

## Thrombocytopenia in Pregnancy - A Study in Relation to Maternal and Fetal Outcome

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### Abstract

**Background:** Thrombocytopenia is encountered in less than 10% of pregnancies however, it is the second most common hematological disorder in pregnancy. Gestational thrombocytopenia is associated with favorable outcomes but its association with (Hemolysis, Elevated Liver enzymes, and Low Platelets) HELLP syndrome is associated with high maternal and fetal morbidity and mortality. The present study aimed to determine the cause of thrombocytopenia in pregnancy along with maternal and fetal outcomes. **Methods:** Pregnant women with hematological profiling and showing platelet counts below 1,50,000/- were included in the study. The data was collected from the Department of Obstetrics and Gynecology, Rajiv Gandhi Institute of Medical Sciences (RIMS), Adilabad. **Results:** In the present study, among the n=28(25%) cases of < 37 weeks, n=15 (53.57%) mild thrombocytopenia, n=11(44%) had moderate thrombocytopenia and n=2 (8.0%) severe thrombocytopenia. N=75 cases were >37 weeks, of which n=60(80.0%) mild thrombocytopenia, n=15 (20.0%) moderate thrombocytopenia, and no case of severe thrombocytopenia. The mean platelet count was  $126805.5 \pm 20365.23/\mu\text{L}$ . The mean neonatal platelet count was  $185300.0 \pm 35834.0/\mu\text{L}$ . The incidence of fetal thrombocytopenia was 3.5% (p values were not statistically significant). **Conclusion:** Gestational thrombocytopenia is the common cause of thrombocytopenia. It may be considered a benign condition since there is no correlation with adverse pregnancy outcomes. However, accurate clinical assessment is required for the patient presenting with thrombocytopenia to rule out serious conditions such as HELLP syndrome, severe pre-eclampsia, Thrombotic thrombocytopenic purpura (TTP), and Acute Fatty Liver of pregnancy. Therefore, routine monitoring of platelet counts of all pregnant females is necessary.