

**Clinical characteristics, subclinical, access
management for thrombocytopenia in pregnancy
during laboratory at the
NHOG
of
the year of 2015**

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BACKGROUND

- ✘ Platelets are very important for **Haemostasis**
- ✘ _ Platelets $<150\ 000/\mu\text{l}$ called thrombocytopenia
- ✘ _ Thrombocytopenia in pregnancy : 7-8%

- ✘ ***OBJECTIVE***: describe clinic and laboratory features and complications for thrombocytopenia under delivery at the NHOG.

SUBJECTS AND METHOD

- ✘ *Subjects: all pregnant women giving birth at NHOG for the year of 2015 and having got blood palettes counted under 150 G/l without any additional disease.*
- ✘ *Method: Longitudinal descriptive study*

RESULT AND DISCUSSION

❖ *Features:*

- ❖ Medium age of subjects 29.80 ± 5.44 (20-41).
- ❖ Medium pregnancy 38.8 ± 1.8 (37-42).

RESULT AND DISCUSSION

Table1. Pregnancy and platelet count Distribution $P=0.478$

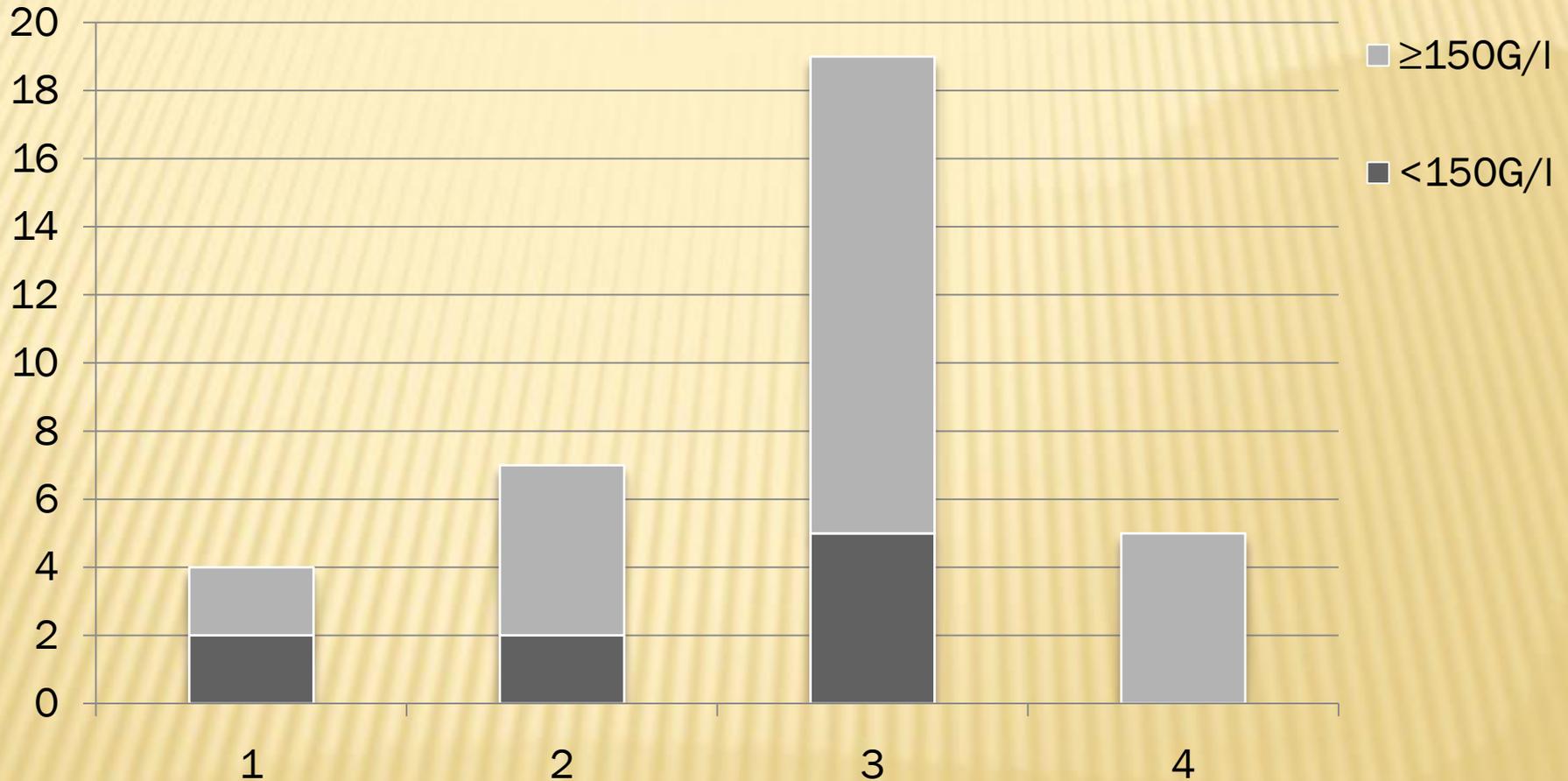
P count	3	50 – 100 G/l	> 100 G/l	Sum
Pregnancy				
<14	3 50%	3 50%	0 0%	6 17%
15 - 27	3 60%	2 40%	0 0%	5 1%
≥ 28	7 28%	12 48%	6 24%	25 69%

RESULT AND DISCUSSION

Table 2. Correlation btw mother and newborn platelets $P=0.914$

P mother P infant	< 30 G/l	30 – 50 G/l	50 – 100 G/l	> 100 G/l	Sum
< 150 G/l	2	2	5	0	9 25%
> 150 G/l	3	5	14	5	27 75%
Sum	5 14%	7 19%	19 53%	5 14%	36 100%

RESULT AND DISCUSSION



RESULT AND DISCUSSION

❖ *Treatment options:*

Table 3. Platelet transfusions and platelet counts (P=0.0001)

Platelet Count	Platelet Transfusion		No Platelet Transfusion		Sum
< 50 G/l	13	100%	0	0%	13
50-100 G/l	5	26%	14	74%	19
> 100 G/l	0	0%	4	100%	4
Sum	18	50%	18	50%	36

RESULT AND DISCUSSION

Table 4. Correlation btw platelet counts and caesarean deliveries $P=0.242$

Platelet count	Caesarean	Vaginally	Caesare --an	Sum
< 50 G/l	0	0%	13 100%	13 36%
50 – 100 G/l	3 (1forcep)	17%	15 83%	18 50%
> 100 G/l	1	20%	4 80%	5 14%

RESULT AND DISCUSSION

- ✘ 21 out of 32 cesarcs diction deliveries due to maternity reasoning (6 cases and 11 cases with platetet counts under 30- 50 G/l and 50 – 100 G/l, respectively).
- ✘ 4 cesarcs diction due to maternity reasoning with platelet counts above 100 G/l

CONCLUSION

- ✘ Medium age of subjects 29.80 ± 5.44 ; 20- 41
- ✘ Medium pregnancy 38.8 ± 1.8 ; 27- 42.
- ✘ ITP in pregnancy is a maternal disorder that features of platelet decreasing from lightly to severe. Usually no signs to demonstrate but it could be scanned early by common blood tests.
- ✘ The numbers of platelets (Số lượng tiểu cầu không có sự khác nhau theo thời điểm phát hiện giảm tiểu cầu.)

CONCLUSION

- ✘ 100% subjects got caesarean deliveries with platelet counts under 50G/l → platelet transfusion
 - ✘ 100% of subjects got caesarean deliveries with platelet counts under 100G/l → no platelet transfusion
- However there are no strong recommendation from hematologist in terms of platelet transfusion for ITP pregnant women
- ✘ 100% subjects with a platelet count <50G/l had got caesarean deliveries
 - ✘ There is no differentiate in terms of caesarean deliveries among the group categorized by platelet counts
 - ✘ ITP in pregnancy could lead to ITP in newborns. Therefore, strictly monitoring with blood tests for an ITP newborn strongly recommended