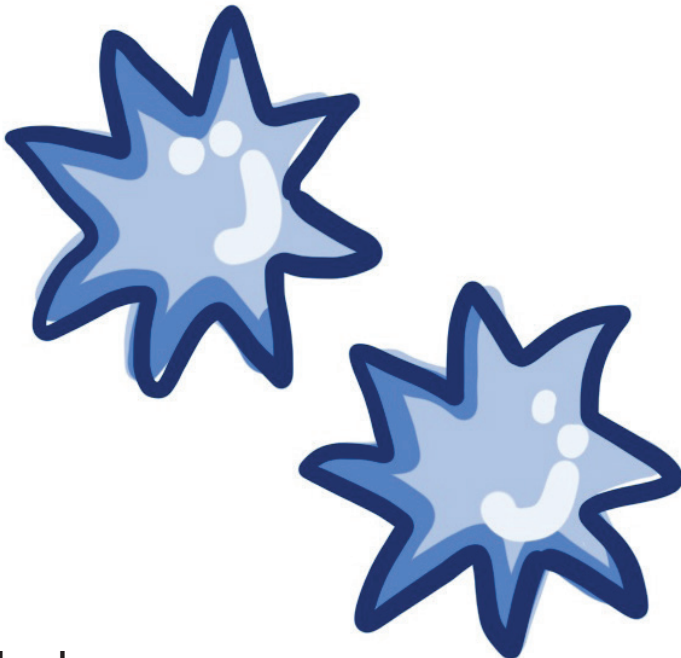


Immune thrombocytopenia in pregnancy (ITP)



Information for patients

This guide explains what immune thrombocytopenia is and how it affects women in pregnancy. If you have any questions, please contact our team. See page four for details.



What is immune thrombocytopenia (ITP)?

ITP is an autoimmune condition where your immune system acts abnormally and causes a decrease in the number of platelets in your blood (thrombocytopenia means a low platelet count). Platelets are a type of blood cell that you need to form a blood clot after you have cut or injured yourself. They prevent you from excessive bleeding and bruising.



If you have ITP, your immune system targets platelets by mistake and starts breaking them down. Your body also makes fewer platelets.

Together, these cause you to have fewer platelets in your blood. If your platelet level becomes very low, it may cause bleeding.

What happens in pregnancy?

You may have been diagnosed with ITP before becoming pregnant or it might be considered as a reason for low platelet counts during pregnancy. In either case, you will have regular blood tests to check your platelet counts throughout pregnancy. Most women known to have ITP before pregnancy do not need to have treatment for it during their pregnancy.

Low platelet counts when you are pregnant are fairly common and could have a number of different causes. There is no single test to diagnose ITP so your medical team may want to arrange extra tests – usually blood tests – to check for other causes. If they can find no other cause, you may be diagnosed with ITP.



Will ITP harm my baby?

The antibodies in your immune system that target platelets can sometimes cross the placenta and move into your baby's blood circulation. About 10% – 15% of babies have a reduced platelet count but it is rare for them to have a very low platelet count (1%) and serious bleeding is uncommon (see page 5, 'What happens after my baby is born').



How is ITP treated during pregnancy?

Most women with ITP in pregnancy do not need treatment. But we may offer you treatment if your platelet count becomes very low or you have bleeding symptoms. This may be during pregnancy (if your platelets fall to below 20) or when you are nearing your due date (when the aim is for you to have a platelet count of more than 50 to prepare for birth).

The treatments we most commonly offer are prednisolone and immunoglobulin.



Prednisolone

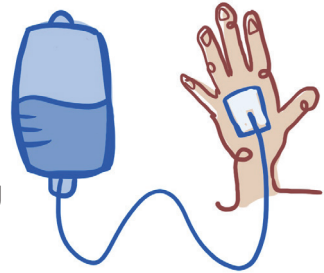
Prednisolone is a type of steroid that you take as a tablet (by mouth). It aims to stop your body targeting platelets and often works very well. Taking a short course of steroids does not usually cause any problems but you could have some side effects, especially if you need to take the tablets for longer. Possible side effects include mood changes, high blood sugars, heartburn, high blood pressure and bloating. Your ITP team will talk to you more about the possible side effects. Prednisolone has been used for many years in pregnancy and does not harm your baby.



Do not stop taking steroids suddenly because this may cause side effects. If you are concerned, please talk to your ITP team before making any changes to your treatment.

Intravenous immunoglobulin (IVIG)

IVIG is a human blood product collected from blood donors. It contains antibodies called immunoglobulin. These antibodies work by 'blocking' your immune system from targeting your platelets. You have this treatment as an infusion into a vein.



IVIG usually works within a few days of it being given. But its effects last for only a few weeks. You may be given it close to delivery (as a 'one-off' infusion) to increase your platelet count ready for giving birth, or you may have repeated infusions if it is started earlier (for example, monthly)

Most people do not have any side effects from IVIG. There is a small chance of having a reaction such as a fast heart rate or breathlessness while you are being given it and we will monitor you closely. There is a very rare chance of developing a condition that can cause headache, a stiff neck and a dislike of bright lights. This usually gets better on its own. Your ITP team will talk to you more about the possible side effects.

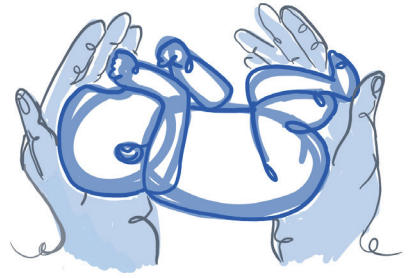
As IVIG is a human blood product there is an extremely small chance of infection. If you are given this treatment you will not be able to donate blood in the UK.

Will ITP affect labour?

We will monitor you regularly throughout your pregnancy to make sure your platelet count is at a safe level for delivery. For most



women, ITP does not affect their birth plan. We prefer you to have a platelet count of 50 or above for delivery and 70 or above if you are having an epidural or spinal anaesthetic (an anaesthetic that is injected into your spine).



We will not know if your baby has a low platelet count until they are born, so we usually avoid using ways of helping you give birth that could cause bleeding, such as ventouse (suction cup).

If you have had a baby with a low platelet count before, we may discuss the option of having a planned (elective) caesarean section with you.

What happens after my baby is born?

We will take a sample of blood from your baby's umbilical cord to check their platelet count. If it is low, we will monitor them carefully until it increases. Even if the platelet count is low, your baby is likely to be well and able to go home with you.



If their count is very low, the medical team may recommend a scan of your baby's head or, rarely, treatment for low platelets. This will be discussed with you in more detail if needed. When a baby has a low platelet count, it is caused by the antibodies passed to them through your placenta. These antibodies usually only last for a few weeks, after which time your baby's platelet count usually goes back to normal.



If your baby develops any bleeding, dark purple spots or becomes very sleepy or irritable after leaving the hospital, please return to the emergency department (ED/A&E) immediately or call 999.

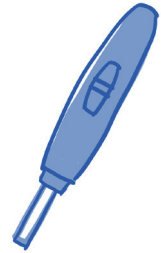
Can I breastfeed?

Yes, breastfeeding is safe, even if you are taking steroids or having IVIG. If you have any concerns or are on other medication, please check with your medical team.



Will I get ITP in future pregnancies?

If you have had ITP when you were pregnant or your existing ITP worsened during pregnancy, we will monitor you in future pregnancies. It is important that you tell your GP and/or haematologist (specialist blood doctor) if you are thinking of becoming pregnant again so they can discuss this with you.



Will my baby have any long-term effects?

Once the antibodies have broken down over the first few weeks of your baby's life, their platelet count will go back to normal. There will be no effect on your baby's growth or development. Sometimes autoimmune conditions run in families, but it is unlikely that your baby will have ITP later in life.



Who can I contact with queries and concerns?

Please speak to your ITP doctors and nurses and your midwife if you have any questions about ITP. Outside of appointment times, you can contact the ITP team:

Denmark Hill: kch-tr.itp@nhs.net, tel: **020 3299 5553**

PRUH: kch-tr.itppruh@nhs.net, tel: **01689 864263**

ITP Support Association, website: itpsupport.org.uk

Sharing your information

We have teamed up with Guy's and St Thomas' Hospitals in a partnership known as King's Health Partners Academic Health Sciences Centre. We are working together to give our patients the best possible care, so you might find we invite you for appointments at Guy's or St Thomas'. To make sure everyone you meet always has the most up-to-date information about your health, we may share information about you between the hospitals.

Care provided by students

We provide clinical training where our students get practical experience by treating patients. Please tell your doctor or nurse if you do not want students to be involved in your care. Your treatment will not be affected by your decision.



PALS

The Patient Advice and Liaison Service (PALS) offers support, information and assistance to patients, relatives and visitors. They can also provide help and advice if you have a concern or complaint that staff have not been able to resolve for you. They can also pass on praise or thanks to our teams.

PALS at King's College Hospital, Denmark Hill, London SE5 9RS

Tel: **020 3299 3601**

Email: **kch-tr.palsdh@nhs.net**

PALS at Princess Royal University Hospital, Farnborough Common, Orpington, Kent BR6 8ND

Tel: **01689 863252**

Email: **kch-tr.palspruh@nhs.net**

If you would like the information in this leaflet in a different language or format, please contact our Communications and Interpreting telephone line on 020 3299 4826 or email kch-tr.accessibility@nhs.net