Letter to the Editor

Platelet levels in pregnancy

In a discussion of platelet levels in pregnancy Sejeny et al. (1975) found five studies that reported no change in the count during pregnancy, three that reported an increase in platelets during pregnancy, and three that reported a fall in the count during pregnancy. The authors themselves reported their own experience which was a steady fall from the first to the third trimester of pregnancy, and a similar pattern was noted by O'Brien (1976).

Like the last two authors we were unable to find satisfactory data on the changes in the platelet count during normal pregnancy and hence, before seeing the results of the studies by Sejeny et al. (1975) and O'Brien (1976), we set out to record platelet levels in blood samples received from the antenatal clinic on the Technicon platelet counter. One thousand and fifty-two blood samples were counted and the results, divided according to duration of pregnancy, are shown in the table.

Table  Platelet counts in normal pregnancy (× 10^3/μl)

<table>
<thead>
<tr>
<th>Duration of pregnancy (weeks)</th>
<th>No. of observations</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>6-10</td>
<td>19</td>
<td>288-69</td>
<td>96-02</td>
</tr>
<tr>
<td>11-15</td>
<td>162</td>
<td>305-80</td>
<td>74-26</td>
</tr>
<tr>
<td>16-20</td>
<td>143</td>
<td>293-32</td>
<td>71-61</td>
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<tr>
<td>21-25</td>
<td>67</td>
<td>299-18</td>
<td>73-23</td>
</tr>
<tr>
<td>26-30</td>
<td>284</td>
<td>284-18</td>
<td>77-86</td>
</tr>
<tr>
<td>31-35</td>
<td>261</td>
<td>289-35</td>
<td>81-56</td>
</tr>
<tr>
<td>36-40+</td>
<td>116</td>
<td>268-49</td>
<td>75-23</td>
</tr>
</tbody>
</table>

Analysis of the data by Miss Sue Chinn of the Division of Computing and Statistics of the Clinical Research Centre showed a decrease in the platelet count of 939/μl per week from a mean count of 305 000 per week at 11-15 weeks to 268 000/μl at 36-40 weeks. The decline throughout pregnancy is highly significant (p = < 0.001).

Thus the most recent observations using automated platelet counters are in agreement—that there is a small decline in the platelet count throughout pregnancy. The extent of the fall is probably less than the degree of haemodilution due to expansion of plasma volume, but nevertheless dilution appears to be a major component in the decline in numbers.

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References


Book reviews


This book is based on a series of lectures given to the Diploma of Bacteriology course at Manchester. They were evidently enjoyed by the students who persuaded Professor Collard to publish them. An attempt is made to cover almost the whole field of microbiology from the earliest times right up to the 1960s, and not only bacteriology but immunology, virology, protozoology, mycology, chemotherapy, and antibiotics are all dealt with. Since, having made a deduction for illustrations, bibliographies and blank space, the text occupies only about 130 pages of fairly large type, inevitably aspects of the subject do not have justice done to them. But more serious are the factual errors, sometimes of so gross a kind, eg, the account of the discovery of the sulphonamides, that the reviewer must doubt whether the author has read the papers listed in his references. Thus doubt is cast on the general reliability of the book. This is a pity because where Professor Collard allows himself a little more space he gives a readable and informative account of the subject.

D. FOSTER


It has taken 22 years for the second edition to appear, and the fact that it is three times the volume and three times the weight of the first edition bears witness to the vast expansion of knowledge in the field of blood groups and other polymorphisms. The range of variants now includes haptoglobin, transferrin, beta lipoprotein, and enzyme systems in addition to red cell antigens.

The initial 140 pages consist of an updated text and are virtually equivalent to the whole of the first edition. The major difference concerns the tables, and we now have what must be a unique collec-
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