

Hematological disorders in pregnant patients

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The most frequent hematological disorders complicating pregnancy are: anemia and thrombocytopenia. Anemia in pregnancy is a serious problem for the woman, fetus and neonate. It may cause numerous pathologies and negatively affect the baby's condition, even for a long time after the birth. The essence of anemia is lower red blood cell count or lower concentrations of hemoglobin in blood. The most frequent causes of anemia in pregnancy and puerperium are: iron deficiency, folic acid deficiency and acute blood loss. The most frequent cause of genuine anemia in pregnancy is iron deficiency, whose late symptom is low concentration of hemoglobin. Usually anemia occurs simultaneous to folic-acid deficiency and sometimes it is due to low concentration of vitamin B12.

Another hematological disorder, thrombocytopenia is also a common finding in pregnancy. The diagnosis of immune thrombocytopenia in a pregnant patient must specifically rule out other pregnancy complications associated with low platelet count, such as pre-eclampsia or HELLP syndrome. Many pregnant patients recover or improve spontaneously after delivery. The purpose of the treatment is to achieve an appropriate level of thrombocytes to avoid bleeding during pregnancy and/or delivery. Some modes of anesthesia are limited in pregnancy thrombocytopenia. The fetus is rarely severely affected after birth.

More serious for the fetuses and newborns is an alloimmune thrombocytopenia. It is an acute disorder which implies that foetal platelets are destroyed during the pregnancy due to a maternal alloimmune IgG antibody. More than 80% of Caucasians are HPA-1a specific. Intracranial haemorrhage, which occurs in 30% of cases, is the most serious complication, with a 10% mortality rate or a 20% rate of irreversible neurological complications.

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