

Platelet counts

Citation	LOE	Study design	Patient numbers	Summary
Veneri et al. <i>Ann Hematol</i> 2006;85:552–554	IIb	Retrospective study on pregnancy and delivery in obstetric patients with ITP	37	Primary measure: mean platelet counts at diagnosis, during pregnancy and delivery Primary outcome: differences in platelet count significant between diagnosis and pregnancy, diagnosis and delivery, pregnancy and delivery. 92.3% pregnancies successfully completed without haemorrhagic incident. 40% of patients required treatment to raise platelet counts. Most mothers with ITP can proceed with their pregnancies and deliver infants without complications
Webert et al. <i>Blood</i> 2003;102:4306–4311	IIb	Retrospective study of women with ITP during 119 pregnancies over an 11-year period	92	Primary measure: platelet count at delivery Primary outcome: ITP in pregnancy carries a low risk, but mothers and infants may require therapy to raise their platelet counts
Won et al. <i>Korean J Intern Med</i> 2005;20:129–134	III	Retrospective chart review of clinical aspects of pregnancy and delivery in patients with chronic ITP	31	Primary measure: mean platelet counts at diagnosis, during pregnancy and delivery Primary outcome: during pregnancy and at delivery, 61% of women received treatment to raise platelet counts. At delivery, most commonly used therapy was platelet transfusion (48.4%). ITP in pregnancy can proceed safely with low haemorrhagic risk in both infants and mothers, and mothers with ITP can deliver healthy infants without serious haemorrhagic complications

Anti-D Ig

Citation	LOE	Study design	Patient numbers	Summary
Michel et al. <i>Br J Haematol</i> 2003;123:142–146	IIb	Pilot study to assess the safety and efficacy of IV anti-D in Rh(D)-positive women with ITP during the second and third trimesters of pregnancy	8	Primary measure: response as measured by platelet count Primary outcome: the response rate to anti-D was 75%. A haemoglobin decrease of >2.0 g/dL occurred only once anti-D is effective and appears to be safe for both mother and fetus

Sieunarine et al. <i>BJOG</i> 2007;114:505–507	III	Case report on treatment with anti-D immunoglobulin in obstetric patient with resistant ITP	1	Primary measure: response measured by platelet count Primary outcome: after 2 doses of WinRho (anti-D immunoglobulin) at 36 and 37 weeks, platelet count rose to $46 \times 10^9/L$ and 2 weeks later the patient had an uncomplicated normal delivery. WinRho is a useful adjunct to other first-line treatments for immune thrombocytopenia
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Splenectomy

Citation	LOE	Study design	Patient numbers	Summary
Anglin et al. <i>JSLS</i> 2001;5(1):63–67	IV	First reported case of a pregnant woman with iITP who underwent laparoscopic splenectomy during the second trimester	1	Primary outcome: after receiving immunization, stress dose steroids, and prophylactic antibiotics, the patient underwent a successful laparoscopic splenectomy. Laparoscopic splenectomy can be safely performed during pregnancy

Pulsed-dose oral dexamethasone

Citation	LOE	Study design	Patient numbers	Summary
Byrne et al. <i>Am J Obstet Gynecol</i> 1997;177:468–469	III	Case study of refractory ITP patient successfully treated with pulsed high-dose oral dexamethasone	1	Primary measure: response to treatment measured by platelet count Primary outcome: following oral treatment with prednisone and IVIg, treatment with oral pulsed-dose dexamethasone raised platelet levels to $74,000/\mu L$. 1 week later the patient gave birth without complication

High-dose IVIg and danazol

Citation	LOE	Study design	Patient numbers	Summary
Orisaka et al. <i>Eur J Obstet Gynecol</i>	III	Case report on a pregnant woman with severe and refractory ITP managed with	1	Primary measure: response to treatment measured by platelet count

<i>Reprod Biol</i> 2005;121:119–120		combination therapy of high-dose IVIg and corticosteroids together with danazol		Primary outcome: following 3 days of combination treatment with IVIg and danazol, platelet levels rose to 22,000 μL^{-1} . Short-term danazol in combination with high-dose IVIg and corticosteroids may be recommended in the third trimester
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