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### Evaluation of Obstetricians' Opinion of Thrombocytopenia in Pregnancy: A Cross-Sectional Study

#### *Évaluation de l'Opinion des Obstétriciens sur la Thrombocytopénie Pendant la Grossesse : Une Étude Transversale*

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#### ABSTRACT

**BACKGROUND:** Thrombocytopenia occurs in about 8–10% of pregnancies. Thrombocytopenia may be incidental in pregnancy and could point to medical or gestational conditions that may pose a morbidity and mortality risk to both mother and foetus.

**AIM:** To determine Obstetricians' view/opinion about thrombocytopenia in pregnancy.

**METHODS:** A pre-tested structured questionnaire was distributed amongst consultant and resident obstetricians during their antenatal clinics in 3 tertiary hospitals over a period of one month. Analysis was descriptive and results were expressed as frequencies in words, tables and charts.

**RESULTS:** A total of 91 responders were studied of which 24 were consultants (26.4%), 57 (62.6%) senior registrars and 10 (11%) were registrars. There were 20 (22.7%) responders who were unaware of incidental thrombocytopenia in pregnancy. Most obstetricians (n=83, 91.2%) requested for only packed cell volume (PCV) at antenatal booking, only 2 (2.9%) routinely requested for full blood count (FBC). At booking; only 10 (11.1%) obstetricians asked for a history of thrombocytopenia. Majority (n=87, 98.9%) never requested for platelet counts. If they encountered thrombocytopenia, up to 89 (97.8%) would investigate further with a repeat FBC (n=77, 86.5%), coagulation screen (n=54, 61.4%) or bone marrow aspiration (n=20, 24.7%). Most of the obstetricians (n=82, 96.5%) would transfuse patients with thrombocytopenia and 34 (43.6%) of them would do so when the count is  $<50 \times 10^9/L$ .

**CONCLUSION:** Obstetricians have the capacity to investigate symptomatic thrombocytopenia in pregnancy but do not routinely screen for asymptomatic thrombocytopenia. Routine FBC if done at booking may identify missed cases of asymptomatic thrombocytopenia for adequate management. **WAJM 2022; 39(7): 657–662.**

**Keywords:** Thrombocytopenia, pregnancy, obstetricians.

#### RÉSUMÉ

**CONTEXTE:** La thrombocytopénie survient dans environ 8 à 10 % des grossesses. La thrombocytopénie peut être fortuite pendant la grossesse et peut indiquer une condition médicale ou gestationnelle qui peuvent poser un risque de morbidité et de mortalité pour la mère et le fœtus.

**OBJECTIF:** Déterminer le point de vue/opinion des obstétriciens concernant la thrombocytopénie pendant la grossesse.

**MÉTHODES:** Un questionnaire structuré et pré-testé a été distribué parmi les obstétriciens consultants et résidents lors de leurs consultations prénatales dans trois hôpitaux tertiaires sur une période d'un mois. L'analyse descriptive et les résultats ont été exprimés sous forme de fréquences en mots, tableaux et graphiques.

**RÉSULTATS:** Au total, 91 répondants ont été étudiés, dont 24 étaient Les conseillers(26,4 %), 57 (62,6 %) des chefs de clinique et 10 (11 %) des titulaires. Il y avait Vingt (22,7 %) des répondants n'étaient pas au courant de la présence de thrombocytopénie fortuite pendant la grossesse. La plupart des obstétriciens (n=83, 91,2 %) demandaient uniquement un volume globulaire (VGP) lors de la consultation anténatale, seuls 2 (2,9 %) demandaient systématiquement une formule sanguine complète (FBC). Lors de la réservation, seuls 10 obstétriciens (11,1 %) ont demandé des antécédents de thrombocytopénie. La majorité (n=87, 98,9 %) n'a jamais demandé de numération plaquettaire. S'ils rencontraient une thrombocytopénie, jusqu'à 89 (97,8 %) poursuivaient les investigations en répétant la numération formule sanguine (n=77, 86,5 %), un test de coagulation (n=54, 61,4%) ou une ponction de moelle osseuse (n=20, 24,7%). La plupart des obstétriciens (n=82, 96,5 %) transfuseraient des patients atteints de thrombocytopénie et 34 (43,6 %) d'entre eux le feraient lorsque la numération est  $<50 \times 10^9/L$ .

**CONCLUSION:** Les obstétriciens ont la capacité d'investiguer la thrombopénie symptomatique pendant la grossesse, mais ne procèdent pas systématiquement au dépistage systématique de la thrombocytopénie asymptomatique. La FBC de routine, si elle est effectuée peut identifier les cas manqués de thrombocytopénie asymptomatique pour une prise en charge adéquate. **WAJM 2022; 39(7): 657–662.**

**Mots clés:** Thrombocytopénie, grossesse, obstétriciens.

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Abbreviations: FBC, Full Blood Count.