fay TN, Stabile I, et al. The distribution of CA 125 in the reproductive tract of pregnant and non-pregnant women. Br J Obstet Gynaecol 1988; 95:1190.
- 89. Savu O, Jurcu? R, Giu?c? S, et al. Morphological and functional adaptation of the maternal heart during pregnancy. Circ Cardiovasc Imaging 2012; 5:289.
- 90. Vitarelli A, Capotosto L. Role of echocardiography in the assessment and management of adult congenital heart disease in pregnancy. Int J Cardiovasc Imaging 2011; 27:843.
- 91. Haram K, Augensen K, Elsayed S. Serum protein pattern in normal pregnancy with special reference to acutephase reactants. BJOG 1983; 90:139.
- 92. Jozwik M, Jozwik M, Pierzycki K, et al. Maternal and fetal blood ammonia concentrations in normal term human pregnancies. Biol Neonate 2005; 87:38.
- 93. Leek AE, Ruoss CF, Kitau MG, et al. Maternal plasma alphafetoprotein levels in the second half of normal pregnancy: relationship to fetal weight and maternal age and parity. BJOG 1975; 82:669.
- 94. Burlingame J, Hyeong JA, Tang WHW. Changes in cardiovascular biomarkers throughout pregnancy and the remote postpartum period. Am J Obstet Gynecol 2013; 208:S97.
- 95. Burlingame JM, Yamasato K, Ahn HJ, et al. B-type natriuretic peptide and echocardiography reflect volume changes in pregnancy. J Perinatal Med 2017; 45:577.
- 96. Grindheim G, Toska K, Estensen ME, et al. Changes in pulmonary function during pregnancy: a longitudinal cohort study. BJOG 2012; 119:94.
- 97. Hedengran KK, Andersen MR, Stender S, et al. Large D-dimer fluctuation in normal pregnancy: A longitudinal cohort study of 4,117 samples from 714 healthy Danish women. Obstet Gynecol Int 2016; 2016:3561675.
- 98. Hedengran KK, Nelson D, Anderson MR, et al. Hepcidin levels are low during pregnancy and increase around delivery in women without iron deficiency–a prospective cohort study. J Matern Fetal Neonatal Med 2016; 29:1506.
- 99. Klajnbard A, Szecsi PB, Colov NP, et al. Laboratory reference intervals during pregnancy, delivery, and the early postpartum period. Clin Chem Lab Med 2010; 48:237.
- 100. Koenig MD, Tussing-Humphreys L, Day J, et al. Hepcidin and iron homeostasis during pregnancy. Nutrients 2014; 6:3602.
- 101. Kolarzyk E, Szot WM, Lyszczarz J. Lung function and breathing regulation parameters during pregnancy. Arch Gynecol Obstet 2005; 272: 53.
- 102. Ravichandran J, Woon SY, Quek YS, et al. High-sensitivity cardiac troponin I levels in normal and hypertensive pregnancy. Am J Med 2019; 132:362.
- 103. Reese JA, Peck JD, Deschamps DR, et al. Platelet counts during pregnancy. N Engl J Med 2018; 379:32.
- 104. Paternoster DM, Stella A, Simoni P, et al. Activated protein C resistance in normal and pre-eclamptic pregnancies. Gynecol Obstet Invest 2002; 54:145.
- 105. Wolfson GH, Vargas E, Browne VA, et al. Erythropoietin and Soluble Erythropoietin Receptor: A Role for Maternal Vascular Adaptation to High-Altitude Pregnancy. J Clin Endocrinol Metab 2017; 102:242.
- 106. Dai J, Mao P, Pu C, et al: Trimester-specific reference intervals and profile of coagulation parameters for Chinese pregnant women with diverse demographics and obstetric history: a cross-sectional study. BMC Pregnancy Childbirth 2023 23:421.
- 107. Paternoster DM, Stella A, Girolami A, et al: Activated protein C resistance in normal and pre-eclamptic pregnancies. 2002 Gynecol Obstet Invest 54:145.
- 108. Ushida T, Kotani T, Kinoshita F, et al: Liver transaminase levels during pregnancy: a Japanese multicenter study. J Matern Fetal Neonatal Med 2022 35:5761.
- 109. Wiles K, Bramham K, Seed PT, et al: Serum creatinine in pregnancy: a systematic review. Kid Int Rep 2019 4:408.
- 110. Rothenberg SJ, Karchmer S, Schnaas L, et al: Change in serial blood lead levels during pregnancy. Environ Health Perspectives 1994 102:876.

- 111. Fernandes MD, Daher S, de Sousa LM, et al: Blood level of adipokines and nutritional status variables in adolescent pregnancy. Obstet Gynecol Sci 2020 63:683.
- 112. Krzeczkowski JE, Hall M, McGuckin T, et al: Iodine status in a large Canadian pregnancy cohort. Am J Obstet Gynecol 2023 5(1):100784.
- 113. Dockree S, Brook J, James T, et al: A pregnancy-specific reference interval for procalcitonin. Clinica Chimica Acta 2020 513:13.
- 114. Dathan-Stumpf A, Vogel M, Jank A, et al: Reference intervals of serum lipids in the second and third trimesters of pregnancy in a Caucasian cohort: the LIFE Child study. Arch Gynecol Obstet 2019 300:1531.
- 115. Minhas AS, Rooney MR, Fang M, et al: Prevalence and correlates of elevated NT-proBNP in pregnant women in the general U.S. population. JACC Adv 2023 2(2): doi:10.1016/j.jacadv.2023,100625.
- 116. Nelson DB, Ambia AM, Martin R, et al: The forgotten ventricle-right ventricular remodeling across pregnancy and postpartum: a report of original research. Am J Obstet Gynecol 2017 138:S376.

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