Event Abstract

Prevalence of Thrombocytopenia Among Pregnant Women in Tripoli Region, Libya

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Background: Pregnancy is a state characterized by many physiological and hematological changes, which may appear to be pathological in the non-pregnant state. The hematologic system undergoes a series of adaptive changes in preparation for fetal hematopoiesis and wellbeing while also serving as a cushion against expected blood loss at delivery. The platelets count is slightly lower in pregnant than in non-pregnant women. Thrombocytopenia is defined as a platelet count below 150x10^9/l, caused by accelerated platelet destruction or decreased production. It is a common finding during pregnancy. It is classified as mild with a platelet count above 70x10^9/l, moderate at 20 to 70x10^9/l, and severe with less than 20x10^9/l.

Objective: The aim of this study is to investigate the prevalence and the commonest degree of thrombocytopenia among pregnant women in Tripoli region, Libya.

Methods: This is cross section study included pregnant women who were admitted to obstetrical ward department of obstetrics and gynecology in Tripoli Medical Center, Tripoli, Libya. This study was carried out over a period of 3 month from June 2016 to August 2016 on 1500 pregnant women. 5 ml of venous blood specimens were taken from each pregnant woman in K3 EDTA tubes for the hematological examinations. The analysis of hematological indices was done using automated hematological analyzer.

Results: The results showed that 19% of pregnant women were thrombocytopenic. Thrombocytopenia increased with increase of age pregnant women. 84% of patients had mild thrombocytopenia and 16% of patients had moderate thrombocytopenia. 42% of thrombocytopenic pregnant women were anemic. Data shows that 28% of patients had mild anemia and 11% of patients had moderate anemia and 3% severe anemia cases.

Conclusion: It can be concluded that thrombocytopenia disorders in pregnancy are very common in Tripoli region. Careful surveillance is required for these pregnancies in high-risk units for early detection and treatment of possible complications, in order to try to reduce maternal and neonatal morbidities.

Keywords: Thrombocytopenia, Pregnant, platelet, Libya.


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