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Hematological Abnormality in Pregnancy

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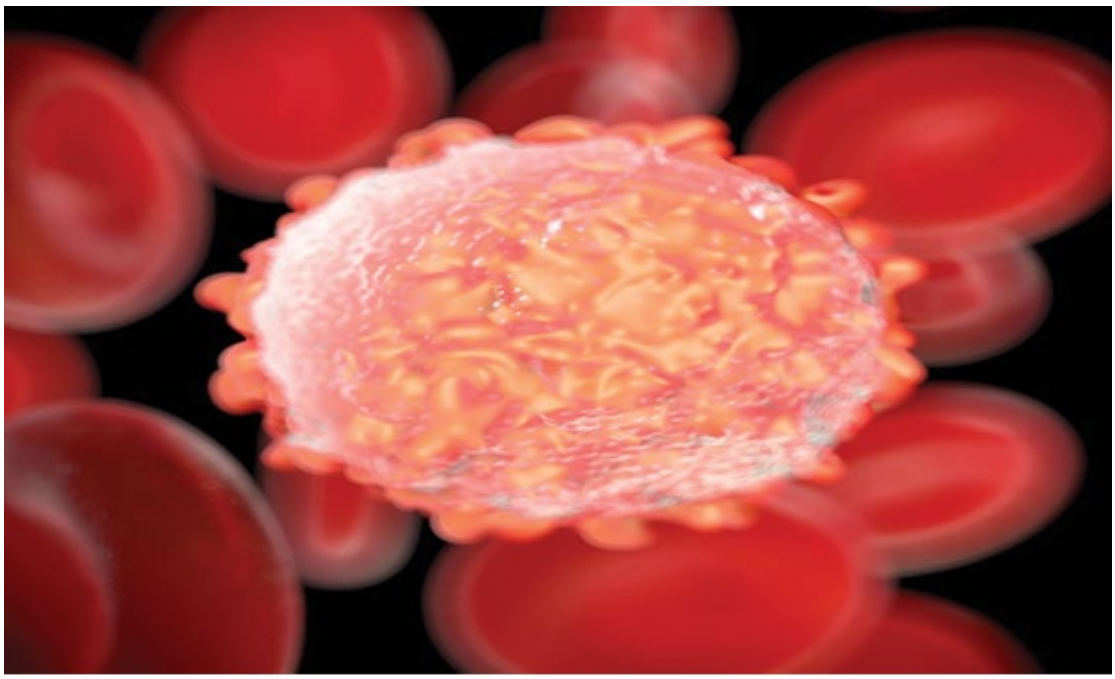

Figure 1: Pregnancy causes several physiological changes that can change normal hematological parameters. There are also pathological hematological conditions that can occur during pregnancy. This article will look at the presentation, causes, clinical features, initial investigations, and management of anemia, white blood cell disorders, platelet disorders, bleeding disorders, and prothrombotic conditions, and their effects on pregnancy. 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 the 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 a low concentration of hemoglobin. Usually, anemia occurs simultaneous to folic-acid deficiency, and sometimes it is due to the 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 More serious for the fetuses and newborns is alloimmune thrombocytopenia. More than 80% of Caucasians are HPA-1a specific. Intracranial hemorrhage, which occurs in 30% of cases, is the most serious complication, with a 10% mortality rate or a 20% rate of irreversible neurological complications.