

Thrombocytopenia among Pregnant Women

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Background: Pregnant women with thrombocytopenia have a higher risk of bleeding during or after childbirth; the severity of thrombocytopenia can affect the obstetric outcome.

Objective: To evaluate the prevalence of thrombocytopenia among pregnant women and to evaluate the obstetric outcome.

Setting: Bahrain Defence Force Hospital, Bahrain.

Design: A Retrospective Study.

Method: Platelet count was analyzed in 4233 pregnant women who gave birth from 1 January 2016 to 31 December 2016. Two hundred eighty-seven pregnant women with thrombocytopenia were reviewed. Platelet level, maternal age, gestational age, parity, BMI, mode of delivery, pre-delivery coagulation profile, hemoglobin level, blood transfusion, postpartum hemorrhage (PPH) or preeclampsia were documented.

Result: Two hundred eighty-seven pregnant women with low platelet levels were included in the study. A positive relation between low platelet levels and gestational age and previous deliveries was found. A negative relation between low platelet and previous deliveries was found. No relation was found between platelet levels, Hb levels and coagulation profile. No difference was found in the mode of delivery or preeclampsia between the study groups.

PPH needing blood transfusion was found in women with platelet counts above $100 \times 10^9/L$; however, it did not reach statistical significance.

Conclusion: A low platelet rate in our population was found in 287 (6.8%) women. The majority of the women had platelet count above $100 \times 10^9/L$, 251 (87.45%) and gestational thrombocytopenia was the most common cause of thrombocytopenia, 275 (95.8%). Our study revealed lower gestational age and higher parity as risk factors for severe thrombocytopenia and the majority of the cases had good outcome.