Antenatal Treatment of Fetal Alloimmune Thrombocytopenia

General:
- No more severe than index case
- Intracranial hemorrhage (ICH) risk 7-26%
  - 80% antepartum
  - 42% prior to 30 weeks’ gestation
- Higher risk
  - Prior ICH
  - Prior ICH second trimester
- Overall mortality rate 1-10%
- Long-term complications 14-26%
  - Neurologic sequelae
  - Cerebral palsy
  - Cortical blindness
  - Mental retardation

Determine incompatibility:
- Mom 1b/1b
- Dad 1a/1a or 1a/1b
- Sister with incompatibility
- Others
  - 4a and 4b
  - 5a and 5b
- Fetal amniocentesis
  - Option if father is heterozygous

Maternal Prenatal Management:
- No aspirin or nonsteroidal anti-inflammatories
- Planned delivery

Standard Risk: Previous child with low platelets, no ICH
1. 20 weeks IVIG 1 gram per kg per week
2. 32 weeks IVIG 2 grams per kg per week, prednisone 0.5 mg per kg per day
3. 37-38 weeks
   a. Scheduled cesarean delivery following a completed course of betamethasone

High Risk: Previous child ICH third trimester or at birth
1. 12 weeks IVIG 2 grams per kg per week
2. 20 weeks IVIG 2 grams per kg per week
3. 28 weeks IVIG 2 grams per kg per week, prednisone 0.5 mg per kg per day
4. 35-36 weeks
   a. Scheduled cesarean delivery following a completed course of betamethasone

Highest Risk: Previous child ICH in second trimester
1. 12 weeks IVIG 2 grams per kg per week
2. 20 weeks IVIG 2 grams per kg per week, prednisone 1 mg per kg per day
3. 35-36 weeks
   a. Scheduled cesarean delivery following a completed course of betamethasone

References: