

Thrombocytopenia in the Newborn



What is thrombocytopenia in the newborn?

Thrombocytopenia means that a newborn baby does not have enough platelets in their blood. Platelets are blood cells that help the blood clot. They are made in the bone marrow.

How to say it

thrahm-boh-si-toh-PEE-nee-uh

What causes thrombocytopenia in the newborn?

Thrombocytopenia may be caused when a baby doesn't make enough platelets, when the platelets are trapped somewhere in the body (such as in blood clots), or when the platelets break down too soon.

Making too few platelets may be caused by problems with a mother's blood pressure, such as preeclampsia. This limits blood flow to the baby and keeps the baby's bone marrow from being able to make enough platelets. Less often it may be caused by infections in the baby's bone marrow while in the uterus. Examples include rubella or syphilis. Some medicines taken by the mother or given to the baby can also affect the bone marrow and lower the number of platelets made. Some rare genetic disorders also lower the number of platelets made.

Another reason for thrombocytopenia is when a mother's immune system makes antibodies against the baby's platelets. This causes the platelets to break down too soon. Some babies who are very sick, especially those who are trying to fight off infections, will also break down or use up platelets more quickly, because of their illness.

Which babies are at risk for thrombocytopenia?

This condition is rare in babies. But a baby is more likely to have problems with platelets if they:

- Are very premature with a very low birth weight
- Need to be in the neonatal intensive care unit (NICU) due to illness

What are the symptoms of thrombocytopenia in the newborn?

Symptoms can include:

- Bruising or small red spots on the skin (petechiae)
- Bleeding in other body systems

The symptoms of thrombocytopenia can seem like other health conditions. Make sure your child sees their healthcare provider for a diagnosis.

How is thrombocytopenia diagnosed?

The healthcare provider will check your baby's health history. They will do a physical exam. Blood tests will show lower platelet counts.

How is thrombocytopenia in the newborn treated?

Treatment often depends on the cause of the thrombocytopenia. Most cases aren't serious enough to need treatment. But your child may need a platelet transfusion.

What are possible complications of thrombocytopenia in the newborn?

Babies who don't have enough platelets may have bleeding into the tissues. Bruising of the skin is common. With bleeding, the red blood cells break down. This makes bilirubin. Bilirubin can build up in the blood and cause a yellowing of the skin and eyes (jaundice).

Too much bleeding can be dangerous and can affect the brain and other body systems.

Key points about thrombocytopenia in the newborn

- Thrombocytopenia means your baby has too few platelets. This can happen from not making enough platelets or by having them broken down or used up too soon.
- This condition may be linked to problems with a mother's blood pressure.
- Babies are more likely to have problems with this condition if they have a very low birth weight or stay in the NICU because of illness.
- Bruising of the skin is common. Babies may also have yellowing of the skin and eyes (jaundice).
- Most cases are not serious enough to need treatment.

Next steps

Tips to help you get the most from a visit to your child's healthcare provider:

- Know the reason for the visit and what you want to happen.
- Before your visit, write down questions you want answered.
- At the visit, write down the name of a new diagnosis and any new medicines, treatments, or tests. Also write down any new instructions your provider gives you for your child.
- Know why a new medicine or treatment is prescribed and how it will help your child. Also know what the side effects are.
- Ask if your child's condition can be treated in other ways.
- Know why a test or procedure is recommended and what the results could mean.
- Know what to expect if your child does not take the medicine or have the test or procedure.
- If your child has a follow-up appointment, write down the date, time, and purpose for that visit.
- Know how you can contact your child's provider after office hours. This is important if your child becomes ill and you have questions or need advice.

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