NHS 111
Offers medical help and advice from fully trained advisers supported by experienced nurses and paramedics. Available over the phone 24 hours a day.
t: 111

NHS Choices – Provides online information and guidance on all aspects of health and healthcare, to help you make choices about your health.
w: www.nhs.uk

Get involved and have your say: become a member of the Trust
Members of Guy’s and St Thomas’ NHS Foundation Trust contribute to the organisation on a voluntary basis. We count on them for feedback, local knowledge and support. Membership is free and it is up to you how much you get involved. To find out more, and to become a member:
t: 0800 731 0319  e: members@gstt.nhs.uk
w: www.guysandstthomas.nhs.uk/membership

Thrombocytopenia (low platelets) in pregnancy
What are platelets?
Platelets are small cells in the blood that are important in forming clots and therefore stopping bleeds. Your body continually produces platelets and removes and destroys old platelets. The normal range for a platelet count is 100-400 x 10⁹/l, and when platelets become low this is called thrombocytopenia.

This can happen for the following reasons:
- Increased removal and destruction. This is the most common cause in pregnancy.
- Decreased production.

Symptoms of thrombocytopenia
Many women have no symptoms, but are found to have a low platelet count during their routine pregnancy check ups. Some women may have problems with bruising or small red marks on the skin (these are known as purpura or petechiae). Occasionally some women may experience bleeding such as nosebleeds.

Importance of platelet monitoring
It’s important that blood forms clots (hardens) so that cuts and scratches can stop bleeding and wounds heal. Platelets are important to make blood clot and a low platelet count can sometimes cause bleeding problems which can be prevented. Usually bleeding problems do not occur unless the platelets fall to below 30-50 x 10⁹/l. It is important to monitor platelets regularly in order to reduce risks.
Causes of low platelets in pregnancy

- **Gestational thrombocytopenia**
  Six out of a hundred women have low platelets in pregnancy. This is normal and platelets rarely fall below 80 x10^9/l.

- **Immune thrombocytopenia (ITP)**
  Part of the body's immune system is the production of antibodies which protect against infection and foreign substances. The antibodies can sometimes target the body's own tissue (called autoimmunity) such as platelets, resulting in a low platelet count. This condition may need steroid treatment and / or other treatment to maintain a sufficient platelet count. If this becomes necessary, your doctor will discuss the treatment options in detail with you.

Delivery of your baby

The delivery plan is based on the mother and baby's needs and thrombocytopenia does not mean that you cannot have a vaginal or caesarean section delivery.

Epidural analgesia

Epidural is a method of pain relief where a needle and anaesthetic (the pain relief) is inserted into the lining of the spine. This may not be possible if the platelet count is below 50-70 x 10^9/l. Your doctor will discuss alternative methods of pain relief with you.
Antibodies and babies

In immune thrombocytopenia some antibodies can cross the placenta from mother to baby and attach to the baby's platelets. This can result in low platelets in the baby. This is unusual and rarely causes any bleeding problems in the baby. However, steps may be taken to reduce trauma to the baby at birth e.g. avoidance of suction delivery (ventouse). A blood count from the umbilical cord can be taken at delivery to check the platelet count and the baby may have a further blood test to check the platelet count after delivery. Occasionally babies may need an immunoglobulin infusion or platelet transfusion if the count is very low.

Follow up during pregnancy and after delivery

During pregnancy you will be seen every 2-6 weeks in the haematology department. You will also be offered a follow up appointment in haematology 4-6 weeks after you have delivered.
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Contact details

If you have any questions or concerns about low platelets in pregnancy, please contact:
If you have any questions or concerns about your medicines, please speak to the staff caring for you or call our helpline.
t: 020 7188 8748 9am to 5pm, Monday to Friday

Pharmacy Medicines Helpline
If you have any questions or concerns about your medicines, please speak to the staff caring for you or call our helpline.
t: 020 7188 8801 (PALS)  e: pals@gstt.nhs.uk
t: 020 7188 3514 (complaints)  e: complaints2@gstt.nhs.uk

Your comments and concerns
For advice, support or to raise a concern, contact our Patient Advice and Liaison Service (PALS). To make a complaint, contact the complaints department.
t: 020 7188 8801 (PALS)  e: pals@gstt.nhs.uk
t: 020 7188 3514 (complaints)  e: complaints2@gstt.nhs.uk

Language and accessible support services
If you need an interpreter or information about your care in a different language or format, please get in touch:
t: 020 7188 8815  e: languagesupport@gstt.nhs.uk
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