



Information for
patients and
carers

**Thrombocytopenia
(Low Platelet Count)**

Pain Management in Labour and Anaesthesia

Introduction

Thrombocytopenia, or a low blood platelet count, occurs in approximately 8 -10 in every 100 pregnancies (8 -10%). Blood platelets are small cells circulating in the blood and they are involved in the formation of blood clots. A low platelet count can therefore result in excessive bleeding due to slow clot formation. The condition is most commonly identified through the routine blood tests that are taken in pregnancy. Most women will never have any symptoms.

The most common causes of thrombocytopenia in pregnancy are:

- Gestational (pregnancy) thrombocytopenia (74 in every 100 cases, 74%)
- Pre-eclampsia
- Immune thrombocytopenic purpura
- Other, including medications such as heparin

This information leaflet explains why a low platelet count can influence decisions about pain management and anaesthesia in labour.

Normal pregnancy

Platelet counts are within the normal range of 140 to $440 \times 10^9 /L^*$ in the vast majority of women experiencing uncomplicated pregnancies.

It is common in pregnancy to have a slightly lower than normal platelet count and, in some cases, the count will continue to decrease as pregnancy progresses. Low platelet counts are especially common in women with twin pregnancies.

If you are found to have a platelet count of less than $100 \times 10^9 /L$ you may be referred to a consultant haematologist for specialised assessment and advice. Alternatively, advice may be requested from the haematology team.

Symptoms suggestive of a low platelet count

- Bruising easily
- Nose bleeds
- Excessive bleeding following cuts, etc.

Where there is a family history of a platelet disorder please be watchful for these symptoms.

Bleeding associated with surgery is uncommon unless the platelet counts are lower than $50 \times 10^9 /L^*$. Spontaneous bleeding (bleeding with no obvious trauma) is rare unless counts fall below $10 \times 10^9 /L^*$.

Pain management in labour and anaesthesia

During your pregnancy you will be seen by an anaesthetist to discuss epidurals in labour and the type of anaesthetic that can be used should surgery be required at the time of your baby's birth. This is important because a low platelet count increases the risk of a spinal haematoma (bruise) forming if an epidural or spinal anaesthetic is used. The haematoma can cause spinal cord compression. The decision to use an epidural or spinal anaesthetic for labour and the birth of your baby therefore requires a careful risk–benefit assessment by the anaesthetist and discussion with you. Alternative methods of pain relief can also be discussed if an epidural is not suitable for you.

Generally, it is safe to have an epidural or spinal anaesthetic if your platelet count is above $80 \times 10^9 /L^*$ providing you have no other blood clotting or bleeding problems.

If you are near your delivery date it may be possible to receive a short course of steroids to increase your platelet count to a level that makes it possible for you to safely consider having an epidural or spinal anaesthetic. However, the suitability of this will be discussed with your maternity doctor, haematologists and anaesthetist as this may not be the correct treatment for you.

A question that is sometimes asked is: “Is it possible to have a transfusion of platelets to enable me to have an epidural?” Transfusion of platelets or other blood products can have risks such as infection, allergic reactions, creation of antibodies or even a worsening of the condition that is causing the low platelet count. Transfusion of platelets can potentially cause antibodies in your baby’s blood stream. Transfusion of platelets is therefore usually only recommended for life threatening conditions.

All these issues will be assessed and discussed with you by the anaesthetist.

Post birth care

If you have had a diagnosis of thrombocytopenia you will need to have blood tests after your baby’s birth to make sure that your platelet count begins to increase.

You should avoid taking anti-platelet drugs (such as aspirin, and non-steroidal anti-inflammatory drugs) until your platelet count has risen above $100 \times 10^9 /L^*$.

You will be advised about safe alternatives.

(* parameters used by LTHTR haematology service)

Contact details

Should you require further advice or information please contact the antenatal clinic 01772 524272

Sources of further information

www.lancsteachinghospitals.nhs.uk

www.nhs.uk

www.patient.co.uk

www.accessable.co.uk

All our patient information leaflets are available on our website for patients to access and download:

www.lancsteachinghospitals.nhs.uk/patient-information-leaflets

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If you want to stop smoking you can also contact the Quit Squad Freephone 0800 328 6297.

Please ask if you would like help in understanding this information. This information can be made available in large print and in other languages.

Gujarati:

આ માહિતીને સમજવામાં સહાયતા જોઈતી હોય તો કૃપા કરીને પૂછો. આ માહિતી મોટા છપાણામાં અને અન્ય ભાષામાં ઉપલબ્ધ કરી શકાય છે.

Romanian:

Vă rugăm să întrebați dacă aveți nevoie de ajutor pentru înțelegerea acestor informații. Aceste informații pot fi puse la dispoziție în format mare și în alte limbi.”

Polish:

Poinformuj nas, jeśli potrzebna jest ci pomoc w zrozumieniu tych informacji. Informacje te można również udostępnić dużym drukiem oraz w innych językach

Punjabi:

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਸਮਝਣ ਵੱਲੋਂ ਮਦਦ ਲੈਣੀ ਚਾਹੋਗੇ ਤਾਂ ਕਰਿਪਾ ਕਰਕੇ ਇਸ ਬਾਰੇ ਪੁੱਛੋ। ਇਹ ਜਾਣਕਾਰੀ ਵੱਡੇ ਪ੍ਰਿੰਟ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵੱਲੋਂ ਮੁਹੱਈਆ ਕੀਤੀ ਜਾ ਸਕਦੀ ਹੈ।

Urdu:

دو سر ی زبانوں او ر بڑی اگر آپ کو ہی معلومات سمجھنے کے لیے مدد کی ضرورت ہے تو یی چھپا یں ییہ ابی دست بو یسکت ہے برا ئے مہر یان پو ے یچھہی۔ معلومات

Arabic:

مطبوعة بأحرف كبيرة و بلغات إذا كنت تريد مساعدة في فهم هذه المعلومات يُرجى أن تطلب أخرى يمكن تو فسير هذه المعلومات

Department: Maternity Services

Division: Women and Children

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