



## **HEMATOLOGIC PROBLEMS IN PREGNANCY**

There are many hematologic problems that may be present in pregnancy. These include anemia, sickle cell disease, thalassemia, and thrombocytopenia.

### **ANEMIA**

Anemia is a fairly common condition among women. Due to physiologic changes seen in pregnancy, anemia is even more common. Anemia is defined as low hemoglobin concentrations. There are multiple causes of anemia in pregnancy. The most common of these is iron deficiency anemia. This type of anemia often results from poor iron stores prior to pregnancy, or acute blood loss during pregnancy. Treatment for iron deficiency anemia is replacement of iron. This medication can often be given orally.

### **SICKLE CELL DISEASE**

Sickle cell disease is a disorder seen in people of African American descent. With this disorder abnormal red blood cells are formed. This is an inherited disorder. The abnormally shaped cells seen in sickle cell disease often get caught in small blood vessels leading to lack of blood flow to different organs. Also, these red blood cells have a very short half-life. Complications of a patient with sickle cell include infections, stroke, bone damage, kidney damage, lung damage, spleen damage, etc. Pregnant women with sickle cell disease have an increased risk of miscarriage, stillbirth, and neonatal death.

### **THALASSEMIA**

A thalassemia is a type of blood disorder known as a hemoglobinopathy. This disorder results from an abnormal rate of formation of the chains that make up hemoglobin. Therefore, patients have difficulty oxygenating their blood. There are several different types of thalassemia. Some of them are severe and even life-threatening. These are often genetic in origin and affect 1 in 500 women. If a woman with thalassemia becomes pregnant, she is at increased risk of adverse fetal outcomes. Her pregnancy will be monitored very closely.

### **THROMBOCYTOPENIA**

Thrombocytopenia is defined as a low platelet count. When platelet count drops below 150,000, a woman has thrombocytopenia. Bleeding disorders are the complications associated with low platelet counts.

Four percent of pregnant women are known to have thrombocytopenia. Often, this is just an effect of pregnancy and has no adverse outcomes. Other patients may have disorders that lead to low platelet counts. One of these is ITP (idiopathic thrombocytopenic purpura). ITP is an autoimmune disorder and occurs in approximately 1 to 3 women per 1000 pregnancies. With this condition there may be a passage of maternal antibodies to the fetus with resultant fetal thrombocytopenia. Another cause of thrombocytopenia in pregnancy is preeclampsia. In a severe form of preeclampsia, known as HELLP syndrome, the platelet count may decrease severely. Treatment for the mother with HELLP syndrome is the delivery of her infant.

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Date Published: 2000-09-21

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