

# **Immune Thrombocytopenic Purpura (ITP) in pregnancy**

Information for patients, relatives and carers

① For more information, please contact: Outpatient Services, York Hospital, Wigginton Road, York, YO31 8HE Telephone: (01904) 726400.

---

This guide explains what immune thrombocytopenic purpura is and how it affects women in pregnancy. If you have any questions, please contact the antenatal clinic using the number provided on BadgerNet.

# **What is Immune Thrombocytopenic Purpura?**

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 experiencing 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, and your blood may take longer to clot.

## **What happens in pregnancy?**

You may have been diagnosed with ITP before becoming pregnant or it might be considered as a reason for having low platelet counts during pregnancy. In either case, you will have regular blood tests to check your platelet counts throughout pregnancy. You will be booked on the consultant-led pathway in the maternal medicine clinic where your care will be jointly led by an obstetrician and a haematologist (ITP specialist).

Most women known to have ITP before pregnancy do not need to have treatment for it during their pregnancy. Low platelet can occur in pregnancy for several different reasons.

There is no single test to diagnose ITP so if you are not previously diagnosed with ITP and have low platelets, 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. Up to 10% 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 3, 'What happens after my baby is born').

## **How is ITP treated during pregnancy?**

Generally, most women with ITP in pregnancy do not need treatment. However, we may offer you treatment if your platelet count becomes very low or you have bleeding symptoms. This may occur 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. Other treatments are available and may be discussed with you if these first line treatments are not effective. If you are already on treatment for ITP before you become pregnant your haematologist will talk with you about whether these are safe to continue.

## **Prednisolone**

Prednisolone is a type of steroid that you take as a tablet (by mouth). It aims to stop your body targeting platelets. Taking a short course of steroids for a few weeks 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 in pregnancy for many years and does not harm your baby.

Once prescribed, 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. A small tube called a cannula will be inserted into your vein via a needle and the immunoglobulins will be administered through the tube using a drip.

IVIG usually works within a few days of it being given. However, 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 the treatment needs to be 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 temporary non-infectious meningitis, that can cause headache, a stiff neck and a sensitivity to bright lights. Less than 1 in 100 people develop this, and it 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 never 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 a platelet count closer to 70 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 aim to avoid using ways of helping you give birth that could cause bleeding to your baby, such as ventouse (suction cup). This will be discussed with you by your obstetric team near to the time of delivery.

## **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 as planned. They may need to return for a blood test a few days after birth to check the platelet count has increased.

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 returns to normal. If their count is below 50, the medical team may recommend a scan of the baby's head using ultrasound to look for any sign of bleeding. An ultrasound scan is a safe, non-invasive scan of the same type used to look at your baby in the womb during pregnancy. Rarely, your medical team may recommend your baby has some treatment for low platelets. This will be discussed with you in more detail if needed.

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?**

It is not possible to predict whether your ITP will re-occur in future pregnancies. If you have had ITP when you were pregnant before 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 or as soon as you find out you are 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.

## **Maternity and Neonatal Voice Partnership**

The Maternity services are working with the Maternity and Neonatal Voice Partnership (MNVP) on improving our services based on the feedback from our service users. MNVPs ensure that service user voices are at the heart of decision making in maternity and neonatal services. If you would be interested in working with the MNVP you contact the Chair via, [helen.mcconnell3@nhs.net](mailto:helen.mcconnell3@nhs.net)

## **Tell us what you think of this leaflet**

We hope that you found this leaflet helpful. If you would like to tell us what you think, please contact the antenatal clinic using the number on Badgernet or you can speak to your midwife.

❶ If you have further concerns about your condition, please contact:  
Outpatient Services, York Hospital, Wigginton Road, York, YO31 8HE  
Telephone: (01904) 726400.

## **Patient Advice and Liaison Service (PALS)**

PALS offers impartial advice and assistance to patients, their relatives, friends and carers. We can listen to feedback (positive or negative), answer questions and help resolve any concerns about Trust services.

PALS can be contacted on 01904 726262, or email  
[yhs-tr.patientexperienceteam@nhs.net](mailto:yhs-tr.patientexperienceteam@nhs.net)

An answer phone is available out of hours.

## **Teaching, training and research**

Our Trust is committed to teaching, training and research to support the development of health and healthcare in our community. Healthcare students may observe consultations for this purpose. You can opt out if you do not want students to observe. We may also ask you if you would like to be involved in our research.

## **Leaflets in alternative languages or formats**

If you would like this information in a different format, including braille or easy read, or translated into a different language, please speak to a member of staff in the ward or department providing your care.

Patient Information Leaflets can be accessed via the Trust's Patient Information Leaflet website: [www.yorkhospitals.nhs.uk/your-visit/patient-information-leaflets/](http://www.yorkhospitals.nhs.uk/your-visit/patient-information-leaflets/)

Owner	Leila Fahel, Consultant Obstetrician
Date first issued	June 2025
Review Date	June 2028
Version	1 (issued June 2025)
Approved by	Maternity Guideline meeting
Document Reference	PIL 1740 v1
© 2025 York and Scarborough Teaching Hospitals NHS Foundation Trust. All Rights reserved.	

[www.yorkhospitals.nhs.uk](http://www.yorkhospitals.nhs.uk)