

YOUR QUESTIONS ANSWERED

SOAP
Society for Obstetric
Anesthesia and Perinatology

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Resources
Subcommittee

Interdisciplinary Consensus Statement on Neuraxial Procedures in Obstetric Patients With Thrombocytopenia

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Up to **12%** of obstetric patients have thrombocytopenia
Approximately **1%** have a platelet count $<100,000 \times 10^6/L$



In patients with thrombocytopenia, anesthesia providers must weigh risk of spinal epidural hematoma against risk of morbidity in absence of neuraxial anesthesia, taking into account: patient comorbidities, obstetric risk factors, airway examination, available airway equipment, risk of general anesthesia, and patient preference



Incidence of spinal epidural hematoma in *general obstetric population* = **1:200,000 to 1:250,000**

Upper limit of 95% CI for risk by platelet count:

$70,000-100,000 \times 10^6/L$ = **0.19%**

$50,000-69,000 \times 10^6/L$ = **2.6%**

$<50,000 \times 10^6/L$ = **9%**



Common etiologies of thrombocytopenia in pregnancy:

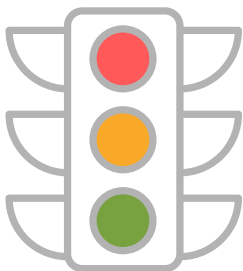
1. Gestational
2. Immune Thrombocytopenic Purpura (ITP)
3. Hypertensive disorders of pregnancy



Rarer etiologies of thrombocytopenia are outside the scope of these recommendations:

1. Acute fatty liver of pregnancy
2. Thrombotic Thrombocytopenic Purpura (TTP)
3. Inherited
4. Sepsis-induced

Approach to obstetric patients with thrombocytopenia



Platelet count $<50,000 \times 10^6/L$

Risk of spinal epidural hematoma likely increased, reasonable to avoid neuraxial

Platelet count $50,000 - 70,000 \times 10^6/L$

Competing risks/benefits may justify proceeding with a neuraxial procedure

Platelet count $\geq 70,000 \times 10^6/L$

Risk of spinal epidural hematoma likely low, reasonable to proceed with neuraxial

Exceptions to above:

1. Assessment of hemostasis via a detailed bleeding history is crucial to risk-benefit decisions. If significant bleeding history or current concern for coagulopathy is present, reasonable to avoid neuraxial and consult hematology regardless of platelet count
2. In patients with HELLP Syndrome, consider repeating platelet count if >6 hours since last result
3. For cases with unknown etiology of thrombocytopenia with platelet count $<70,000 \times 10^6/L$, additional hematologic workup may be beneficial prior to proceeding with neuraxial procedures
4. In setting of associated coagulopathy (ex. hemophilia), elevated PT/PTT, or anticoagulation, hematology consult should be considered regardless of platelet count

This infographic represents a summary of the recommendations in the Interdisciplinary Consensus Statement on Neuraxial Procedures in Obstetric Patients with Thrombocytopenia. Please reference the full consensus statement for further information.

This is not to be interpreted as medical advice, and every patient circumstance must be individualized.

