

# ACOG addresses thrombocytopenia in pregnancy

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with systemic conditions, and congenital thrombocytopenia. Some causes are serious medical conditions, which could potentially cause maternal and fetal morbidity. Other [conditions](#), such as gestational thrombocytopenia are benign, with no maternal or fetal risks. Controversies surround obstetric management of the condition due to the increased recognition of maternal and fetal thrombocytopenia.

"Clinicians must weigh the risks of maternal and fetal bleeding complications against the costs and morbidity of diagnostic tests and invasive interventions," the authors write.

**More information:** [Full Text \(subscription or payment may be required\)](#)

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(HealthDay)—Thrombocytopenia is common in pregnancy and can have causes that are serious medical disorders, with potential for maternal and fetal morbidity, according to a Practice Bulletin published in the September issue of *Obstetrics & Gynecology*.

Researchers from the American College of Obstetrics and Gynecology discuss thrombocytopenia in pregnancy, including definition and obstetric management.

The authors note that thrombocytopenia is frequently diagnosed by obstetricians in pregnant women as platelet counts are included as part of routine prenatal screening. Thrombocytopenia is defined as a platelet count of less than  $150 \times 10^9/L$  and is seen in 7 to 12 percent of pregnancies. Various physiologic or pathologic conditions can cause thrombocytopenia, including some that are unique to pregnancy, such as hypertension in [pregnancy](#). Other causes include primary and secondary immune thrombocytopenia, association

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