

The Obstetric Hematology Manual

The Obstetric Hematology Manual

Second Edition

Edited by

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Oxford University Hospitals NHS Foundation Trust

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To our families

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Preface to the Second Edition

We are delighted to have been asked to produce a second edition of *The Obstetric Hematology Manual*. Since the publication of the first edition, this high-stakes area of medicine has continued to thrive as a specialty, with designated hematologists and multidisciplinary clinics established in many UK Trusts and with an expanding international network. Additionally, obstetric hematological problems increasingly frequent the membership examinations for the Royal College of Pathologists and the Royal College of Obstetricians and Gynaecologists. This book is aimed at clinicians at all levels; it is intended to be highly practical, pulling together research, insights, and guidelines. It is larger than the first edition, reflecting the growth in knowledge and important advances in the field over the last 5 years; each chapter has been revised and new chapters have been added. We have chosen authors who are leaders in their field and represent practice across the globe.

The mutual impact of hematological disease on pregnancy continues to challenge and stimulate us in our pursuit of best care for our patients. The physiological changes that occur during pregnancy, to meet the needs of the developing fetus and to ensure safe delivery, may lead to complications in vulnerable patients. For example, close proximity of fetal and maternal circulations enables effective transfer of nutrients and oxygen, but the increased demand for iron and other hematinics by the growing fetus can

cause significant maternal deficiencies. Furthermore, transfer of certain maternal substances and drugs can have disastrous consequences for the baby, thus limiting treatment options for many hematological diseases. Similarly, passage of fetal antigenic material into the maternal circulation may cause alloimmune sensitization, with potential destruction of fetal red cells or platelets. Exciting new management strategies for these conditions are discussed in this book.

The considerable increase in uterine blood flow and vascular compliance needed to maintain the blood supply to the developing fetus can cause significant hemorrhage at the time of placental separation. Conversely, the alteration of coagulation factors necessary to combat this risk inadvertently increases the potential for systemic thromboembolic events. These two catastrophes remain the leading causes of direct maternal death, although with improved knowledge and awareness, the incidence is slowly declining. In these, like all other areas of obstetric hematology, we continue to strive for good outcomes.

We hope this edition will be helpful to those experienced in obstetric hematology and will enthuse those who are new to the area. We aim to encourage and inspire clinicians to immerse themselves in this hugely rewarding specialty.

Sue Pavord
Beverley Hunt