

Title: FETOMATERNAL OUTCOME OF THROMBOCYTOPENIA IN PREGNANCY

INTRODUCTION : Thrombocytopenia in pregnancy can result from multiple etiologies. Platelet count below 1.5 lakh/cu mm is called thrombocytopenia. It is the second most common hematological disorder in pregnancy. It affects nearly 6 to 15% of all pregnancies. Normal pregnancy is associated with a physiological drop in the blood platelet count. The reason for this decline remains unknown. Pregnancy-specific causes of thrombocytopenia include gestational thrombocytopenia, eclampsia, eclampsia, hypertensive pregnancy disorders such as HELLP syndrome, and liver diseases such as acute fatty liver during pregnancy. Non-pregnancy-specific causes include immune thrombocytopenia; autoimmune diseases, viral infections, drug-induced, thrombotic micro angiopathy and hereditary thrombocytopenia. **OBJECTIVES :** To study causative factors and feto maternal outcome.

MATERIALS AND METHOD : This prospective observational study was conducted on 87 patients with platelet counts below the thrombocytopenic range at the tertiary care center, ESIC MC AND PGIMSR Medical College and Hospital, from October 2023 to October 2024 and informed consent was obtained from all patients.

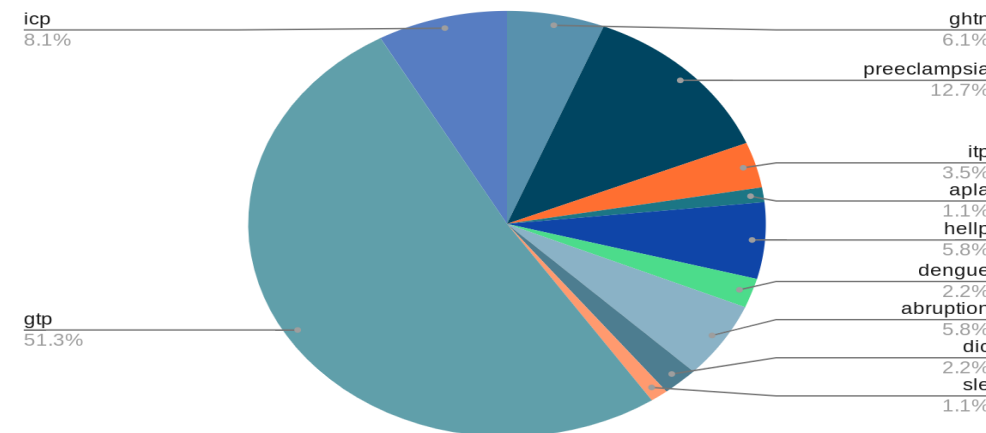
RESULTS : Gestational thrombocytopenia is the most common cause of thrombocytopenia during pregnancy (50.5%), hypertensive disorder of pregnancy (20%) and intrahepatic cholestasis of pregnancy (8%). Patients with GTP and ITP have favorable maternal and perinatal outcomes. On the other hand, preeclampsia and HELLP syndrome are associated with adverse perinatal outcome like IUGR (30%) and stillbirths (5.7%). Maternal complications include PPH (32.1%), abruption (5.7%), DIC (2.2%), ICU admission (2.2%). Neonatal complications noted are RDS (13.1%), NNHB (8%), neonatal thrombocytopenia (4.5%) and perinatal mortality rate of 1.1%. Most pregnant women require timely termination of their pregnancy according to the obstetric situation, and this situation results in a high proportion of preterm births (4.5%) and caesarean sections (54%) and need for steroid therapy (5.7%), platelet transfusion (3.4%), FFP transfusion (4.5%) and packed red cell transfusion (2.2%).

DISCUSSION : Careful blood pressure monitoring and a complete hemogram would suffice for the early detection of the disease. Platelet count to be monitored periodically. Proper antenatal care and institutional deliveries enable obstetricians to diagnose thrombocytopenia and its complications at an early stage and early intervention results in better outcome. **CONCLUSION :** Careful surveillance is required for these women in high-risk units for early detection and treatment to reduce adverse maternal and neonatal outcomes.

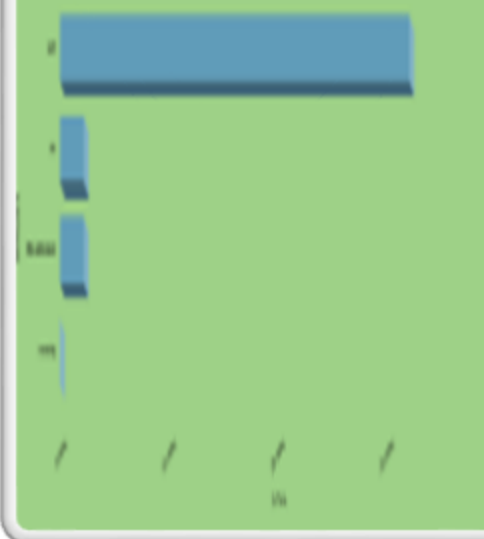
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Points scored CAUSATIVE FACTORS



MATERNAL OUTCOME



NEONATAL OUTCOME

