"PREVALENCE OF THROMBOCYTOPENIA IN PREGNANT WOMEN IN LATE THIRD TRIMESTER FROM 32-40 WEEKS AND THEIR MATERNAL AND FETAL OUTCOME – DESCRIPTIVE OBSERVATIONAL STUDY"

BY

REG NO. BJ0121013

Dissertation

Submitted to
KAHER, Belagavi, Karnataka,
In partial fulfilment of the requirements for the degree of

MASTER OF SURGERY (M.S)
In
OBSTETRICS AND GYNAECOLOGY

DEPARTMENT OF OBSTETRICS AND GYNECOLOGY
JAWAHARLAL NEHRU MEDICAL COLLEGE,
BELAGAVI, KARNATAKA

DECEMBER 2024 / JANUARY 2025

KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH, BELAGAVI, KARNATAKA

Endorsement by the HOD/Principal/ Head of the Institution

This is to certify that the dissertation entitled **"PREVALENCE OF THROMBOCYTOPENIA IN PREGNANT WOMEN IN LATE THIRD TRIMESTER FROM 32-40 WEEKS AND THEIR MATERNAL AND FETAL OUTCOME – DESCRIPTIVE OBSERVATIONAL STUDY"** is a bonafide research work done by **REG. NO. BJ0121013.**

Dr. YESHITA V PUJAR MS,
Professor and Head,
Department of Obstetrics and Gynaecology,
J. N. Medical College,
Nehru Nagar, Belagavi – 10

Date: 13/12/21
Place: Belagavi

KAHER BELAGAVI J.N. MEDICAL COLLEGE

Dr. N. S. MAHANTSHETTI MD
Principal,
J. N. Medical College,
Nehru Nagar,
Belagavi – 10

PRINCIPAL
J.N. Medical College,
BELAGAVI- 590 010

Date: 13/12/21
Place: Belagavi

UNDERTAKING

I, **REG. NO.BJ0121013,** hereby declare that the information and the data mentioned in my dissertation **"PREVALENCE OF THROMBOCYTOPENIA IN PREGNANT WOMEN IN LATE THIRD TRIMESTER FROM 32-40 WEEKS AND THEIR MATERNAL AND FETAL OUTCOME – DESCRIPTIVE OBSERVATIONAL STUDY".** belongs to me and is original.

I am aware of the definition of plagiarism as detailed below:

- An act or instance of using or closely imitating the language and thoughts of another author without authorization and the representation of that author's work as one's own, as by not crediting the original author.
- A piece of writing or other work reflecting such unauthorized use or imitation.
- The deliberate or reckless representation of another's words, thoughts or ideas as one's own without attribution in connection with submission of academic work, whether graded or otherwise.

I hereby declare that the thesis prepared by me is original one and does not involve plagiarism anywhere. In case at a later stage, it is found that I have indulged in plagiarism, then I am solely responsible for the same and the institution is at liberty to take any disciplinary action against me including cancellation of dissertation or any other penalties imposed by the University.

Date: 14-12-24

Shivapriya. K.S.

Place: Belagavi **REG. NO. BJ0121013**

PLAGIARISM ACCEPTED LETTER

KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

JAWAHARLAL NEHRU MEDICAL COLLEGE

(A constituent unit of KLE Academy of Higher Education & Research Deemed-to-be-University)

(Recognized by National Medical Commission, New Delhi)

Accredited 'A+' Grade by NAAC (3rd Cycle) **Placed in Category 'A' by MoE (GoI)**

Nehru Nagar, Belagavi- 590 010, Karnataka, INDIA

0831 – 2471350 0831 – 2470759 www.jnmc.edu principal@jnmc.edu

Ref No: MDC/PG/ Date: 13-12-2024

"ACCEPTANCE LETTER"

The softcopy of thesis entitled: **"PREVALAENCE OF THROMBOCYTOPENIA BETWEEN 32 - 40 WEEKS AND THEIR FETO MATERNAL OUTCOME"** has been submitted for anti-plagiarism check through Turnitin software. The scan has been carried out and the scanned output reveals a match percentage of **03%** which is within the acceptable limits of **10%** as per the guidelines given by UGC.

Ballad. 13/12/2024
Guide.

KAHER BELAGAVI J.N. MEDICAL COLLEGE

mnpattashetti
Dr. (Mrs.) N.S. Mahantashetti.
Chairperson-Antiplagiarism Committee &
for Principal,
J. N. Medical College, Belagavi.

To,
Reg. No. BJ0121013
Postgraduate Student,
2021-22 Batch,
Department of Obst. & Gynaecology
J. N. Medical College, Belagavi.

ETHICAL CLEARANCE LETTER

K.L.E. ACADEMY OF HIGHER EDUCATION AND RESEARCH
(Deemed – to- be- University)
Accredited 'A+' Grade by NAAC in (3rd Cycle) Placed in Category 'A' by MHRD (GoI)
JNMC INSTITUTIONAL ETHICS COMMITTEE
JAWAHARLAL NEHRU MEDICAL COLLEGE,
NEHRU NAGAR, BELAGAVI-590010 (KARNATAKA-INDIA)
Website: http//www.jnmc.edu
E-Mail : dome@jnmc.edu
Phone: (+ 91-(0)831 Office : 2472550
Principal: 2471701
Fax No. +91 (0)831 – 2470759

Ref No.MDC/JNMCIEC/303 **Date: 13/02/2023**

To,

REG. NO. BJ0121013
PG Student in Obstetrics & Gynecology,
J. N. Medical College,
BELAGAVI.

Sub: Institutional Ethical Clearance for the study.

With reference to the above, we wish to inform you that your proposed research project titled **"PREVALENCE OF THROMBOCYTOPENIA IN PREGNANT WOMEN FROM 32 TO 40 WEEKS DESCRIPTIVE OBSERVATIONAL STUDY",** is ethical and justifiable. This audit project is approved by ethical JNMC committee with waiver of consent.

(Dr. Smita Sonoli)
Member Secretary
JNMC Institutional Ethics Committee
J.N.Medical College, Belagavi.

(Dr. Harsha Hegde)
Chairman,
JNMC Institutional Ethics Committee
J.N.Medical College, Belagavi

ABBREVIATIONS

APS	-	Antiphospholipid Antibody Syndrome
AFLP	-	Acute Fatty Liver of Pregnancy
ADP	-	Adenosine diphosphate-
CVD	-	Cardiovascular disease
CAPS	-	Catastrophic APS
DIC	-	Disseminated Intravascular Coagulation
ECM	-	Extracellular matrix
FcRγ	-	Fc Receptor
GT	-	Gestational thrombocytopenia
HELLP	-	Hemolysis, elevated liver enzymes, low platelets
ITP	-	Immune Thrombocytopenia
NO	-	Nitric oxide
PLC	-	Phospholipase C-
PKC	-	Protein kinase C
PNH	-	Paroxysmal nocturnal hemoglobinuria-
PEC	-	Pre-eclampsia
ITAM	-	Tyrosine-based activation motif
TMA	-	Thrombotic Microangiopathy
TTP	-	Thrombotic thrombocytopenic purpura
TxA2	-	Thromboxane A2
vWF	-	von Willebrand factor

ABSTRACT

Background:

Thrombocytopenia is a common hematological condition during pregnancy, second only to anemia, affecting approximately 6–15% of pregnancies. The condition is associated with varied maternal and neonatal outcomes depending on its severity and underlying causes. However, limited data exist on its prevalence and impact in the Indian population during late-stage pregnancy.

Objectives:

The primary objective of the study was to determine the prevalence of thrombocytopenia in pregnant women during the late third trimester (32–40 weeks). Secondary objectives included identifying its causes, severity, and maternal and fetal outcomes.

Methodology:

This descriptive observational study was conducted over 12 months. A total of 703 pregnant women admitted to the labor room between 32–40 weeks of gestation were included using convenient sampling. Data collection involved medical records, complete blood counts, and additional investigations for thrombocytopenic cases. Statistical analysis was performed using SPSS version 22.

Results:

The prevalence of thrombocytopenia was 19.6%, with most cases being mild (14.1%), followed by moderate (3.7%) and severe (1.8%). Gestational thrombocytopenia accounted for 52.2% of cases, followed by hypertensive disorders (13.8%) and dengue (13.0%). Neonates born to thrombocytopenic mothers had a

significantly lower mean birth weight (2.75 kg) compared to those born to mothers with normal platelet counts (2.91 kg; $p < 0.001$). Vaginal delivery was the most common mode of delivery (60.1%). No significant differences were observed in the length of hospital stay across severity levels, and one maternal death occurred in the mild thrombocytopenia group.

Discussion:

The findings indicate a moderate prevalence of thrombocytopenia, with gestational thrombocytopenia as the leading cause. Despite the high prevalence, the majority of cases were mild, reflecting effective antenatal care. The association with lower neonatal birth weights underscores the importance of monitoring platelet levels and timely intervention. The absence of significant maternal morbidity and minimal mortality highlights the potential for positive outcomes with proper management.

Conclusion:

Thrombocytopenia during late pregnancy poses risks to maternal and fetal health, primarily affecting neonatal birth weight. Vigilant monitoring and targeted interventions can mitigate complications, emphasizing the need for awareness and appropriate management strategies.

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

INTRODUCTION

Thrombocytopenia is a relatively common finding during pregnancy and is recognized as the second most prevalent haematological condition after anemia[1]. It affects approximately 6% to 15% of pregnancies, with an average incidence of 10%[2]. A natural decline in platelet count is typically observed during pregnancy, particularly in the third trimester, with about 8% of pregnant women experiencing thrombocytopenia[3]. Changes in platelet function and reactivity also occur during pregnancy, though these variations remain poorly understood. Studies have reported inconsistent findings regarding platelet activation markers in pregnancy; some have identified increased platelet aggregability and reactivity[4], while others observed no significant changes in platelet function or even reduced platelet activity[5].

Definition of Thrombocytopenia

In nonpregnant individuals, the normal platelet count ranges from 150–415 × 10^9/L. Thrombocytopenia in pregnant women is traditionally defined as a platelet count below 150 × 10^9/L [6]. During pregnancy, the laboratory reference range for platelet counts changes by trimester, with a gradual decline as pregnancy advances. Women in the third trimester typically exhibit significantly lower mean platelet levels compared to nonpregnant individuals[6].

Classification of Thrombocytopenia

The severity of maternal thrombocytopenia can be categorized based on platelet count as follows:

- **Mild:** 100-150 × 10^9/L

- **Moderate:** 50-100 × 10^9/L
- **Severe:** <50 × 10^9/L

Physiological Changes during Pregnancy

A reduction in platelet count is commonly observed in pregnant women, starting in the first trimester and progressively declining throughout gestation, reaching its lowest point at delivery. This phenomenon is attributed to physiological hemodilution, enhanced platelet activation and clearance, and temporary sequestration of platelets within the placental circulation[7].

A recent retrospective cohort study involving 4,568 women analyzed the progression of platelet counts during uncomplicated pregnancies. Compared to the average platelet count in nonpregnant women (273,000/mm^3), pregnant women demonstrated a decrease in platelet count starting in the first trimester, with a gradual decline as pregnancy advanced. Twin pregnancies were associated with even lower platelet counts during gestation and at delivery compared to singleton pregnancies, likely due to increased plasma volume or larger placental mass[8].

Initial Evaluation of Thrombocytopenia in Pregnancy

The initial laboratory assessment for thrombocytopenia during pregnancy includes examining a peripheral blood smear to rule out pseudothrombocytopenia and to identify any morphological abnormalities, along with evaluating renal and hepatic function. As in nonpregnant patients, a review of current medications and comorbid conditions is essential to identify potential contributing factors. It is also crucial to investigate for neurological symptoms, signs of infection, or systemic "B symptoms."

A history of thrombocytopenia in previous pregnancies or a family history of the condition may provide important diagnostic clues[9].

During a physical examination, special attention should be given to signs such as elevated blood pressure, bruising, hepatosplenomegaly, or lymphadenopathy[9]. Any abnormalities in a complete blood count significantly influence the differential diagnosis. However, exceptions may occur in cases of thrombocytopenia accompanied by mild anemia, such as the physiological anemia of late pregnancy caused by increased plasma volume, or microcytic anemia due to iron deficiency. These mild anemias are common in pregnancy and might not be directly related to the cause of thrombocytopenia[10].

In cases of pancytopenia, a bone marrow biopsy may be warranted if no clear cause, such as a medication or vitamin deficiency, can be identified[11].

Need for the study – Thrombocytopenia in pregnancy is an unexplored condition in Indian women Hence, the present study was conducted to find out the prevalence of thrombocytopenia in the late 3rd trimester in women attending KLE's Dr. Prabhakar Kore Hospital and Medical Research Centre, Belagavi.

AIMS AND OBJECTIVES

Objective:

- ***Primary:*** Prevalence of thrombocytopenia in late 3rd trimester pregnant women 32-40 weeks

- ***Secondary:*** To find out the causes of thrombocytopenia

REVIEW OF LITERATURE

Platelet Formation in the Blood

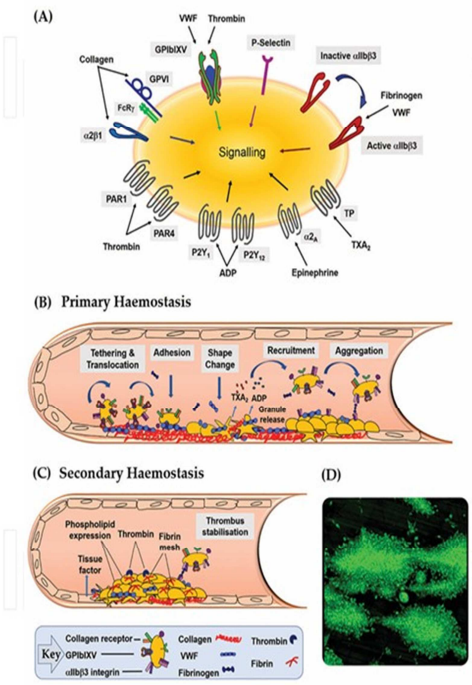
Platelets are small, anucleated cells originating from the hematopoietic lineage through the differentiation of megakaryocytes. The lack of a nucleus, combined with the mechanical stress encountered within blood vessels, limits the lifespan of platelets to approximately 5 to 7 days after their release from megakaryocytes.

Throughout their lifecycle, platelets gradually decrease in size, with younger platelets being significantly larger than their older counterparts. When their lifecycle ends or they become fully activated and incorporated into a blood clot, platelets are removed by neutrophils and macrophages. These cells transport platelets to the spleen, where they are eliminated from the body.

Platelet Function

Platelet Function in Primary Haemostasis

Haemostasis comprises three distinct processes: primary haemostasis, secondary haemostasis, and fibrinolysis (Fig below). Primary haemostasis involves the formation of a platelet plug, preventing blood loss at sites of vascular injury while maintaining normal circulation elsewhere. Secondary haemostasis involves the deposition of insoluble fibrin via the coagulation cascade, while fibrinolysis facilitates blood clot breakdown during wound healing through enzymatic interactions[14].



(A) Diagram showing key platelet membrane receptors involved in platelet function in haemostasis and thrombosis. (B) Distinct phases of platelet function in primary haemostasis: Initial platelet tethering and adhesion at a site of vascular damage, firm adhesion and shape change, activation, granule secretion and further recruitment of platelets leading to platelet aggregation. (C) Secondary haemostasis: Formation, deposition and cross-linking of insoluble f ibrin, generated by the coagulation cascade, to stabilise the primary platelet plug. (D) Image of platelet aggregates (fluorescently-labelled, green) on collagen fibrils following in vitro blood flow at arterial shear (1800 s−1) using a parallel plate blood perfusion chamber (unpublished data—Gerardene Meade-Murphy).

Fig: 1 Platelet Function

Under normal conditions, healthy endothelium provides a non-adhesive surface for platelets. However, vascular injury exposes the sub-endothelium, allowing platelets to adhere to extracellular matrix (ECM) components and form a platelet plug. This process occurs in three stages: platelet adhesion, activation and secretion, and aggregation[15].

Platelet Adhesion

Platelet adhesion is a collaborative process involving specific platelet receptors and ECM proteins such as collagen, von Willebrand factor (vWF), fibronectin, laminin, and fibrinogen[16]. Among these, collagen types I and III are the most potent mediators due to their strong activating properties and affinity for vWF[17].

After vascular damage, platelet tethering begins with vWF binding to the A1 domain in the sub-endothelial matrix, interacting with the GPIbα component of the platelet receptor GPIb-IX-V. This interaction supports platelet translocation and maintains close contact with the endothelium under high shear rates but does not achieve stable adhesion[18]. This interaction also triggers activation signaling pathways, including integrin activation[19].

Platelet collagen receptors GPVI and α2β1 interact with exposed collagen to promote adhesion and activation. GPVI, coupled with the Fc Receptor (FcRγ), is a primary signaling receptor for collagen and features an immunoreceptor tyrosine-based activation motif (ITAM)[20]. Upon collagen binding, ITAM is phosphorylated, activating the Syk kinase pathway, which increases cytosolic calcium levels, triggering platelet shape change, granule secretion, and integrin activation. While GPVI has low collagen affinity, stable adhesion is maintained by α2β1, which also reinforces GPVI-collagen interactions and signals downstream events[21].

Platelets further adhere to other ECM proteins. For example, fibronectin is bound via the α5β1 and αIIbβ3 integrins, while laminin binds through α6β1 integrin. These interactions activate pathways involving tyrosine kinases and G protein-coupled receptor (GPCR) signaling, ultimately increasing cytosolic calcium, reorganizing the cytoskeleton, and activating integrins.

Platelet Activation and Secretion

Platelet activation at sites of vascular injury is critical for sustaining haemostasis. Soluble agonists such as thromboxane A2 (TxA2), adenosine diphosphate (ADP), epinephrine, and thrombin amplify activation in autocrine and paracrine manners, recruiting additional circulating platelets[22].

ADP, released from dense granules, binds to P2Y12 and P2Y1 receptors on platelets, inducing calcium elevation, TxA2 synthesis, protein phosphorylation, shape change, and granule release. These processes culminate in the activation of integrin αIIbβ3[23]. ADP can also be released by red blood cells at vascular injury sites. The P2Y12 receptor is a target of antiplatelet drugs like clopidogrel and prasugrel, used to prevent cardiovascular events[24].

TxA2, derived from arachidonic acid via the COX pathway and TxA2 synthase, binds TPα and TPβ receptors. This promotes vasoconstriction, platelet shape change, secretion, and aggregation. Elevated TxA2 levels are linked to cardiovascular disease (CVD), while aspirin-mediated COX inhibition targets TxA2 synthesis to prevent platelet activation.

Thrombin, generated during the coagulation cascade, is a potent platelet activator that interacts with PAR1 and PAR4 receptors to stabilize thrombus formation[25]. Thrombin cleaves its receptor's N-terminal region, exposing a new binding site to activate the receptor, initiating platelet responses including aggregation and TxA2 synthesis[26].

Epinephrine, a weaker agonist, enhances the effects of other activators by inhibiting cAMP formation via the α2A-adrenergic receptor[27].

Platelet Aggregation

Platelet aggregation, the final step of primary haemostasis, involves αIIbβ3 integrin crosslinking on adjacent platelets through fibrinogen (Figure above). While several receptors and ligands contribute, αIIbβ3 plays a central role.

In resting platelets, αIIbβ3 has low ligand affinity, which increases significantly upon activation. Intracellular signals disrupt αIIbβ3's cytoplasmic tail complex, leading to a conformational change that enables ligand binding. This irreversible activation allows fibrinogen to bridge adjacent platelets, forming aggregates[28].

Other interactions, such as CD40 ligand binding to αIIbβ3 or the vWF-GPIb complex, stabilize aggregation[29]. Recently, cadherin-6 was identified as a novel counter-receptor for αIIbβ3 involved in aggregation[30].

Integrin signaling includes both "inside-out" activation (cytoplasmic tail signaling to the extracellular domain) and "outside-in" signaling (ligand binding regulating intracellular processes like cytoskeletal changes and platelet spreading).

Biorheological Factors in Platelet Aggregation

Platelet aggregation is influenced by the haemodynamic environment, including shear stress and shear rates. Shear rates vary from low in veins (10–500 s^{-1}) to high in arteries (up to 40,000 s^{-1} in pathological conditions)[31].

At low shear rates (<1000 s^{-1}), αIIbβ3-fibrinogen interactions dominate aggregation. Higher shear rates (>5000 s^{-1}) involve a two-step process: initial platelet tethering via GPIbα and αIIbβ3, followed by stable aggregate formation through agonist-mediated αIIbβ3 activation[32].

Platelets in Pregnancy

During normal, healthy pregnancies, a reduction in platelet count is commonly observed, with 4.4% to 11.6% of cases developing gestational thrombocytopenia—defined as a platelet count below 150 × 10^9/L. This variation in platelet levels is

primarily attributed to hemodilution caused by increased plasma volume during pregnancy, as well as potentially enhanced platelet clearance. Additionally, pregnant women exhibit higher mean platelet volume and greater platelet volume distribution width compared to nonpregnant individuals[37].

Platelets in pregnancy display heightened sensitivity to activation[38]. Elevated basal levels of P-selectin in platelet-derived microparticles during pregnancy highlight increased platelet activity. Furthermore, levels of β-thromboglobulin (β-TG) and platelet factor 4 (PF4), which are secreted from platelet α-granules, as well as adenosine released from dense granules, are significantly higher in pregnant women, suggesting enhanced platelet activation and granule secretion. Concentrations of thromboxane A2 (TXA2) are also elevated during normal pregnancies compared to nonpregnant women[39]. Despite these findings, the precise mechanisms driving platelet activation during pregnancy remain unclear.

Pregnancy appears to maintain a physiological balance, priming platelets for activation while also regulating thrombosis. This regulation is partly mediated by Pregnancy-Specific Glycoproteins (PSGs), members of the immunoglobulin superfamily[40]. PSGs are produced and secreted by syncytiotrophoblasts (SCT) and promote the release of anti-inflammatory cytokines, such as IL-10 and TGF-β1, from monocytes, macrophages, and other cells. Human PSG1 binds to integrin αIIbβ3, inhibiting platelet-fibrinogen interaction, while PSG9 also demonstrates inhibitory effects. In species with hemochorial placentation, where maternal blood is in direct contact with trophoblasts, the high expression of PSGs suggests an essential role in immunoregulation. This regulation likely prevents platelet aggregation and thrombosis in the prothrombotic maternal environment[40].

Etiology of Thrombocytopenia in Pregnancy

Thrombocytopenia during pregnancy has various causes, each with unique pathophysiology and clinical presentation. A summary of potential etiologies is provided below:

1. **Gestational Thrombocytopenia**
2. **Immune Thrombocytopenia (ITP)**
3. **Thrombotic Microangiopathy (TMA):** This category is divided based on management into pregnancy-specific and non-pregnancy-specific TMA:
    - **Pregnancy-specific TMA**
        - Pre-eclampsia (PEC)
        - Hemolysis, elevated liver enzymes, low platelets (HELLP) syndrome
        - Acute fatty liver of pregnancy (AFLP)
    - **Non-pregnancy-specific TMA**
        - Thrombotic thrombocytopenic purpura (TTP)
        - Atypical hemolytic-uremic syndrome (HUS)
4. **Disseminated Intravascular Coagulation (DIC)**
5. **Hereditary Thrombocytopenia (HT):** Classified based on platelet size, genetic defect, and inheritance pattern (e.g., WAS gene, HOXA11 gene, MYH9 disorders, etc.)[42]

6. **Other Causes:**

    - Bone marrow failure syndromes (e.g., aplastic anemia, myelodysplastic syndrome, myeloproliferative neoplasms, leukemia/lymphoma, marrow infiltrative disorders)
    - Paroxysmal nocturnal hemoglobinuria (PNH)
    - Drug-induced thrombocytopenia
    - Type IIB von Willebrand disease (VWD)
    - Heparin-induced thrombocytopenia (HIT)

Gestational Thrombocytopenia

Definition and Incidence

Gestational thrombocytopenia (GT) is the most frequent cause of thrombocytopenia during pregnancy. It is diagnosed when platelet levels fall below 150×10^9/L during the second trimester or later, in the absence of other hematologic or clinical abnormalities. Early detection of thrombocytopenia in pregnancy necessitates evaluation for other underlying causes. In cases where pre-pregnancy platelet counts are unavailable, trends in GT generally show gradual declines until delivery, but typically remain above 80×10^9/L. Severe cases, affecting 0.1% of uncomplicated pregnancies, are rare[43]. Platelet counts that drop sharply or appear earlier in pregnancy warrant further investigation for other conditions.

Pathogenesis

The mechanisms underlying GT are not well understood. Hemodilution due to increased plasma volume in pregnancy and sequestration of platelets in the spleen or placenta have been suggested, but strong supporting evidence is limited.

Diagnosis

GT lacks a specific laboratory test and is therefore diagnosed by exclusion. Key diagnostic criteria include:

1. Absence of thrombocytopenia outside of pregnancy,
2. Onset timing,
3. Severity of thrombocytopenia, and
4. Ruling out other potential causes, including late-pregnancy immune thrombocytopenia (ITP).

   Platelet levels typically normalize within an average of 7.1 weeks postpartum, as seen in retrospective studies[43].

Management

GT does not significantly increase the risk of maternal bleeding, nor does it require special delivery precautions when the diagnosis is confirmed. Neonates are not at risk of clinically significant thrombocytopenia[44]. Although recurrence rates exceed 50% [(6),] GT is not associated with complications such as hypertension, renal impairment, or preeclampsia in subsequent pregnancies.

Preeclampsia

Definition and Incidence

Preeclampsia (PEC) is defined as the onset of hypertension (≥140/90 mmHg) and proteinuria after 20 weeks of gestation. Severe PEC includes additional features such as thrombocytopenia (platelet count <100 × 10^9/L), renal dysfunction (creatinine >1.2 mg/dL), pulmonary edema, cerebral or visual disturbances, or sustained severe hypertension (≥160/110 mmHg)[45]. PEC affects 3.8% of pregnancies in the United

States, with severe forms occurring in 1.4%. It is more prevalent in individuals with autoimmune conditions like lupus or antiphospholipid antibody syndrome[46].

Pathogenesis

Although the exact cause of PEC is unclear, it is believed to involve abnormal placental angiogenesis and vascular function, leading to narrowing of arterioles and placental ischemia in severe cases [47]. Pathophysiological features include incomplete remodeling of spiral arteries, antiangiogenic factor release, and vasospasm, which impair blood supply to maternal and fetal organs. Thrombocytopenia in PEC may result from platelet activation and clearance driven by extracellular vesicles released from affected placentas[48].

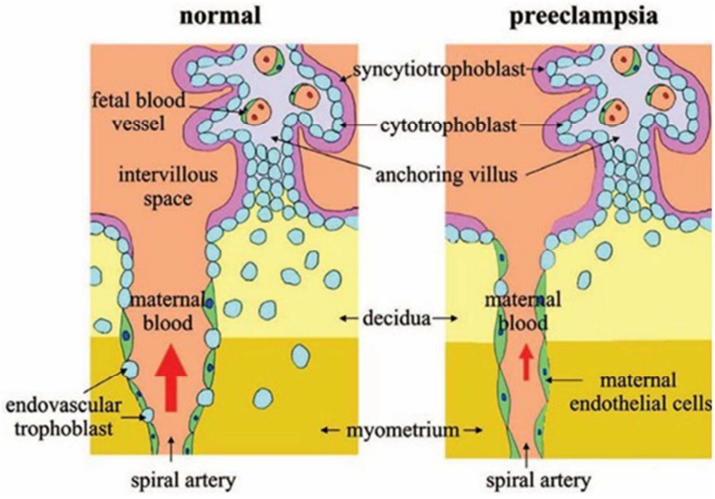


Fig.:2 . Abnormal placentation in preeclampsia.

Note the decreased trophoblastic invasion at decidual and myometrial levels, narrower vascular lumen of the maternal uterine spiral artery, and failure of trophoblast cells to replace the maternal endothelium lining of the spiral artery in the preeclamptic placenta.

Diagnosis

PEC is considered when hypertension arises after 20 weeks of gestation. Diagnostic algorithms provided by ACOG and NICE include evaluation of proteinuria (>300 mg/day) or other signs of maternal organ dysfunction[49]. While fetal growth restriction may accompany PEC, it is no longer part of the diagnostic criteria for severe cases. Hematologists may be consulted in complex cases involving thrombocytopenia, where platelet levels typically exceed 100×10^9/L and rarely fall below 50×10^9/L

Management

Management of PEC depends on the gestational age at diagnosis. Delivery of the placenta is the definitive treatment. High-risk patients, such as those with prior PEC or multiple gestations, benefit from prophylactic measures, including aspirin (81 mg/day) starting between 12 and 28 weeks of gestation, as recommended by ACOG and USPSTF. Aspirin has shown significant risk reduction in PEC, particularly at doses of 150 mg/day as evidenced by the ASPRE trial. Screening for antiphospholipid antibodies is advised in cases of recurrent PEC. Additional interventions like vitamin D and calcium supplementation may offer protective benefits, though their efficacy remains under investigation[50].

HELLP Syndrome

Definition and Incidence

HELLP syndrome, characterized by hemolysis, elevated liver enzymes, and low platelets, is a severe variant of preeclampsia (PEC) associated with significant morbidity and mortality. It occurs in 0.2–0.8% of all pregnancies and affects 8–24%

of patients with severe PEC or eclampsia in some studies . While 70–80% of HELLP cases arise in the context of PEC, it can also occur independently . HELLP is more frequently observed in twin pregnancies[51].

Pathogenesis

The exact mechanism behind HELLP development in some women with PEC remains unclear. Similar placental pathologies are observed in both conditions. HELLP is associated with heightened inflammatory responses, including increased levels of maternal C-reactive protein, interleukin-6, and TNF-β. Genetic defects in complement regulatory proteins leading to sustained alternative pathway activation may also contribute to its pathogenesis[52].

Diagnosis

HELLP typically manifests abruptly between 27 and 37 weeks of gestation, although 30% of cases develop within 48 hours postpartum[53]. The diagnosis is suspected in cases of progressive thrombocytopenia, overt hemolysis, and deteriorating liver function, especially in the context of PEC. Classification systems such as the Tennessee classification and the Mississippi Triple-class system use parameters like thrombocytopenia, elevated LDH, and liver function tests (AST/ALT) to assess disease severity[53]. Patients with severe PEC or HELLP experiencing persistent right upper quadrant pain should undergo liver ultrasound to rule out subcapsular hematomas.

Management

Urgent delivery is the definitive treatment for HELLP. Hypertension management and magnesium sulfate for seizure prevention are often required. Severe

PEC and HELLP are associated with risks of intrauterine fetal demise, and neonatal outcomes depend heavily on gestational age at delivery. Caesarean delivery should only be performed for standard obstetrical indications or when the disease is rapidly worsening. Recurrence rates of HELLP in subsequent pregnancies are 7.2%, with 36.3% developing other hypertensive disorders or fetal growth restriction[54].

Acute Fatty Liver of Pregnancy (AFLP)

Definition and Incidence

Acute fatty liver of pregnancy (AFLP) is a rare but life-threatening condition characterized by acute hepatic failure. It occurs in approximately 1 in 7,000 to 1 in 15,000 pregnancies and is more common in multigravidas.

Pathogenesis

AFLP involves fatty infiltration of the liver due to defective maternal-fetal metabolism. Maternal or fetal deficiencies in enzymes like 3-hydroxyacyl-CoA dehydrogenase (LCHAD) impair fatty acid metabolism, leading to toxic intermediate accumulation[55]. If the fetus is homozygous for LCHAD deficiency, hepatotoxicity can develop in a heterozygous mother. Other genetic and environmental factors may influence the severity of the condition.

Diagnosis

AFLP usually presents in the third trimester and can be diagnosed using the Swansea criteria. Fatty liver infiltration may be detected on ultrasound, and microvesicular fatty infiltration is evident on liver biopsy, though biopsy is rarely necessary. Severe AFLP may involve hypoglycemia, coagulopathy, and encephalopathy, which distinguish it from HELLP. Unlike HELLP, hypertension is

less common in AFLP, and bilirubin levels are often disproportionately elevated relative to transaminases[56].

Management

Immediate delivery is critical to prevent rapid disease progression, regardless of gestational age. Vaginal delivery is preferred if it can occur within 24 hours. Supportive care, including blood products to correct coagulopathy and maintain fibrinogen levels (≥200 mg/dL), is essential, particularly before caesarean delivery. Antithrombin III concentrate may benefit severe cases. Clinicians should monitor closely for postpartum haemorrhage due to associated coagulopathy.

Immune Thrombocytopenia (ITP)

Definition and Incidence

Immune thrombocytopenia (ITP) is an autoimmune disorder where autoantibodies lead to increased platelet destruction and reduced platelet production. ITP accounts for approximately 3% of pregnancy-related thrombocytopenia but is the most common cause of platelet counts below 50 × 10^9/L in the first and second trimesters. Autoimmune hemolytic anemia may co-occur with ITP, a condition known as Evans syndrome, which is discussed separately [57].

Pathogenesis

In ITP, macrophage-mediated clearance of antibody-coated platelets occurs primarily in the spleen and liver, along with impaired compensatory platelet production. Plasma thrombopoietin (TPO) levels are typically normal or slightly elevated as TPO is cleared along with platelets. While most cases occur in isolation, ITP can also arise in the context of infections (e.g., HIV, hepatitis C), systemic

autoimmune disorders (e.g., lupus, antiphospholipid antibody syndrome), or B-cell neoplasms.

Diagnosis

ITP is diagnosed based on isolated thrombocytopenia, a normal peripheral blood smear, and the exclusion of other causes such as infection or drug-induced thrombocytopenia. A robust response to ITP-specific therapies supports the diagnosis. Differentiating ITP from gestational thrombocytopenia (GT) can be challenging, particularly in late pregnancy when platelet counts are >100 × 10^9/L. Recovery of platelet counts within 12 weeks postpartum is more indicative of GT[58].

Maternal Considerations Prior to Gestation

Pregnancy is generally safe for women with ITP, although it is contraindicated in cases of severe thrombocytopenia (<20 × 10^9/L) unresponsive to treatment. Pregnancy does not affect the long-term course of ITP after delivery. Platelet counts often decline during pregnancy, potentially necessitating therapy, especially in women who poorly tolerate alternative treatments or those managed with thrombopoietin receptor agonists (TRAs) pre-pregnancy[59].

Management During Gestation

Therapy is typically not required unless platelet counts drop below 30 × 10^9/L, bleeding occurs, or delivery approaches. Platelet counts should be monitored monthly and more frequently as delivery nears, especially if counts are unstable. Corticosteroids and IV immunoglobulin (IV IG) are the preferred first-line treatments. Splenectomy is a rare option, typically performed in the second trimester. Other treatments, such as rituximab, are used cautiously, with pregnancy deferred for 6–12

months after administration due to potential neonatal effects. Azathioprine and cyclosporine have acceptable safety profiles in pregnancy but are rarely required. Rh0(D) immune globulin can be considered in specific cases but may cause maternal hemolysis[60].

Delivery: Maternal Considerations

Delivery mode is based on obstetric indications. Platelet counts ≥20 × 10^9/L are acceptable for vaginal delivery, while ≥50 × 10^9/L is recommended for caesarean sections. Platelet counts >80 × 10^9/L are often required for neuraxial anesthesia due to concerns about spinal hematomas.

Delivery: Neonatal Considerations

Approximately 10–15% of neonates born to mothers with ITP have platelet counts <150 × 10^9/L, and severe thrombocytopenia (<50 × 10^9/L) occurs in 5–7% of cases. Neonates should be monitored for bleeding and thrombocytopenia, though most cases resolve without intervention.

Evans Syndrome

Definition and Incidence

Evans syndrome is characterized by the simultaneous or sequential occurrence of autoimmune hemolytic anemia and ITP. It occurs in 1.8–3.7% of patients with ITP. Though rare in pregnancy, it is significantly less common than other causes of hemolysis, such as microangiopathies.

Pathogenesis

The condition involves distinct autoantibodies targeting platelets and red blood cells. Hemolysis is predominantly extravascular and occurs due to IgG-mediated destruction of red blood cells in the spleen. Up to 50% of adult patients with Evans syndrome have an underlying condition, such as systemic lupus erythematosus.

Diagnosis

Evans syndrome is diagnosed by the presence of spherocytosis on a peripheral blood smear and a positive direct antiglobulin test (DAT) for IgG or complement component C3d. Neutropenia may occur but has not been reported in pregnancy.

Management

Treatment parallels that for ITP, with corticosteroids as the first-line therapy. IV IG is less effective than in isolated ITP but may be useful. Long-term management often requires additional therapies, such as splenectomy or rituximab, as most patients relapse. In pregnancy, published reports are limited, but first-line therapies are generally effective, and relapse after delivery is rare. Neonatal risks include maternal antibody transfer, which can result in hemolysis or thrombocytopenia, but severe outcomes are infrequent[61].

Immune Thrombocytopenia (ITP)

Definition and Incidence

Immune thrombocytopenia (ITP) is an autoimmune disorder characterized by the production of autoantibodies that accelerate platelet destruction and hinder their formation. It accounts for about 3% of thrombocytopenia cases during pregnancy and

is the leading cause of platelet counts below 50 × 10^9/L during the first two trimesters. Autoimmune hemolytic anemia may occur alongside ITP or sequentially, a condition termed Evans syndrome, which is discussed separately.

Pathogenesis

ITP leads to platelet depletion primarily through macrophage-mediated clearance of antibody-coated platelets in the spleen and liver, combined with insufficient platelet production. Levels of thrombopoietin (TPO), a hormone essential for platelet production, are typically normal or slightly elevated due to its clearance with platelets. While many cases arise independently, some occur in the presence of infections (e.g., HIV, hepatitis C), systemic autoimmune diseases (e.g., lupus, antiphospholipid antibody syndrome), or hematologic malignancies.

Diagnosis

The diagnosis of ITP is made by identifying isolated thrombocytopenia alongside a normal blood smear, and ruling out alternative causes such as recent infections, drug-induced thrombocytopenia, or inherited platelet disorders. Response to treatments specific to ITP further supports the diagnosis. Differentiating ITP from gestational thrombocytopenia (GT) can be challenging, especially in later pregnancy when platelet counts exceed 100 × 10^9/L. Postpartum recovery of platelet counts within 12 weeks strongly suggests GT.

Maternal Considerations Before Pregnancy

Pregnancy is usually safe for women with ITP unless they have severe thrombocytopenia (platelets <20 × 10^9/L) that is unresponsive to treatment. Pregnancy does not have a long-term impact on the disease course post-delivery. Platelet counts

may drop further during pregnancy, requiring therapy in some cases, particularly in patients previously treated with thrombopoietin receptor agonists (TRAs), now widely used as second-line therapy.

Management During Pregnancy

Treatment is generally unnecessary if platelet counts are ≥30 × 10^9/L unless there is active bleeding or delivery is imminent. Regular monitoring of platelet levels is advised, becoming more frequent near delivery, particularly if counts are unstable. Corticosteroids and intravenous immunoglobulin (IV IG) remain the first-line therapies. Splenectomy is rarely needed but can be safely performed in the second trimester. Alternative therapies, such as rituximab, are typically avoided during pregnancy but have been used in specific cases without significant adverse effects. Drugs like azathioprine and cyclosporine, used for autoimmune conditions, are rarely required but have acceptable safety profiles during pregnancy[60]. Rh0(D) immune globulin can be an option in specific cases but may induce maternal hemolysis.

Delivery: Maternal Considerations

The mode of delivery should be determined by obstetric factors rather than platelet counts alone. Platelet levels ≥20 × 10^9/L are acceptable for vaginal delivery, while ≥50 × 10^9/L is recommended for cesarean delivery. Higher platelet counts (>80 × 10^9/L) are typically required for safe use of neuraxial anesthesia due to the risk of spinal hematoma.

Delivery: Neonatal Considerations

Around 10–15% of newborns from mothers with ITP may have platelet counts below 150 × 10^9/L, with severe thrombocytopenia (<50 × 10^9/L) seen in 5–7% of

cases [70]. Neonates should be closely monitored, but serious complications are uncommon, and most cases resolve without treatment.

Hereditary Thrombocytopenia

Definition and Incidence

Hereditary thrombocytopenias are a heterogeneous group of disorders caused by specific genetic mutations, each with varying clinical presentations. The estimated prevalence is 2.7 per 100,000 individuals in the Italian population[62], though advancements in whole exome sequencing are enhancing recognition of these conditions.

Pathogenesis

Most cases of hereditary thrombocytopenia result from genetic abnormalities affecting megakaryocyte or platelet development[62]. Well-characterized examples include MYH-9-related disorders, such as May-Hegglin anomaly, Sebastian syndrome, Fechtner syndrome, and Epstein syndrome, as well as GP1BA- and GP1BB-related macrothrombocytopenias like Bernard-Soulier syndrome.

Diagnosis

A history of thrombocytopenia before pregnancy is a useful diagnostic clue, but a family history of thrombocytopenia, bruising, or bleeding is often critical. However, family history may be absent in autosomal recessive forms. Platelet counts typically range from 20–130 × 10^9/L depending on the genetic mutation involved. Physical anomalies, such as an absent radius, albinism, or renal dysfunction, may suggest a syndromic form of thrombocytopenia[62]. Diagnostic distinctions between hereditary thrombocytopenia and ITP can sometimes be made by identifying giant

platelets, unusually small and uniform platelets, or neutrophil inclusions on blood smear. In most cases, platelet counts remain stable during pregnancy, and bleeding does not worsen, differentiating hereditary conditions from ITP or pregnancy-specific thrombocytopenias.

Management

Bleeding severity typically correlates with the degree of thrombocytopenia unless a coexisting platelet function defect is present. Management should consider both personal and family bleeding history. In patients with functional platelet defects, such as those seen in Bernard-Soulier or gray platelet syndrome, platelet transfusions may be required even at platelet counts above 50×10^9/L. Prophylactic platelet transfusions are often guided by prior bleeding history or surgical outcomes. Patients with frequent transfusions during pregnancy should be screened for HLA antibodies, and HLA-matched platelets should be prepared if necessary. For patients with Bernard-Soulier syndrome who lack glycoprotein 1b (GP1b), developing antibodies against GP1b may lead to platelet refractoriness [63].

Antiphospholipid Antibody Syndrome (APS)

Definition and Incidence

APS is a condition marked by arterial or venous thrombosis and/or adverse pregnancy outcomes, such as recurrent miscarriages, stillbirths, or severe early-onset preeclampsia or HELLP syndrome. Mild to moderate thrombocytopenia is observed in 30–50% of cases. About 1% of patients develop a catastrophic form of APS (CAPS), a potentially fatal condition involving multi-organ thrombosis, which can occur during pregnancy or the postpartum period[64].

Pathogenesis

Pregnancy-related complications in APS are linked to platelet activation and complement-mediated inflammatory responses within the placenta. Anti-trophoblast antibodies, detected in individuals with anticardiolipin antibodies and fetal loss, may play a role but require further study. Thrombosis in APS involves antiphospholipid antibodies that bind to altered beta-2 glycoprotein 1 (β2GP1) on endothelial cells, triggering pro-thrombotic responses such as E-selectin upregulation and tissue factor induction. These antibodies also activate platelets and neutrophils, exacerbating thrombotic risks[65].

Diagnosis

APS diagnosis requires clinical and laboratory criteria as outlined in the revised Sapporo criteria. Clinical features include arterial or venous thrombosis and pregnancy complications. Laboratory confirmation involves medium or high levels of anticardiolipin or anti-β2GP1 antibodies, or the presence of lupus anticoagulant on two occasions at least 12 weeks apart. Importantly, APS must be distinguished from isolated antiphospholipid antibody presence, which is common in conditions like ITP and may not necessitate therapeutic changes[66].

Catastrophic APS (CAPS) is characterized by widespread thrombosis, multi-organ failure, and histological evidence of microvascular occlusion. Diagnosis requires four criteria:

1. Involvement of three or more organ systems,
2. Symptom onset within one week,
3. Laboratory confirmation of antiphospholipid antibodies, and
4. Histopathological evidence of small-vessel thrombosis.

Management

Pregnant women with APS face heightened risks of obstetric complications and reduced live birth rates. Management depends on individual thrombotic and obstetric histories. Patients with prior thrombotic events are typically maintained on therapeutic enoxaparin during pregnancy, with a switch to oral anticoagulants postpartum. Low-dose aspirin may be added. For those without a thrombosis history but with recurrent pregnancy loss, prophylactic low-molecular-weight heparin and low-dose aspirin are advised throughout pregnancy and six weeks postpartum. Guidelines recommend stopping anticoagulation 24 hours before scheduled delivery[67] (99).

CAPS requires urgent plasma exchange and therapeutic anticoagulation, often with heparin. Severe cases may necessitate high-dose corticosteroids or intravenous immunoglobulin (IVIG). An ongoing trial is exploring hydroxychloroquine's potential to prevent APS-related obstetric and thrombotic events[68].

Type 2B von Willebrand Disease (vWD)

Definition and Incidence

Von Willebrand Disease (vWD) is the most prevalent inherited bleeding disorder. Type 1 vWD, associated with reduced production or function of von Willebrand factor (vWF), is the most common form but does not cause thrombocytopenia. Type 3 vWD is rare and severe. Type 2 vWD encompasses several subtypes characterized by the production of dysfunctional vWF. Among these, type 2B vWD is an autosomal dominant disorder that manifests as moderate to moderately severe bleeding and may include thrombocytopenia during pregnancy[69].

Pathogenesis

Type 2B vWD arises from mutations in vWF that increase its binding affinity to the platelet receptor glycoprotein 1b. During pregnancy, vWF levels naturally rise, which exacerbates the binding of the mutated vWF to platelets, reducing platelet lifespan. This can result in moderate or occasionally severe thrombocytopenia, particularly near delivery[70].

Diagnosis

A diagnosis of Type 2B vWD should be considered in individuals with a personal or family history of mucocutaneous bleeding, such as epistaxis or menorrhagia. Laboratory findings include reduced vWF activity, with a ratio of vWF activity to antigen (vWF: RCo/vWF: Ag) below 50%. During pregnancy, decisions about epidural anesthesia must be carefully discussed due to limited safety data. Removal of an epidural catheter soon after delivery is advised since vWF levels can drop rapidly postpartum [71].

For vaginal deliveries, treatment may not be necessary if vWF activity, antigen levels, and Factor VIII (FVIII) are ≥50%. However, cesarean sections are treated as major surgeries, requiring vWF activity levels closer to 80–100%, which can be achieved using plasma-derived factor VIII concentrates (e.g., Humate-P, Alphanate) or recombinant vWF (e.g., Vonvendi)[71]. Desmopressin (DDAVP) is generally avoided due to its potential to worsen thrombocytopenia. Platelet transfusion to maintain counts above 50×10^9/L is often recommended, alongside antifibrinolytic agents like tranexamic acid or aminocaproic acid. Patients should be informed of the significant risk of delayed postpartum hemorrhage within six weeks after delivery. Some experts recommend continuing vWF replacement for 3–7 days

postpartum with antifibrinolytic therapy for 2–6 weeks to maintain vWF levels above 50% (104). Thromboprophylaxis following cesarean delivery is debated but is considered safe when vWF activity exceeds 50% [69].

Thrombotic Thrombocytopenic Purpura (TTP)

Definition and Incidence

Acquired thrombotic thrombocytopenic purpura (aTTP) is a life-threatening thrombotic microangiopathy occurring in 1 in 200,000 pregnancies. It is associated with a severe deficiency of the ADAMTS13 enzyme, which cleaves ultralarge von Willebrand factor (UL-VWF) multimers. Congenital TTP (Upshaw-Schulman syndrome), caused by mutations in ADAMTS13, is rare but accounts for up to one-third of pregnancy-related TTP cases. TTP may present for the first time during pregnancy in 25–50% of women with congenital TTP and 10% of those with acquired TTP. Symptoms in the first half of pregnancy should prompt consideration of TTP, especially if severe renal dysfunction is absent.

Pathogenesis

In acquired TTP, autoantibodies either inhibit ADAMTS13 activity or accelerate its clearance. A lack of ADAMTS13 leads to accumulation of UL-VWF multimers, which undergo conformational changes under shear stress, promoting platelet aggregation, microvascular occlusion, and red blood cell fragmentation. Placental pathology in TTP often shows extensive ischemia and infarction. Pregnancy-associated increases in vWF levels and decreases in ADAMTS13 activity may precipitate TTP in women with low baseline enzyme activity[72].

Diagnosis

TTP and pregnancy-related microangiopathic hemolytic anemias, such as HELLP syndrome, share overlapping features, including thrombocytopenia and hemolytic anemia. TTP typically presents with more severe anemia and thrombocytopenia, a higher prevalence of schistocytes on the blood smear, and less pronounced hypertension or proteinuria. Elevated bilirubin levels due to hemolysis are common in TTP, while significant transaminase elevation suggests HELLP. ADAMTS13 activity below 10% confirms TTP, with recovery of platelet counts above 150×10^9/L following plasma exchange supporting the diagnosis[73].

Management

Plasma exchange (PLEX) is the cornerstone of TTP management and should begin immediately. Glucocorticoids and rituximab are considered for refractory cases. Caplacizumab, an anti-vWF antibody fragment, is FDA-approved for TTP but lacks pregnancy-specific data and may pose bleeding risks to the mother and fetus. Congenital TTP is also treated with plasma exchange until confirmed but is subsequently managed with routine plasma infusions to maintain ADAMTS13 activity above 10%. The diagnosis of TTP does not necessitate termination of a viable pregnancy. With timely intervention, live birth rates range between 60–70%. In contrast, HELLP syndrome is an indication for early delivery, making differentiation between these conditions crucial.

Counselling for Future Pregnancies

Management strategies differ for acquired and congenital TTP. Acquired TTP has a recurrence rate of approximately 15% shortly after remission and 30–40% over

subsequent years. Regular monitoring of ADAMTS13 levels is advised, with levels below 10% indicating relapse risk. Rituximab may be considered prophylactically in high-risk patients. For those with a history of acquired TTP, close monitoring during future pregnancies is essential, as recurrence rates approach 10%. Women with normal ADAMTS13 levels at the start of pregnancy generally have favorable outcomes.

Congenital TTP carries a 100% relapse rate without treatment during pregnancy. Prophylactic plasma infusions, initiated as soon as pregnancy is confirmed, maintain ADAMTS13 activity above 10% and prevent relapse. Infusion frequency may need to increase in later gestation due to the enzyme's short half-life[74]. Regular monitoring of platelet counts, LDH, and ADAMTS13 levels is critical to ensure optimal outcomes.

Atypical Hemolytic Uremic Syndrome (aHUS)

Definition and Incidence

Atypical hemolytic uremic syndrome (aHUS) is a thrombotic microangiopathy (TMA) with clinical features overlapping with thrombotic thrombocytopenic purpura (TTP), preeclampsia (PEC), and HELLP syndrome. aHUS arises from dysregulated activation of the alternative complement pathway, which can lead to severe renal failure if untreated. This rare condition affects approximately 1 in 25,000 pregnancies, with 10–20% of cases presenting for the first time during pregnancy. More than 75% of pregnancy-associated cases occur in the postpartum period.

Pathogenesis

aHUS is often associated with inherited mutations in complement regulatory genes, gain-of-function mutations in C3, or autoantibodies against Factor H. Less common mutations in other proteins have also been identified. During pregnancy, heightened complement activation may overwhelm the compromised regulatory system in susceptible individuals, resulting in platelet, endothelial, and neutrophil activation. This cascade generates occlusive platelet-rich thrombi, particularly in the microvasculature of the kidneys.

Diagnosis

aHUS should be considered in cases of progressive renal failure (commonly indicated by creatinine levels exceeding 2 mg/dL), microangiopathic hemolytic anemia, and thrombocytopenia, particularly when plasmapheresis (PLEX) fails to produce improvement. ADAMTS13 activity is typically above 10%, helping to distinguish aHUS from TTP. A family history of complement-related disorders may support the diagnosis. Genetic mutations affecting complement regulation are found in 60–70% of cases, though their prevalence in the general population remains unclear, and genetic testing results may not be available in a timely manner.

Management

Patients with strong clinical suspicion of aHUS should promptly begin treatment with eculizumab, a monoclonal antibody targeting complement protein C5. Thrombocytopenia often improves within 48–72 hours, although recovery of renal and other organ functions may take weeks to months. Eculizumab is initially administered as 900 mg weekly for 4 weeks, followed by a 1200 mg dose in the fifth

week and then every two weeks thereafter. If PLEX is used concurrently due to diagnostic uncertainty, an additional dose of 600 mg is given within 60 minutes after exchange.

To mitigate the risk of meningococcal infections from complement inhibition, patients should receive meningococcal vaccination as soon as feasible. If vaccination was not performed at least two weeks prior, prophylactic antibiotics are recommended. Although eculizumab, a recombinant IgG antibody, can cross the placenta, it has been safely used in pregnant and lactating individuals, particularly for managing paroxysmal nocturnal hemoglobinuria [75].

GENERAL APPROACH TO DIAGNOSIS

A complete blood count assessment and review of the peripheral blood smear are the important first step in evaluating thrombocytopenia in pregnancy. In addition, a careful family and personal medical history will permit categorizing of thrombocytopenia. The diagnostic evaluation for thrombocytopenia in pregnancy includes test for markers of hemolysis, liver function test, or testing for infections (hepatitis B virus, hepatitis C virus, human immune deficiency virus, Helicobacter pylori, cytomegalovirus)[9]. Depending on the specific medical history and clinical suspicion, further diagnostic tests may include tests for antiphospholipid antibodies, antinuclear antibodies, or von Willebrand syndrome type 2B. Prevalence of laboratory abnormalities by cause of thrombocytopenia in pregnancy is presented in Table 1. The trimester when thrombocytopenia develops can provide an important clue to etiology. A gradual decline in platelet count occur in the middle of the second trimester, i.e. gestational thrombocytopenia. A decline before second trimester suggests a cause of thrombocytopenia other than gestational thrombocytopenia[9].

Table:1 Laboratory Abnormalities by Cause of Thrombocytopenia

Category	GT	ITP	HT	TTP	aHUS	PEC	HELLP	AFLP
CBC								
PLT (x10^9/L)	≥75	Any, variable	20-130	<100	20-150	>50 (<50 in <5%)	50-100	>50
Hemoglobin	-	-	-	↓↓	↓↓	-	↓↓	-
PBS	± Few large PLTs	Giant PLTs or small PLTs ± WBC inclusions	Schistocytes +++	Schistocytes +++	± Schistocytes	± Schistocytes	-	± Schistocytes
LDH	-	-	-	↑↑↑	↑↑	↑	↑↑	↑↑
Creatinine	-	-	-	-	↑/↑	-	↑/↑	↑/↑
AST/ALT	-	-	-	-	↑/↑	-	↑↑	↑↑
Bilirubin Direct	-	-	-	↑↑	↑↑	-	↑↑	-
Bilirubin Indirect	-	-	-	-	-	-	-	-
PT/aPTT	-	-	-	-	-	-	-	-
Urine Protein	-	-	-	-	-	-	-	-
Other Features	-	-	ADAMTS13 ≤10%	ADAMTS13 >10%	-	-	Hypoglycemia	Antibody to cardiolipin and/or β2 glycoprotein and/or lupus anticoagulant

MATERIALS AND METHODS

Data was collected from medical records of antenatal women admitted in to labour room of KLE's Dr.Prabhakar Kore Hospital and Medical Research Centre during the study period of over 12 months.

Study Design: Descriptive Observational study

Study Period: 12 MONTHS (November2023-November2024)

Study population: The data was collected from medical records of antenatal women admitted in labour room from 32-40 weeks period of gestation using conventional sampling technique

Source of data: Medical records of patients admitted in labour room between 34-40 weeks period of gestation,

Selection criteria

Inclusion Criteria: All women admitted in labour room at KAHER's Prabhakar Kore Hospital with period of gestation between 32-40 weeks,through convenient sampling technique

Exclusion Criteria:

- Antenatal women before 32 weeks and after 40 weeks are excluded
- Known case of hematological disorders

Sample Size: Formula used for sample size calculation is,

$$n = \frac{p\,(100 - p)Z^2}{E^2}$$

where n is the sample size required, p is the percentage occurrence of a state or condition (proportion or prevalence), E is the percentage maximum error required, Z is the value corresponding to level of confidence required.

Prevalence of thrombocytopenia was observed to be 11.6%. Considering the similar result in the current study, at 95% confidence level and 5% of maximum error, the sample size is given by,

$$n = \frac{11.6\text{x}\,(100 - 11.6)\,\text{x}\,1.96^2}{5^2}$$

$$n \approx 155$$

Hence, minimum sample size required is 155. As sample size increases, accuracy of result also increases.

Sampling technique:

- Using convenient sampling technique Medical Records, case papers, discharge summaries, antenatal hospital card of pregnant women admitted at labor room between 32-40weeks
- Complete blood count and peripheral smear is noted to find out the prevalence of thrombocytopenia
- Patient with low platelet count are investigated further to evaluate the cause

Ethical clearance and waiver of consent: The study was approved by JNMC Institutional Ethics Committee, Jawaharlal Nehru Medical College, Belagavi. (Ref No.MDC/JNMCIEC/303)

CTRI REGISTRATION: The study trial was also registered with Central Trial Registry of India. (CTRI/2023/02/049700)

DATA COLLECTION:

- After obtaining approval from the university ethical committee and CTRI registration, medical records of antenatal women admitted in labour room were screened using convenient sampling technique.
- Women admitted between 32-40 weeks period of gestation their laboratory investigations such as complete blood count including platelet count was noted
- In women with platelet count less than 150 x 10^3 further laboratory investigations and a complete history including past pregnancy history was obtained from the records to find out the cause for fall in platelet count.

STATISTICAL ANALYSIS:

The collected data was entered into MS Excel and analysed using SPSS version 22. Descriptive statistics, including frequencies and percentages, were used to summarize demographic characteristics such as age, gravida, and other relevant variables. For inferential analysis, statistical methods such as the Independent t-test and ANOVA were applied for comparisons.

The Independent t-test was used to compare the birth weight of babies born to mothers with thrombocytopenia and those with normal platelet counts.

ANOVA was used to compare the birth weight and length of stay across different severities of thrombocytopenia (mild, moderate, and severe).

A P-value of less than 0.05 was considered statistically significant for all tests.

Bar diagrams as well as Pie diagrams have been used appropriately.

RESULTS

The present observational study was conducted at KLE'S Dr.Prabhakar Kore hospital and medical research center, Belagavi during the period of November 2023 to November 2024.

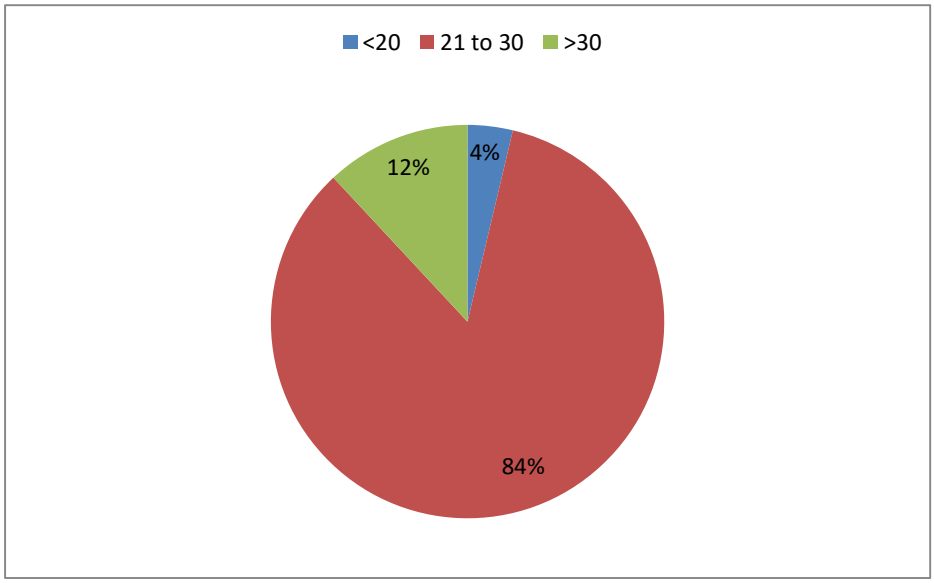
Out of total patients admitted to labour room,703 were included in the study using convenient sampling technique.

The collected data's were entered into MS Excel and analysed using SPSS version 22 the final results and observations were interpreted as follows.

Table 2:Age Categories

	Frequency	Percent
<20	26	3.7
21 to 30	593	84.4
>30	84	11.9
Total	703	100.0

Fig: 3: Age Categories



- The age distribution of the participants shows that 3.7% were below 20 years, while the majority (84.4%) were between 21 and 30 years.
- Participants above 30 years accounted for 11.9% of the total sample.
- This indicates that most of the study population belonged to the 21-30 age group.

Table 3: Mean Age

Mean Age			
	N	Mean	Std. Deviation
AGE	703	25.64	3.853

- The mean age of the participants was 25.64 years, with a standard deviation of 3.853 years, indicating a relatively young study population with moderate age variability.

Table: 4 Based On Obstetrics Score of The Participants:

	Frequency	Percent
Primigravida	280	39.8
Multigravida	423	60.2
Total	703	100

- The distribution of participants based on gravidity indicates that 60.2% are multigravida, meaning they have experienced more than one pregnancy.
- In contrast, 39.8% are primigravida, having their first pregnancy.
- This suggests that the study population has a higher proportion of women with previous pregnancy experience.

Fig: 4 Based On Obstetrics Score Of The Participants

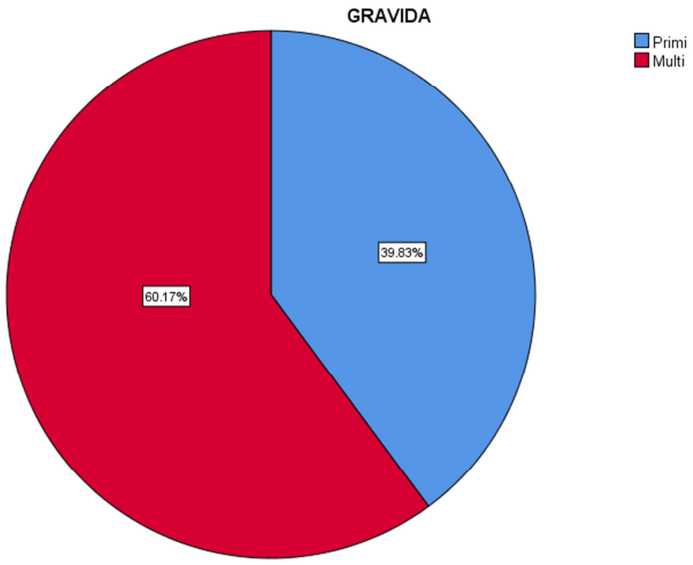


Table 5: Based On Period of Gestation (POG)

Period of gestation	Frequency	Percent
32+1 to 34+0	80	11.4
34+1 to 36+6	248	35.3
>37 weeks	375	53.3
Total	703	100.0

- The distribution of participants based on the period of gestation (POG) shows that the majority, 53.3%, were more than 37 weeks of gestation.

Fig 5: Based On Period of Gestation (POG)

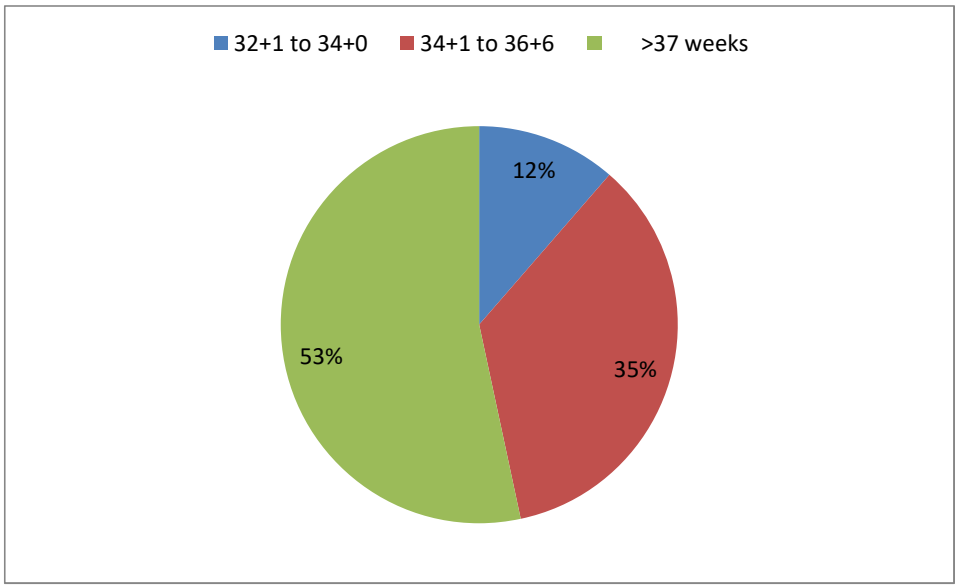
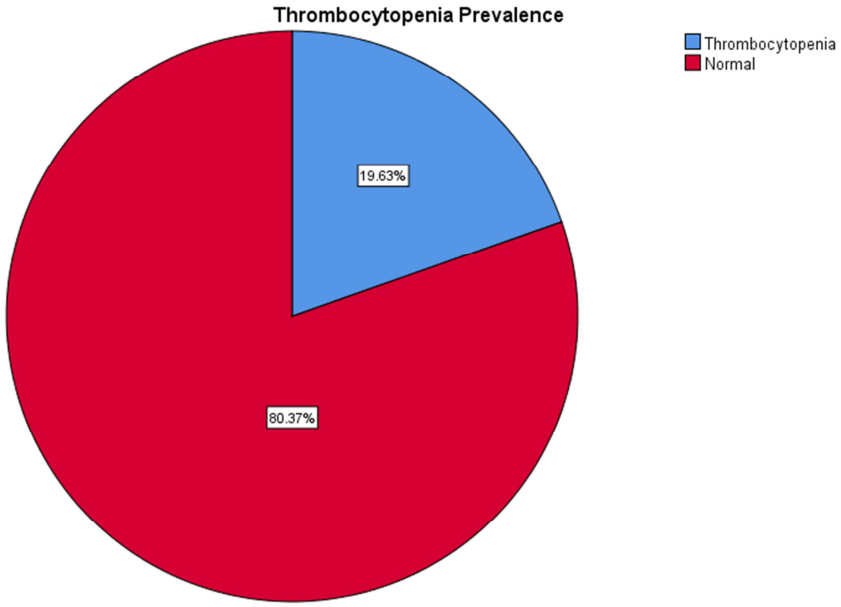


Table 6: Thrombocytopenia Prevalence:

	Frequency	Percent
Thrombocytopenia	138	19.6
Normal	565	80.4
Total	703	100

Fig 6: Thrombocytopenia Prevalence

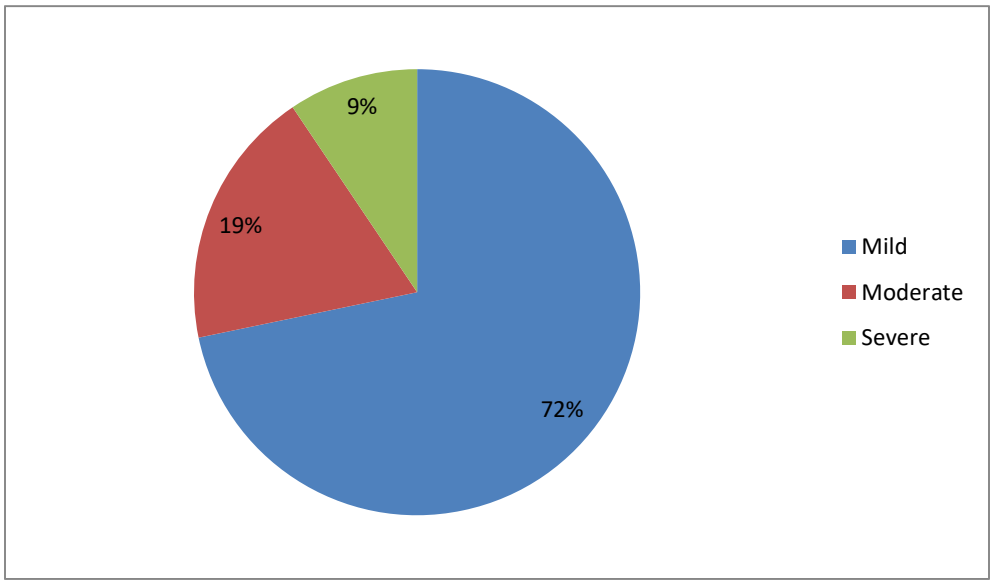


- The prevalence of thrombocytopenia among the participants is 19.6%, indicating that nearly one in five individuals had a lower-than-normal platelet count.
- The remaining 80.4% had normal platelet levels. This shows that while the majority of the participants were within the normal range, a notable proportion experienced thrombocytopenia.

Table: 7 Severity of Thrombocytopenia:

	Frequency	Percent
Mild	99	71.7
Moderate	26	18.8
Severe	13	9.4
Total	138	100.0

Fig:7 Severity of Thrombocytopenia



- Among participants diagnosed with thrombocytopenia,
- 71.7% had mild thrombocytopenia,
- 18.8% had moderate severity, and
- 9.4% experienced severe thrombocytopenia.
- This indicates that mild cases were the most common among the affected individuals.

Table :8 Cause of Thrombocytopenia:

	Frequency	Percent
GESTATIONAL THROMBOCYTOPENIA	72	52.2
HYPERTENSIVE DISORDER	19	13.8
DENGUE	18	13.0
VIT B12 DEFICIENCY	14	10.1
NORMAL (PSEUDOTHROMBOCYTOPENIA)	7	5.1
DIC	4	2.9
ITP	2	1.4
LEPTOSPIROSIS	1	0.7
SEPSIS	1	0.7
Total	138	100.0

- Among participants with thrombocytopenia, *52.2% had gestational thrombocytopenia, making it the most common cause*.
- *Hypertensive disorders accounted for 13.8% with was the second commonest cause for thrombocytopenia,* while *dengue contributed to 13.0%.*
- *Vitamin B12 deficiency* was *responsible for 10.1%.*
- A small proportion, *5.1%, had normal platelet* counts despite being classified under thrombocytopenia, these patient were futhur evaluated using manual platelet count and found to be *pseudothrombocytopenic*.
- Less frequent causes included disseminated intravascular coagulation (DIC) at 2.9%, immune thrombocytopenic purpura (ITP) at 1.4%, and rare infections like leptospirosis and unclassified sepsis, each contributing 0.7%. This highlights pregnancy-related conditions and infections as key factors in the occurrence of thrombocytopenia.

Table: 9 Mode of Delivery:

	Frequency	Percent
CS	35	25.3
NO DATA AVAILABLE	20	14.4
VD	83	60.1
Total	138	100.0

- Among participants with thrombocytopenia, 60.1% had a vaginal delivery (VD), while 25.3% underwent a caesarean section (CS).
- Data on the mode of delivery was unavailable for 14.4%
- This indicates that vaginal delivery was the most common mode among participants with thrombocytopenia.

Table: 10 Categories under Hypertensive Disorders (N=23)

	Frequency	Percent
ABUPTION	1	4.3
AFLP	1	4.3
DIC	4	17.4
ECLAMPSIA	2	8.7
HELLP SYNDROME	8	34.8
PRE-ECLAMPSIA	15	17.4
Total	23	100.0

Among participants with hypertensive disorders, HELLP syndrome was the most frequently reported condition, accounting for 34.8% of cases. Disseminated intravascular coagulation (DIC) and pre-eclampsia with severe features each contributed to 17.4%. Eclampsia was present in 8.7% of cases, while conditions such as abruption with imminent eclampsia, acute fatty liver of pregnancy (AFLP), pre-eclampsia, severe pre-eclampsia, and severe pre-eclampsia with HELLP each accounted for 4.3%. This distribution underscores the predominance of HELLP syndrome among hypertensive disorders observed in the study.

Table: 11 Platelet Transfusion among Diseased

	Frequency	**Percent**
NOT REQUIRED	121	87.7
REQUIRED	17	12.3
Total	138	100.0

Among participants diagnosed with thrombocytopenia, 87.7% did not require platelet transfusion, while 12.3% needed the procedure. This indicates that the majority of cases were managed without transfusion.

Table: 12 Reerred Case

	Frequency	Percent
NO	108	78.3
YES	30	21.7
Total	138	100.0

21.7% cases were referred cases to our hospital from peripheral centers, in view of thrombocytopenia.

Table:13 Comparison Of Birth Weight Of Babies Born Between Cases And Normal:

		Mean	Std. Deviation	P Value
NB WT	Thrombocytopenia	2.75	.433	<0.001
	Normal	2.91	.299	

Independent Sample T test

The comparison of birth weights between babies born to mothers with thrombocytopenia and those with normal platelet counts shows that the mean birth weight for babies born to mothers with thrombocytopenia is 2.75 kg (SD = 0.433), while for those born to mothers with normal platelet counts, the mean birth weight is 2.91 kg (SD = 0.299). *The independent sample t-test yields a P-value of less than 0.001, which is highly significant, indicating that babies born to mothers with thrombocytopenia have a significantly lower average birth weight compared to those born to mothers with normal platelet counts.*

Table:14 Comparison of Birth weight of Babies born across severity of disease

Severity Thrombocytopenia	**Mean**	**Std. Deviation**
Mild	2.80	.423
Moderate	2.55	.452
Severe	2.76	.393

F value= 2.82, P Value= 0.063, ANOVA

The mean birth weight of babies born to mothers with mild thrombocytopenia was 2.80 kg, with a standard deviation of 0.423 kg, while those with moderate thrombocytopenia had an average birth weight of 2.55 kg (SD = 0.452 kg). The babies born to mothers with severe thrombocytopenia had a mean birth weight of 2.76 kg, with a standard deviation of 0.393 kg. The ANOVA results show an F-value of 2.82 and a P-value of 0.063, which indicates that there is no statistically significant difference in the birth weights across the different levels of thrombocytopenia severity at the usual 0.05 significance level. This suggests that the severity of thrombocytopenia may not have a strong impact on birth weight.

Maternal Death:

One case of maternal death was noted in a participant who was diagnosed with septic thrombocytopenia

DISCUSSION

Aspect	Key Findings
Prevalence of Thrombocytopenia	Prevalence was 19.6%, higher than Minal Harde [76](8%) but lower than Swati Jain[77] (34%). Targeted studies (e.g., Pratibha Jena, [78] Gaba N, [79] Seema Joshi)[80] reported 100%.
Gestational Age Distribution	66.3% diagnosed in late third trimester (36+1 to 40 weeks), similar to Seema Joshi[80] (63.6%) and Gaba N, [79] (term). Earlier diagnoses (29–32 weeks) noted in Swati Jain [77] and Pratibha Jena [78].
Severity of Thrombocytopenia	Mild cases: 72%, moderate:19%, severe: 9%. Contrast: Gaba N[79] (47.5% severe), Swati Jain[78] (40% severe). Suggests milder disease or earlier detection in our cohort.
Parity Distribution	60.2% multigravida, 39.8% primigravida. Similar to Seema Joshi[80] (56%) and Swati Jain[77] (53.33%), lower than Gaba N [79]. Gaba N, et al[79] (70%) and Pratibha Jena[78] (72%).
Etiology	GT: 52.2%, comparable to Seema Joshi[80] (56.2%) and Gaba N[79] (53.3%). Hypertensive disorders: 13.8%, similar to Seema Joshi[80] (13.2%), but much lower than Minal Harde[76] (54%).

Maternal Morbidity	Minimal morbidity; no significant complications. Contrast: Gaba N[80] (16% PPH), Swati Jain[77] (8.88% PPH), Seema Joshi[80] and Pratibha Jena[78] (DIC, renal failure).
Neonatal Outcomes	Favorable outcomes; lower birth weights were the main issue. Contrast: Gaba N[79] (16.7% stillbirths, 1.6% sepsis), Swati Jain[77] (32% low birth weight, 11.11% FGR), Seema Joshi [81]and Minal Harde[76] (IUFD, adverse outcomes).

Prevalence Comparison Among Authors

Studies conducted	Prevalence (%)
Current Study	19.6
Minal Harde et all	8.0
Swati Jain et all	34.0
Pratibha Jena et all	100.0
Gaba N et all	100.0

CONCLUSION

The prevalence of thrombocytopenia in pregnant women from 32 to 40 weeks gestation was 19.6%, with mild thrombocytopenia being the most common severity. Gestational thrombocytopenia was the leading cause. Thrombocytopenia was associated with significantly lower birth weights but did not significantly impact the length of hospital stay or maternal mortality, except for one death in the mild category which was due to septic thrombocytopenia. These findings underscore the need for monitoring platelet levels in late-stage pregnancies to ensure optimal maternal and fetal outcomes.

STRENGTHS OF THE STUDY

1. It is a prospective observational study
2. Focused Gestational Period: By targeting pregnant women in the critical late-stage gestational period, the study provides valuable insights into a high-risk group.

LIMITATIONS OF THE STUDY

1. Convenient small sample size,single-Center Study: If the study was conducted in a single healthcare setting, the results may not be entirely generalizable to broader populations.

SUMMARY

This descriptive observational study aimed to evaluate the prevalence and impact of thrombocytopenia in pregnant women from 32 to 40 weeks of gestation. A total of 703 participants were included, and the data were analyzed using descriptive and inferential statistics.

- Demographics: The majority of participants were aged between 21 to 30 years (84.4%) and were multigravida (60.2%). Most pregnancies were near or at full term, with 53.3% in >37 weeks gestational range.
- Thrombocytopenia Prevalence: Thrombocytopenia was observed in 19.6% of participants, with the majority having mild thrombocytopenia (72%).
- Causes of Thrombocytopenia: The most common cause was gestational thrombocytopenia (52.2%), followed by hypertensive disorders (13.8%) and dengue (13.0%).
- Mode of Delivery: Vaginal delivery (60.1%) was the most common among participants with thrombocytopenia.
- Birth Outcomes: Babies born to mothers with thrombocytopenia had a significantly lower mean birth weight (2.75 kg) compared to those born to mothers with normal platelet counts (2.91 kg, $P < 0.001$). However, no significant differences in birth weight were observed across thrombocytopenia severity levels ($P = 0.063$).

BIBLIOGRAPHY

1. Kadir RA, McLintock C. Thrombocytopenia and disorders of platelet function in pregnancy. Semin Thromb Hemost 2011;37(6):640-52.
2. Khellaf M, Loustau V, Bierling P, Michel M, Godeau B. Thrombocytopenia and pregnancy. Rev Med Interne 2012;33(8):446-52.
3. Burrows RF, Kelton JG. Thrombocytopenia at delivery: a prospective survey of 6715 deliveries. Am J Obstet Gynecol 1990;162(3):731–734
4. Bagamery K, Landau R, Kvell K, Graham J. Different platelet activation levels in non-pregnant, normotensive pregnant, pregnancy-induced hypertensive and pre-eclamptic women. A pilot study of flow cytometric analysis. Eur J Obstet Gynecol Reprod Biol 2005;121(1):117–118.
5. Sheu JR, Hsiao G, Shen MY, Lin WY, Tzeng CR. The hyperaggregability of platelets from normal pregnancy is mediated through thromboxane A2 and cyclic AMP path- ways. Clin Lab Haematol 2002;24(2):121–129
6. Provan D, Arnold DM, Bussel JB, Chong BH, Cooper N, Gernsheimer T, et al. Updated international consensus report on the investigation and management of primary immune thrombocytopenia. Blood Adv. 2019;3(22):3780–3817. Doi: 10.1182/bloodadvances.2019000812
7. Eslick R, McLintock C. Managing ITP and thrombocytopenia in pregnancy. Platelets. 2020;31(03):300–306. Doi: 10.1080/ 09537104.2019.1640870
8. Boehlen F, Hohlfeld P, Extermann P, Perneger TV, de Moer loose P. Platelet count at term pregnancy: a reappraisal of the threshold. Obstet Gynecol 2000;95:29–33. (Level II-3)
9. Cines DB, Levine LD. Thrombocytopenia in preg nancy. Blood. 2017;130(21): 22712277.

10. Pavord S, Myers B, Robinson S, et al; Brit ish Committee for Standards in Haematology. UK guide lines on the man age ment of iron defi ciency in pregnancy. Br J Haematol. 2012;156(5):588600.
11. Killick SB, Bown N, Cavenagh J, et al; Brit ish Society for Standards in Hae matology. Guidelines for the diag no sis and man age ment of adult aplastic anaemia. Br J Haematol. 2016;172(2):187207.
12. Lefrancais E, Ortiz-Munoz G, Caudrillier A, Mallavia B, Liu F, Sayah DM, et al. The lung is a site of platelet biogenesis and a reservoir for haematopoietic progenitors. Nature. 2017;544(7648):105–109. doi: 10.1038/nature21706. [DOI] [PMC free article] [PubMed] [Google Scholar][Ref list]
13. Thon JN, Italiano JE., Jr Does size matter in platelet production? Blood. 2012;120(8):1552–1561. doi: 10.1182/blood-2012-04-408724. [DOI] [PMC free article] [PubMed] [Google Scholar][Ref list]
14. Gale AJ. Continuing education course #2: Current understanding of hemostasis. Toxi cologic Pathology. 2011;39(1):273-280
15. Clemetson KJ. Platelets and primary haemostasis. Thrombosis Research. 2012;129(3): 220-224
16. Broos K, Feys HB, De Meyer SF, Vanhoorelbeke K, Deckmyn H. Platelets at work in primary hemostasis. Blood Reviews. 2011;25(4):155-167
17. Farndale RW, Siljander PR, Onley DJ, Sundaresan P, Knight CG, Barnes MJ. Collagen platelet interactions: Recognition and signalling. Biochemical Society Symposium. 2003;70:81-94
18. Cranmer SL, Ashworth KJ, Yao Y, Berndt MC, Ruggeri ZM, Andrews RK, et al. High shear-dependent loss of membrane integrity and defective platelet

adhesion following disruption of the GPIbalpha-filamin interaction. Blood. 2011;117(9):2718-2727

19. Li Z, Delaney MK, O'Brien KA, Du X. Signaling during platelet adhesion and activation. Arteriosclerosis, Thrombosis, and Vascular Biology. 2010;30(12):2341-2349
20. Tsuji M, Ezumi Y, Arai M, Takayama H. A novel association of Fc receptor gamma-chain with glycoprotein VI and their co-expression as a collagen receptor in human platelets. The Journal of Biological Chemistry. 1997;272(38):23528-23531
21. Mazzucato M, Cozzi MR, Battiston M, Jandrot-Perrus M, Mongiat M, Marchese P, et al. Distinct spatio-temporal Ca2+ signaling elicited by integrin alpha2beta1 and glycopro tein VI under flow. Blood. 2009;114(13):2793-2801
22. Zharikov S, Shiva S. Platelet mitochondrial function: From regulation of thrombosis to biomarker of disease. Biochemical Society Transactions. 2013;41(1):118-123
23. Kaplan ZS, Jackson SP. The role of platelets in atherothrombosis. Hematology American Society of Hematology Education Program. 2011;2011:51-61
24. Andrews RK, Berndt MC. Platelet physiology and thrombosis. Thrombosis Research. 2004;114(5-6):447-453
25. Monroe DM, Hoffman M, Roberts HR. Platelets and thrombin generation. Arterio sclerosis, Thrombosis, and Vascular Biology. 2002;22(9):1381-1389
26. de Candia M, Fiorella F, Lopopolo G, Carotti A, Romano MR, Lograno MD, et al. Synthesis and biological evaluation of direct thrombin inhibitors bearing 4-(piperidin 1-yl)pyridine at the P1 position with potent anticoagulant activity. Journal of Medicinal Chemistry. 2013;56(21):8696-8711

27. Horn NA, Anastase DM, Hecker KE, Baumert JH, Robitzsch T, Rossaint R. Epinephrine enhances platelet-neutrophil adhesion in whole blood in vitro. Anesthesia and Analgesia. 2005;100(2):520-526
28. Ruggeri ZM, Mendolicchio GL. Adhesion mechanisms in platelet function. Circulation Research. 2007;100(12):1673-1685
29. Kulkarni S, Dopheide SM, Yap CL, Ravanat C, Freund M, Mangin P, et al. A revised model of platelet aggregation. The Journal of Clinical Investigation. 2000;105(6):783-791
30. Dunne E, Spring CM, Reheman A, Jin W, Berndt MC, Newman DK, et al. Cadherin 6 has a functional role in platelet aggregation and thrombus formation. Arteriosclerosis, Thrombosis, and Vascular Biology. 2012;32(7):1724-1731
31. Jackson SP. The growing complexity of platelet aggregation. Blood. 2007;109(12):5087-5095
32. Munnix IC, Cosemans JM, Auger JM, Heemskerk JW. Platelet response heterogeneity in thrombus formation. Thrombosis and Haemostasis. 2009;102(6):1149-1156
33. Jones CI, Barrett NE, Moraes LA, Gibbins JM, Jackson DE. Endogenous inhibitory mech anisms and the regulation of platelet function. Methods in Molecular Biology (Clifton, NJ). 2012;788:341-366.
34. Smolenski A. Novel roles of cAMP/cGMP-dependent signaling in platelets. Journal of Thrombosis and Haemostasis. 2012;10(2):167-176 [69] Gkaliagkousi E, Ferro A. Nitric oxide signalling in the regulation of cardiovascular and platelet function. Frontiers in Bioscience (Landmark edition). 2011;16:1873-1897

35. Macaulay IC, Thon JN, Tijssen MR, Steele BM, MacDonald BT, Meade G, et al. Canonical Wnt signaling in megakaryocytes regulates proplatelet formation. Blood. 2013;121(1): 188-196
36. Bye A, Rosjo H, Aspenes ST, Condorelli G, Omland T, Wisloff U. Circulating microRNAs and aerobic fitness—The HUNT-study. PLoS One. 2013;8(2):e57496 .
37. Freitas, L.G.; Alpoim, P.N.; Komatsuzaki, F.; das Carvalho, M.G.; Dusse, L.M.S. Preeclampsia: Are platelet count and indices useful for its prognostic? Hematol. Amst. Neth. 2013, 18, 360–364.
38. Janes, S.L.; Goodall, A.H. Flow cytometric detection of circulating activated platelets and platelet hyper-responsiveness in pre-eclampsia and pregnancy. Clin. Sci. Lond. Engl. 1994, 86, 731–739.
39. Fitzgerald, D.J.; Mayo, G.; Catella, F.; Entman, S.S.; FitzGerald, G.A. Increased thromboxane biosynthesis in normal pregnancy is mainly derived from platelets. Am. J. Obstet. Gynecol. 1987, 157, 325–330.
40. Shanley, D.K.; Kiely, P.A.; Golla, K.; Allen, S.; Martin, K.; O'Riordan, R.T.; Ball, M.; Aplin, J.D.; Singer, B.B.; Caplice, N.; et al. Pregnancy-specific glycoproteins bind integrin IIb 3 and inhibit the platelet-fibrinogen interaction. PLoS ONE 2013, 8, e57491. [CrossRef] [PubMed]
41. Szklanna, P.B.; Parsons, M.E.; Wynne, K.; O'Connor, H.; Egan, K.; Allen, S.; Ní Áinle, F.; Maguire, P.B. The Platelet Releasate is Altered in Human Pregnancy. Proteomics Clin. Appl. 2019, 13, e1800162. [CrossRef] [PubMed]
42. D'Andrea G, Chetta M, Margaglione M. Inherited platelet disorders: thrombocytopenias and thrombocytopathies. Blood Transfus. 2009 Oct;7(4):278-92. [PMC free article] [PubMed]

43. Reese JA, Peck JD, Deschamps DR, McIntosh JJ, Knudtson EJ, Terrell DR, et al. Platelet Counts during Pregnancy. N Engl J Med. 2018;379:32-43.
44. Rottenstreich A, Israeli N, Levin G, Rottenstreich M, Elchalal U, Kalish Y. Clinical characteristics, neonatal risk and recurrence rate of gestational thrombocytopenia with platelet count <100 x 10(9)/L. Eur J Obstet Gynecol Reprod Biol. 2018;231:75-9.
45. Hypertension in pregnancy. Report of the American College of Obstetricians and Gynecologists' Task Force on Hypertension in Pregnancy. Obstet Gynecol. 2013;122:1122-31.
46. Burwick RM, Velasquez JA, Valencia CM, Gutierrez-Marin J, Edna-Estrada F, Silva JL, et al. Terminal Complement Activation in Preeclampsia. Obstet Gynecol. 2018;132:1477-85.
47. Phipps E, Prasanna D, Brima W, Jim B. Preeclampsia: Updates in Pathogenesis, Definitions, and Guidelines. Clin J Am Soc Nephrol. 2016;11:1102-13.
48. Kohli S, Ranjan S, Hoffmann J, Kashif M, Daniel EA, Al-Dabet MM, et al. Maternal extracellular vesicles and platelets promote preeclampsia via inflammasome activation in trophoblasts. Blood. 2016;128:2153-64.
49. Redman CW. Hypertension in pregnancy: the NICE guidelines. Heart. 2011;97:1967-9.
50. Hofmeyr GJ, Lawrie TA, Atallah AN, Duley L, Torloni MR. Calcium supplementation during pregnancy for preventing hypertensive disorders and related problems. Cochrane Database Syst Rev. 2014:Cd001059.
51. Minakami H, Yamada H, Suzuki S. Gestational thrombocytopenia and pregnancy-induced antithrombin deficiency: progenitors to the development of the HELLP syndrome and acute fatty liver of pregnancy. Semin Thromb Hemost. 2002;28:515-8.

52. Merrill SA, Brodsky RA. Complement-driven anemia: more than just paroxysmal nocturnal hemoglobinuria. Hematology Am Soc Hematol Educ Program. 2018;2018:371-6.
53. Haram K, Svendsen E, Abildgaard U. The HELLP syndrome: clinical issues and management. A Review. BMC Pregnancy Childbirth. 2009;9:8.
54. van Oostwaard MF, Langenveld J, Schuit E, Papatsonis DN, Brown MA, Byaruhanga RN, et al. Recurrence of hypertensive disorders of pregnancy: an individual patient data metaanalysis. Am J Obstet Gynecol. 2015;212:624.e1-17.
55. Liu J, Ghaziani TT, Wolf JL. Acute Fatty Liver Disease of Pregnancy: Updates in Pathogenesis, Diagnosis, and Management. Am J Gastroenterol. 2017;112:838-46.
56. Meng J, Wang S, Gu Y, Lv H, Jiang J, Wang X. Prenatal predictors in postpartum recovery for acute fatty liver of pregnancy: experiences at a tertiary referral center. Arch Gynecol Obstet. 2016;293:1185-91.
57. Michel M, Chanet V, Dechartres A, Morin AS, Piette JC, Cirasino L, et al. The spectrum of Evans syndrome in adults: new insight into the disease based on the analysis of 68 cases. Blood. 2009;114:3167-72.
58. Zhang X, Zhao Y, Li X, Han P, Jing F, Kong Z, et al. Thrombopoietin: a potential diagnostic indicator of immune thrombocytopenia in pregnancy. Oncotarget. 2016;7:7489-96.
59. Rezk M, Masood A, Dawood R, Emara M, El-Sayed H. Improved pregnancy outcome following earlier splenectomy in women with immune thrombocytopenia: a 5-year observational study. J Matern Fetal Neonatal Med. 2018;31:2436-40.

60. Michel M, Novoa MV, Bussel JB. Intravenous anti-D as a treatment for immune thrombocytopenic purpura (ITP) during pregnancy. Br J Haematol. 2003;123:142-6.
61. Lefkou E, Nelson-Piercy C, Hunt BJ. Evans' syndrome in pregnancy: a systematic literature review and two new cases. Eur J Obstet Gynecol Reprod Biol. 2010;149:10-7.
62. Noris P, Pecci A. Hereditary thrombocytopenias: a growing list of disorders. Hematology Am Soc Hematol Educ Program. 2017;2017:385-99.
63. Gernsheimer TB. Congenital and acquired bleeding disorders in pregnancy. Hematology Am Soc Hematol Educ Program. 2016;2016:232-5.
64. Gomez-Puerta JA, Cervera R, Espinosa G, Asherson RA, Garcia-Carrasco M, da Costa IP, et al. Catastrophic antiphospholipid syndrome during pregnancy and puerperium: maternal and fetal characteristics of 15 cases. Ann Rheum Dis. 2007;66:740-6.
65. Garcia D, Erkan D. Diagnosis and Management of the Antiphospholipid Syndrome. N Engl J Med. 2018;379:1290.
66. Frison L, Lombardi A, Caputo I, Semenzato G, Fabris F, Vianello F. Relevance of antiphospholipid antibody profile in the clinical outcome of ITP: a single-centre study. Hematology. 2019;24:134-8.
67. Bates SM, Rajasekhar A, Middeldorp S, McLintock C, Rodger MA, James AH, et al. American Society of Hematology 2018 guidelines for management of venous thromboembolism: venous thromboembolism in the context of pregnancy. Blood Adv. 2018;2:3317-59.
68. Belizna C, Pregnolato F, Abad S, Alijotas-Reig J, Amital H, Amoura Z, et al. HIBISCUS: Hydroxychloroquine for the secondary prevention of thrombotic

and obstetrical events in primary antiphospholipid syndrome. Autoimmun Rev. 2018;17:1153-68.

69. Tosetto A, Castaman G. How I treat type 2 variant forms of von Willebrand disease. Blood. 2015;125:907-14.
70. Ranger A, Manning RA, Lyall H, Laffan MA, Millar CM. Pregnancy in type 2B VWD: a case series. Haemophilia. 2012;18:406-12.
71. Kruse-Jarres R, Johnsen JM. How I treat type 2B von Willebrand disease. Blood. 2018;131:1292-300.
72. Sanchez-Luceros A, Farias CE, Amaral MM, Kempfer AC, Votta R, Marchese C, et al. von Willebrand factor-cleaving protease (ADAMTS13) activity in normal non-pregnant women, pregnant and post-delivery women. Thromb Haemost. 2004;92:1320-6.
73. George JN. How I treat patients with thrombotic thrombocytopenic purpura: 2010. Blood. 2010;116:4060-9.
74. Epperla N, Hemauer K, Friedman KD, George JN, Foy P. Congenital thrombotic thrombocytopenic purpura related to a novel mutation in ADAMTS13 gene and management during pregnancy. Am J Hematol. 2016;91:644-6.
75. Sarno L, Tufano A, Maruotti GM, Martinelli P, Balletta MM, Russo D. Eculizumab in pregnancy: a narrative overview. J Nephrol. 2019;32:17-25.
76. Harde M, Bhadade R, deSouza R, Jhingan M. Thrombocytopenia in Pregnancy Nearing Term: A Clinical Analysis. IJCCM 2019;23(11):503–508.
77. Dr. Swati Jain, Dr. Bushra azmat2prevalence of thrombocytopenia inn pregnant women from 34-38 weeks descriptive observational studyjournal of Cardiovascular Disease Research 0976-2833 VOL 08, ISSUE 042017, 424 -33.

78. Pratibha Jena1, Ratna Panda et al to evaluate thrombocytopenia the on outcome in pregnancyInt J Acad Med Pharm 2023; 5 (3); 1477-1481.
79. Gaba N, et al. Etiology and Fetomaternal Outcomes of Thrombocytopenia During PregnancyVol 21 • No. 2 • Jul–Sep 2020 , 45-49.
80. Joshi SS, Panchbudhe SA. Characterization of Thrombocytopenia in Pregnant Women at a Tertiary Care Center: A Preliminary Study of 121 Patients. J South Asian Feder Obst Gynae 2022;14(4):486–490.

ANNEXURE

ANNEXURE – I - INFORMED CONSENT FORM

SCREENING FORM

Screening number: IP number:

Date of screening(dd-mm-yyyy):

First name:

Middle name. :

Last name:

Husband's name:

Age (years). :

Address: H.no. -

Street -

Taluka-

District-

Phone number 1:

Phone number 2:

Number of visits at KLE	Gestational Age	CBC	Complete hemogram

Eligibility:

YES – 1NO – 2

1.Singleton Live Gestation. ☐

2.Gestational age (32 to 40 weeks) of pregnancy ☐

3. Known case of Bleeding disorder ☐

4. Complete hemogram available ☐

5. Complete blood count available ☐

Is she eligible? ☐

DATA COLLECTION INSTRUMENT

"Prevalence of Thrombocytopenia in pregnant women from 32-40weeks – Descriptive Observational Study" .

Screening Id: ☐☐☐☐ Enrollment number: ☐☐☐☐

Scans:

a. Dating scan done ☐

b. Anomaly scan done ☐

Any anomalies noted ☐

c. Growth scan done ☐

Period of gestation (weeks/ days)

If according to LMP : ☐☐ ☐☐ ☐☐☐

According to C.EDD : ☐☐ ☐☐ ☐☐☐

Obstetric history:

Married Life (years) : ☐☐

Consanguinity: ☐ (YES - 1, NO - 2)

If yes,

Degree of consanguinity : ☐☐☐☐☐☐

Obstetric score : ☐☐☐☐

Gravida ☐ Para ☐ Live ☐ Abortion ☐☐

H\O previous pregnancy :

Para 1- male/female , _____ years,FTND/LSCS, I-_____,

Menstrual history:

Menarche (age in years):

YES – 1, NO – 2

Regular Past menstrual cycles:

Last menstrual period (dd-mm-yyyy):

Expected date of delivery (dd-mm-yyyy):

USG EDD (dd-mm-yyyy):

Period of gestation (weeks/ days)

If according to LMP :

According to C.EDD :

Past History :YES – 1 , NO – 2

a. Known case of Diabetes mellitus :

If yes, Duration (in years) :

Treatment received :

b. Known case of Hypertension :

If yes, Duration (in years) :

Treatment received :

c. H/O recurrent blood transfusions :

If yes, Duration (in years) :

d. Known case of Cardiac disorder :

If yes, Duration (in years) :

Treatment received :

e . Known case of Hypothyroidism. :

If yes, Duration (in years) :

Treatment received :

f. H/O any surgery in past :

g. H/O any Drug allergy :

If Yes, Name of the drug. :

Personal History :

YES – 1 , NO – 2

Adequate diet

a. Vegetarian

b. Non- vegetarian

c. Eggeterian

Normal appetite

Adequate sleep

Normal Bowel & Bladder habits

General physical examination- at admission

Height (in centimetres)

Weight (in kilogram) (**YES – 1, NO – 2)**

BMI

Pallor

Icterus

Pedal Oedema

Blood pressure (mmHg)

Pulse rate (beats per minute)

Systemic examination :

Per Abdomen: Uterine size (in weeks):

Presentation :

Tone :

Foetal Heart rate : beats per minute

EFW clinically :

USG :

Cardiovascular: _____

Respiratory : _____

Investigations-

Date (dd-mm-yyyy):

Blood Group:

Haemoglobin (g/dl) :

(cyanmethemoglobin method)

Red blood cell count (10^6/muL)

White blood cell count (10^3/muL)

Platelet count (10^3/muL)

HIV : (Non- reactive – 1, Reactive – 2)

HbsAg : (Non- reactive – 1, Reactive – 2)

If reactive

HbeAg :

VDRL : (Negative – 1, Positive – 2)

SR TSH(muIU/ml) :

DIPSI :

URINE ALBUMIN :

PERIPHERAL SMEAR :

Provisional diagnosis:

MASTER CHART

screening number	enrollment number	resigisted/unregisted	eligible	BMI	AGE	GRAVIDA	PARA	LIVING	ABORTION	LMP	EDD	POG	HB	PLT	PS	CAUSE	PAST HISTORY	VIT B12 LEVELS	REFERRED CASE	BLEEDING MANIFESTATIONS	PLATELET TRANSFUSION	MODE OF DELIVERY	NB WT	NB STATUS	LENGTH OF HOSPITAL STAY	TREATMENT	MATERNAL DEATH
1	1	R	1	34.2	24	2	1	1	0	08-08-2023	14-05-2024	39+2	11.8	401000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.8	0	4 DAYS	NAT	NIL
2	2	R	1	26	26	1	0	0	0	17-08-2023	01-06-2024	37+4	13.7	148000	NNC WITH MILD THROMBOCYTOPENIA	GESTATIONAL THROMBOCYTOPENIA	NS	NA	NO	NIL	NIL	VD	3.2	0	4 DAYS	NAT	NIL
3	3	UR	1	38.2	20	1	0	0	0	19-08-2023	25-05-2024	37+5	11.8	73000	NNC WITH THROMBOCYTOPENIA	HELLP SYNDROME	NS	NA	YES	NIL	1 SDP	CS	2.1	NICU	8DAYS	NAT	NIL
4	4	R	1	25.1	25	2	1	1	0	15-08-2023	21-05-2024	39+0	11.7	153000	NNC	NORMAL	NS	NA	NO	NIL	NIL	VD	2.9	0	4 DAYS	NAT	NIL
5	5	R	1	25	30	4	1	1	2	19-08-2023	25-05-2024	38+5	10.2	342000	NHC	NORMAL	NS	NA	NO	NIL	NIL	CS	2.9	0	3 DAYS	NAT	NIL
6	6	UR	1	32.4	25	3	2	2	0	30-08-2023	05-06-2024	36+5	10.3	324000	NHC	NORMAL	NS	NA	NO	NIL	NIL	VD	2.6	0	4 DAYS	NAT	NIL
7	7	UR	1	24.4	29	3	2	2	0	08-08-2023	14-05-2024	40+0	10	225000	NHC	NORMAL	NS	NA	NO	NIL	NIL	VD	2.8	0	5 DAYS	NAT	NIL
8	8	R	1	26.8	22	2	0	0	1	05-08-2023	21-05-2024	39+0	12.5	219000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	3.1	0	3 DAYS	NAT	NIL
9	9	R	1	24.9	23	2	1	1	0	13-08-2023	19-05-2024	39+2	8.2	357000	MHC	NORMAL	NS	NA	NO	NIL	NIL	VD	3.4	0	4 DAYS	NAT	NIL
10	10	R	1	25.1	30	3	2	2	0	22-08-2023	28-05-2024	37+2	9.2	261000	MHC	NORMAL	NS	NA	NO	NIL	NIL	VD	2.8	0	5 DAYS	NAT	NIL
11	11	R	1	22.6	26	1	0	0	0	12-08-2023	18-05-2024	39+3	10.8	110000	MHC WITH THROMBOCYTOPENIA	GESTATIONAL THROMBOCYTOPENIA	NS	NA	YES	NIL	NIL	CS	2.5	0	3DAYS	NAT	NIL
12	12	UR	1	25.6	37	8	1	1	6	26-10-2023	18-07-2024	32+0	10.9	281000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.9	0	4 DAYS	NAT	NIL
13	13	R	1	28.7	30	2	0	0	1	06-08-2023	12-05-2024	40+0	10.9	225000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	3.1	0	3 DAYS	NAT	NIL
14	14	UR	1	24	27	2	1	1	0	28-03-2023	03-06-2024	37+0	11.6	283000	NHC	NORMAL	NS	NA	NO	NIL	NIL	CS	3.2	0	3DAYS	NAT	NIL
15	15	R	1	20.3	24	3	2	1	0	28-08-2023	03-06-2024	37+4	12.8	223000	NEUTROPHILIC LEUCOCYTOSIS	NORMAL	NS	NA	NO	NIL	NIL	VD	2.3	0	4 DAYS	NAT	NIL
16	16	R	1	28.3	26	2	1	1	0	30-08-2023	05-06-2024	37+1	12.9	173000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.8	0	3 DAYS	NAT	NIL
17	17	R	1	26.8	21	1	0	0	0	UNKNOWN	08-05-2024	40+0	10.5	233000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.5	0	4 DAYS	NAT	NIL
18	18	R	1	21	23	1	0	0	0	29-08-2023	09-06-2024	36+4	13	301000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.8	0	5 DAYS	NAT	NIL
19	19	R	1	20.2	29	2	1	1	0	19-08-2023	25-05-2024	38+4	13.9	168000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	3.1	0	4 DAYS	NAT	NIL
20	20	R	1	29	21	3	2	2	0	28-08-2023	03-06-2024	37+1	11.3	227000	NNC	NORMAL	NS	NA	NO	NIL	NIL	VD	2.9	0	5 DAYS	NAT	NIL
21	21	R	1	23.9	23	1	0	0	0	20-08-2023	26-05-2024	38+5	12.8	213000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.6	0	6 DAYS	NAT	NIL
22	22	R	1	34.7	27	4	2	2	0	12-09-2023	18-06-2024	35+0	9.2	230000	MHC	NORMAL	NS	NA	NO	NIL	NIL	VD	2.5	0	4 DAYS	NAT	NIL
23	23	UR	1	23	23	3	1	1	1	20-08-2023	26-05-2024	38+6	11.3	146000	MACROCYTIC ANEMIA WITH POLYMORPHIC NEUTROPHILS	VIT B12 DEFICIENCY	NS	312pg/dl	NO	NIL	NIL	VD	2.8	0	4 DAYS	NAT	NIL
24	24	R	1	25.8	33	5	3	2	1	12-09-2023	18-07-2024	32+0	10.5	138000	NHC ANEMIA WITH THROMBOCYTOPENIA	GESTATIONAL THROMBOCYTOPENIA	NS	NA	YES	NIL	NIL	VD	2.7	0	4 DAYS	NAT	NIL
25	25	R	1	24.4	21	2	1	1	0	22-08-2023	28-05-2024	38+3	10.9	193000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.8	0	3 DAYS	NAT	NIL
26	26	UR	1	19.3	23	1	0	0	0	01-09-2023	07-06-2024	37+1	10.2	338000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	3.1	0	5 DAYS	NAT	NIL
27	27	UR	1	38.7	25	4	2	2	1	26-08-2023	09-06-2024	36+5	10.7	220000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	3.4	0	5DAYS	NAT	NIL
28	28	UR	1	22.8	24	1	0	0	0	11-08-2023	17-05-2024	40+0	12.2	290000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	3.1	0	5 DAYS	NAT	NIL
29	29	R	1	27.6	30	2	0	0	1	28-08-2023	05-06-2024	37+0	13.1	146000	NORMAL BLOOD PICTURE	GESTATIONAL THROMBOCYTOPENIA	NS	NA	NO	NIL	NIL	VD	2.8	0	6 DAYS	NAT	NIL
30	30	R	1	33.8	25	2	1	1	0	23-08-2023	25-06-2024	38+5	11.2	195000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	CS	2.9	0	6 DAYS	NAT	NIL
31	31	UR	1	25.5	25	2	0	0	1	29-08-2023	04-06-2024	36+6	12.6	292000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	CS	3.8	0	6 DAYS	NAT	NIL
32	32	UR	1	28.1	29	3	2	2	0	28-08-2023	03-06-2024	37+5	11.3	254000	NNC	NORMAL	NS	NA	NO	NIL	NIL	CS	3.6	0	6 DAYS	NAT	NIL
33	33	UR	1	19.7	22	1	0	0	0	14-09-2023	20-06-2024	35+1	10.5	281000	NNC	NORMAL	NS	NA	NO	NIL	NIL	VD	3.1	0	5 DAYS	NAT	NIL
34	34	R	1	28.7	37	4	3	0	0	01-09-2023	08-06-2024	37+0	10.3	267000	NNC	NORMAL	NS	NA	NO	NIL	NIL	VD	2.8	0	4 DAYS	NAT	NIL
35	35	UR	1	29.4	21	1	0	0	0	15-09-2023	29-06-2024	33+6	12.5	298000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.7	0	4 DAYS	NAT	NIL
36	36	R	1	17.6	30	1	0	0	1	01-09-2023	07-06-2024	37+1	10.8	219000	NNC	NORMAL	NS	NA	NO	NIL	NIL	VD	2.7	0	4 DAYS	NAT	NIL
37	37	R	1	20	21	2	0	0	1	26-08-2023	01-06-2024	38+0	14	206000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.9	0	4 DAYS	NAT	NIL
38	38	R	1	27.3	22	3	1	1	1	23-08-2023	10-06-2024	36+6	12	203000	NNC	NORMAL	NS	NA	NO	NIL	NIL	VD	3.2	0	4 DAYS	NAT	NIL
39	39	R	1	22.2	26	6	3	3	2	28-08-2023	03-06-2024	37+6	10.3	249000	NNC	NORMAL	NS	NA	NO	NIL	NIL	VD	3.4	0	5 DAYS	NAT	NIL
40	40	R	1	27.3	22	3	1	1	1	23-08-2023	10-06-2024	36+6	12	203000	NNC	NORMAL	NS	NA	NO	NIL	NIL	VD	3.1	0	5 DAYS	NAT	NIL
41	41	R	1	27.7	23	2	1	1	0	14-09-2023	10-06-2024	36+6	13.3	180000	NNC	NORMAL	NS	NA	NO	NIL	NIL	CS	2.9	0	5 DAYS	NAT	NIL

42	42	UR	1	25.1	33	2	0	0	1	26-08-2023	01-06-2024	37+5	12	142000	NORMAL BLOOD PICTURE	GESTATIONAL THROMBOCYTOPENIA	NS	NA	NO	NIL	NIL	VD	2.9	0	4 DAYS	NAT	NIL
43	43	R	1	35.5	32	1	0	0	0	21-10-2023	06-08-2024	32+0	11.2	189000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	3.2	0	5 DAYS	NAT	NIL
44	44	UR	1	32	27	1	0	0	0	25-08-2023	30-05-2024	37+5	12.6	125000	NNC WITH THROMBOCYTOPENIA	GESTATIONAL THROMBOCYTOPENIA	NS	NA	NO	NIL	NIL	VD	3.4	0	5 DAYS	NAT	NIL
45	45	R	1	24.7	26	1	0	0	0	17-08-2023	23-05-2024	38+4	11.5	272000	NNC	NORMAL	NS	NA	NO	NIL	NIL	VD	2.4	0	4DAYS	NAT	NIL
46	46	R	1	32.5	31	3	2	2	0	28-08-2023	03-06-2024	35+1	10.3	189000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.6	0	4 DAYS	NAT	NIL
47	47	R	1	25.8	23	1	0	0	0	03-09-2023	09-06-2024	37+1	12.7	174000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.9	0	3 DAYS	NAT	NIL
48	48	R	1	22.2	25	1	0	0	0	05-09-2023	11-06-2024	36+4	8.2	360000	MICROCYTIC HYPOCHROMIC ANEMIA	NORMAL	NS	NA	NO	NIL	NIL	VD	3.1	0	4 DAYS	NAT	NIL
49	49	R	1	23.3	26	2	0	0	1	01-09-2023	07-06-2024	37+4	14.4	188000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	3.2	0	3 DAYS	NAT	NIL
50	50	R	1	22.9	30	2	1	1	0	07-10-2023	13-07-2024	32+3	9.6	245000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	3.4	0	4 DAYS	NAT	NIL
51	51	UR	1	29.4	21	1	0	0	0	15-09-2023	29-06-2024	34+1	10.2	298000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.6	0	4 DAYS	NAT	NIL
52	52	UR	1	21.9	25	2	1	1	0	28-08-2023	03-06-2024	38+1	12.4	172000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.9	0	4 DAYS	NAT	NIL
53	53	R	1	29.4	36	2	1	1	0	18-08-2023	24-05-2024	38+6	10.8	321000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	3.2	0	4 DAYS	NAT	NIL
54	54	UR	1	23.1	22	2	1	1	0	17-08-2023	23-05-2024	39+4	8.9	299000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.9	0	4 DAYS	NAT	NIL
55	55	UR	1	21.1	28	1	0	0	0	13-08-2023	19-04-2024	40+0	12.2	290000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	3.1	0	4 DAYS	NAT	NIL
56	56	UR	1	23	23	3	1	1	1	20-08-2023	26-05-2024	38+1	11.3	149000	NORMAL BLOOD PICTURE	GESTATIONAL THROMBOCYTOPENIA	NS	NA	NO	NIL	NIL	CS	2.9	0	5 DAYS	NAT	NIL
57	57	R	1	25.8	24	1	0	0	0	14-08-2023	20-05-2024	39+6	12.5	153000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	CS	3.1	0	6 DAYS	NAT	NIL
58	58	R	1	25.6	24	1	0	0	0	26-08-2023	19-05-2024	38+1	12.2	249000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	3.2	0	5 DAYS	NAT	NIL
59	59	UR	1	26.7	22	1	0	0	0	23-08-2023	13-06-2024	39+6	12.6	266000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.9	0	4 DAYS	NAT	NIL
60	60	UR	1	27.4	22	1	0	0	0	05-09-2023	23-06-2024	38+3	11.4	196000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	3.1	0	4 DAYS	NAT	NIL
61	61	R	1	27	25	3	0	0	2	26-09-2023	02-07-2024	37+1	12.3	233000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.7	0	4 DAYS	NAT	NIL
62	62	R	1	21.5	23	3	1	1	1	23-09-2023	29-06-2024	37+4	12.4	262000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.4	0	3 DAYS	NAT	NIL
63	63	R	1	27.3	24	3	2	1	1	UNKNOWN	16-06-2024	39+3	11.3	280000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.5	0	4 DAYS	NAT	NIL
64	64	R	1	26.7	23	2	1	1	0	04-10-2023	10-07-2024	36+0	10.9	143000	NNC WITH THROMBOCYTOPENIA	GESTATIONAL THROMBOCYTOPENIA	NS	NA	NO	NIL	NIL	VD	2.9	0	4 DAYS	NAT	NIL
65	65	R	1	38.5	21	2	0	0	1	11-09-2023	17-06-2024	39+3	9.6	250000	NHC	NORMAL	NS	NA	NO	NIL	NIL	VD	3.1	0	4 DAYS	NAT	NIL
66	66	UR	1	25.4	33	1	0	0	0	07-09-2023	13-04-2024	40+0	10.8	122000	NNC WITH THROMBOCYTOPENIA	GESTATIONAL THROMBOCYTOPENIA	NS	NA	NO	NIL	NIL	VD	3.4	0	5 DAYS	NAT	NIL
67	67	R	1	22.6	26	4	1	1	2	27-09-2023	03-07-2024	37+2	10.6	249000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.5	0	5 DAYS	NAT	NIL
68	68	R	1	22.6	28	3	2	2	0	18-10-2023	24-07-2024	34+2	13.2	128000	NNC WITH THROMBOCYTOPENIA	PRE ECLAMPSIA WITH SEVERE FEATURES	HYPERTENSIVE DISORDER IN PREVIOUS PREGNANCY	NA	YES	NIL	NIL	CS	1.8	NICU	9 DAYS	NAT	NIL
69	69	R	1	24.8	26	3	1	1	1	18-09-2023	23-06-2024	38+5	10.5	306000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.6	0	4 DAYS	NAT	NIL
70	70	R	1	22.9	24	1	0	0	0	08-09-2023	14-06-2024	39+6	13.6	225000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.7	0	4 DAYS	NAT	NIL
71	71	R	1	29.8	25	1	0	0	0	29-09-2023	05-07-2024	37+0	12	339000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.9	0	5 DAYS	NAT	NIL
72	72	R	1	17.1	26	2	1	1	0	31-06-2023	06-08-2024	32+4	8.2	102000	DIMORPHIC	DIMORPHIC ANEMIA	NS	0	YES	0	0	0	3.1	0	AMA	0	0
73	73	R	1	32	25	3	0	0	2	09-09-2023	14-06-2024	40+0	12.4	296000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	3	0	5 DAYS	NAT	NIL
74	74	UR	1	20.8	29	2	1	0	0	25-10-2023	31-07-2024	32+6	13.4	74000	NEUTROPHILIC LEUCOCYTOSIS WITH THROMBOCYTOPENIA	SEVERE PE WITH HELLP	NS	NA	YES	NIL	NIL	VD	2.2	NICU	8 DAYS	NAT	NIL
75	75	R	1	26.3	21	4	2	2	1	14-07-2023	30-06-2024	37+5	11.1	260000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.5	0	4 DAYS	NAT	NIL
76	76	R	1	23.9	28	2	1	1	0	29-09-2023	02-07-2024	37+2	10.8	216000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.6	0	4 DAYS	NAT	NIL
77	77	R	1	23.6	23	2	1	1	0	01-09-2023	17-06-2024	39+6	10.4	274000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.8	0	4 DAYS	NAT	NIL
78	78	R	1	25.9	24	1	0	0	0	14-09-2023	20-06-2024	39+1	12.4	253000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	CS	2.9	0	4 DAYS	NAT	NIL
79	79	R	1	23.6	23	2	1	1	0	01-09-2023	17-06-2024	39+6	10.4	274000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	3.1	0	4 DAYS	NAT	NIL
80	80	R	1	38.4	21	2	0	0	1	11-09-2023	17-06-2024	39+4	9.6	250000	NHC	NORMAL	NS	NA	NO	NIL	NIL	VD	3.4	0	4 DAYS	NAT	NIL
81	81	R	1	23.9	23	2	1	1	0	19-09-2023	26-06-2024	38+5	9.9	315000	NHC	NORMAL	NS	NA	NO	NIL	NIL	VD	3.2	0	4 DAYS	NAT	NIL
82	82	R	1	27.8	29	3	2	2	0	20-09-2023	26-06-2024	37+6	10.9	331000	NHC	NORMAL	NS	NA	NO	NIL	NIL	VD	2.6	0	4 DAYS	NAT	NIL
83	83	R	1	21.8	23	4	1	1	2	09-09-2023	15-06-2024	39+2	11.8	241000	NHC	NORMAL	NS	NA	NO	NIL	NIL	VD	2.5	0	4 DAYS	NAT	NIL
84	84	R	1	26.3	22	1	0	0	0	12-09-2023	18-06-2024	39+6	12	289000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.9	0	4 DAYS	NAT	NIL
85	85	R	1	30.8	25	2	0	0	1	14-09-2023	27-06-2024	38+4	11.9	264000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	3.1	0	4 DAYS	NAT	NIL
86	86	R	1	36	21	1	0	0	0	30-09-2023	06-07-2024	37+3	14.3	172000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.8	0	4 DAYS	NAT	NIL
87	87	R	1	23.8	19	1	0	0	0	09-09-2023	04-07-2024	37+4	11.5	219000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.9	0	4 DAYS	NAT	NIL
88	88	R	1	26.8	30	3	1	1	1	15-09-2023	21-06-2024	39+3	10.6	239000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	3.5	0	4 DAYS	NAT	NIL
89	89	R	1	19.7	28	4	3	3	0	18-09-2023	24-06-2024	38+6	10.5	187000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.8	0	4 DAYS	NAT	NIL

90	90	UR	1	19.4	22	1	0	0	0	UNKNOWN	12-07-2024	36+3	7.6	261000	NHC	NORMAL	NS	NA	NO	NIL	NIL	VD	2.6	0	4 DAYS	NAT	NIL
91	91	R	1	26.4	24	1	0	0	0	06-10-2023	12-07-2024	36+2	5.3	119000	HYOCHROMIC MICROCYTIC ANEMIA WITH THROMBOCYTOPENIA (PANCYTOPENIA)	VIT B12 DEFICIENCY	NS	210pg/dl	NO	NIL	2 PRBC	0	0	0	AMA	0	0
92	92	R	1	23.5	23	2	1	1	0	10-10-2023	06-07-2024	37+1	11.6	137000	NNC WITH THROMBOCYTOPENIA	GESTATIONAL THROMBOCYTOPENIA	GESTATIONAL THROMBOCYTOPENIA IN PAST PREGNANCY	NA	NO	NIL	NIL	VD	2.8	0	5 DAYS	NAT	NIL
93	93	R	1	27.7	23	2	1	1	0	03-10-2023	07-09-2024	36+4	11	221000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.6	0	4 DAYS	NAT	NIL
94	94	R	1	27.3	26	2	1	1	0	15-09-2023	21-06-2024	39+4	13.4	241000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.8	0	5 DAYS	NAT	NIL
95	95	R	1	32	35	3	1	1	1	22-09-2023	28-06-2024	38+4	13.1	264000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.9	0	6 DAYS	NAT	NIL
96	96	R	1	24.2	27	2	1	1	0	15-09-2023	21-06-2024	39+4	12	315000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	3.1	0	4 DAYS	NAT	NIL
97	97	R	1	34.6	24	2	1	0	0	10-10-2023	28-09-2024	34+2	10.8	193000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	3.4	0	4 DAYS	NAT	NIL
98	98	R	1	23.4	25	1	0	0	0	29-09-2023	05-07-2024	37+4	12.5	329000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.7	0	4 DAYS	NAT	NIL
99	99	R	1	24	21	2	1	1	0	13-10-2023	01-07-2024	38+2	9.9	146000	NHC	GESTATIONAL THROMBOCYTOPENIA	NS	NA	NO	NIL	NIL	CS	2.9	0	5 DAYS	NAT	NIL
100	100	R	1	27.7	26	2	1	1	0	18-10-2023	07-08-2024	33+0	12.1	219000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	ND	ND	NO DATA	NO DATA	NAT	NIL
101	101	R	1	25.1	23	2	0	0	1	13-09-2023	19-06-2024	40+0	13.6	193000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	CS	3.5	0	NO DATA	NAT	NIL
102	102	UR	1	24.3	23	2	1	1	0	01-11-2023	07-08-2024	33+0	9.3	313000	NHC	NORMAL	NS	NA	NO	NIL	NIL	ND	ND	NO DATA	6 DAYS	NAT	NIL
103	103	R	1	25.4	21	2	0	0	1	15-09-2023	21-06-2024	40+0	10.7	274000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	3.1	0	5 DAYS	NAT	NIL
104	104	R	1	30.2	24	1	0	0	0	17-09-2023	23-06-2024	39+3	13	264000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.8	0	5 DAYS	NAT	NIL
105	105	R	1	24.1	29	1	0	0	0	13-09-2023	19-06-2024	40+0	11.5	239000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.7	0	6 DAYS	NAT	NIL
106	106	R	1	24.1	29	1	0	0	0	13-09-2023	19-06-2024	40+0	11.5	230000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.4	0	4 DAYS	NAT	NIL
107	107	R	1	20.3	21	1	0	0	0	15-09-2023	21-06-2024	39+6	13	135000	NNC WITH THROMBOCYTOPENIA	GESTATIONAL THROMBOCYTOPENIA	NS	NA	NO	NIL	NIL	CS	2.9	0	5 DAYS	NAT	NIL
108	108	R	1	35.5	21	1	0	0	0	18-10-2023	24-07-2024	35+1	11.6	268000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	CS	2.6	0	4 DAYS	NAT	NIL
109	109	R	1	26.4	24	1	0	0	0	06-10-2023	12-07-2024	36+2	7.7	161000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	CS	2.9	0	5 DAYS	NAT	NIL
110	110	R	1	36.4	30	2	0	0	1	14-09-2023	20-06-2023	40+0	13.9	196000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	CS	2.9	0	5 DAYS	NAT	NIL
111	111	R	1	24.3	20	1	0	0	0	21-10-2023	10-07-2024	37+1	13.2	236000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.7	0	5 DAYS	NAT	NIL
112	112	R	1	24.4	23	1	0	0	0	13-09-2023	19-06-2024	40+0	11.2	187000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	3.1	0	6 DAYS	NAT	NIL
113	113	R	1	24.4	26	2	1	1	0	01-10-2023	07-07-2024	37+4	8.9	290000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	3.1	0	5 DAYS	NAT	NIL
114	114	R	1	27.7	24	2	1	1	0	18-10-2023	07-08-2024	33+3	12.1	219000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	CS	3.4	0	4 DAYS	NAT	NIL
115	115	UR	1	20.1	30	2	0	0	1	25-09-2023	01-07-2024	39+2	10.3	118000	NHC WITH THROMBOCYTOPENIA	GESTATIONAL THROMBOCYTOPENIA	NS	NA	YES	NIL	NIL	VD	2.8	0	5 DAYS	NAT	NIL
116	116	UR	1	28.5	25	2	1	1	0	10-11-2023	03-08-2024	32+3	12.8	148000	NEUTROPHILIC LEUCOCYTOSIS	PRE ECLAMPSIA WITH SEVERE FEATURES	NS	NA	YES	NIL	NIL	ND	ND	0	5 DAYS	NAT	NIL
117	117	R	1	24.8	19	1	0	0	0	05-10-2023	11-07-2024	37+6	12.3	367000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	CS	3.1	0	4 DAYS	NAT	NIL
118	118	R	1	26.4	25	3	0	0	2	21-09-2023	27-06-2024	39+6	10.6	125000	NHC WITH THROMBOCYTOPENIA	GESTATIONAL THROMBOCYTOPENIA	NS	NA	NO	NIL	NIL	VD	2.8	0	11 DAYS	NAT	NIL
119	119	UR	1	26.4	31	3	1	1	1	03-11-2023	08-08-2024	33+1	10.2	73000	NEUTROPHILIC LEUCOCYTOSIS WITH THROMBOCYTOPENIA	HELLP SYNDROME	PREVIOUS HISTORY OF HYPERTENSION	NA	YES	NIL	NIL	CS	1.4	IUD	4 DAYS	NAT	NIL
120	120	R	1	30.7	25	2	1	1	0	18-10-2023	17-07-2024	37+1	9.5	98000	MHC WITH THROMBOCYTOPENIA	DENGUE	FEVER AND CHILLS	NA	YES	NIL	NIL	ND	ND	NO DATA	5 DAYS	NAT	NIL
121	121	R	1	21	24	1	0	0	0	21-09-2023	27-06-2024	40+0	10.8	144000	NORMAL BLOOD PICTURE	GESTATIONAL THROMBOCYTOPENIA	NS	NA	NO	NIL	NIL	VD	2.9	0	4 DAYS	NAT	NIL
122	122	R	1	27.3	28	3	2	2	0	18-10-2023	24-07-2024	36+4	12	261000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.5	0	5 DAYS	NAT	NIL
123	123	R	1	27.9	27	1	0	0	0	01-10-2023	07-07-2024	39+0	11.9	239000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	CS	2.6	0	4 DAYS	NAT	NIL
124	124	R	1	26.5	28	4	2	2	1	26-09-2023	10-07-2024	38+5	11.2	324000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	CS	2.9	0	5 DAYS	NAT	NIL
125	125	R	1	19.3	24	1	0	0	0	15-11-2023	20-07-2024	37+2	11.3	207000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	3.1	0	4 DAYS	NAT	NIL
126	126	R	1	29.6	24	3	2	1	0	26-09-2023	12-07-2024	38+3	8.6	287000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	3.2	0	4 DAYS	NAT	NIL
127	127	UR	1	21.6	24	1	0	0	0	23-10-2023	25-07-2024	36+4	11.5	227000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.9	0	5 DAYS	NAT	NIL
128	128	UR	1	19.5	21	1	0	0	0	28-09-2023	04-07-2024	39+4	10.1	122000	NHC WITH THROMBOCYTOPENIA	DENGUE	FEVER AND CHILLS	NA	NO	NIL	NIL	VD	2.8	0	4 DAYS	NAT	NIL
129	129	R	1	28.3	23	2	1	1	0	05-10-2023	11-07-2024	38+4	13	176000	NORMAL BLOOD PICTURE	NORMAL	NS	290pg/dl	YES AS THROMBOCYTOPENIA	NIL	NIL	VD	3.2	0	5 DAYS	NAT	NIL

130	130	R	1	24.1	22	1	0	0	0	18-10-2023	01-08-2024	35+4	9.6	140000	DIMORPHIC ANEMIA	VIT B 12 DEFICIENCY	NS	NA	NO	NIL	NIL	ND	ND	NO DATA	9 DAYS	NAT	NIL
131	131	R	1	20.4	21	1	0	0	0	12-10-2023	18-07-2024	37+4	12.2	48000	NHC WITH THROMBOCYTOPENIA	ITP	NS	NA	YES	NIL	2 SDP 4 RDP	CS	2.8	0	4 DAYS	NAT	NIL
132	132	R	1	19.3	20	1	0	0	0	25-10-2023	30-07-2024	35+5	10.2	219000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	3.2	0	5 DAYS	NAT	NIL
133	133	R	1	38.2	24	3	1	1	1	29-09-2023	05-09-2024	39+3	10.8	255000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.5	0	9 DAYS	NAT	NIL
134	134	R	1	29.7	22	2	1	1	0	15-10-2023	11-07-2024	38+1	8.8	44000	MHC WITH THROMBOCYTOPENIA	ITP	THROMBOCYTOPENIA IN PREVIOUS PREGNANCY	NA	YES	PETECHIAE	2 SDP 1 PCV	CS	2.9	0	5 DAYS	NAT	NIL
135	135	R	1	27.4	33	3	2	2	0	28-09-2023	04-07-2024	39+2	11.3	122000	NHC WITH THROMBOCYTOPENIA	GESTATIONAL THROMBOCYTOPENIA	NS	NA	NO	NIL	NIL	VD	3.1	0	4 DAYS	NAT	NIL
136	136	R	1	23.9	22	2	1	1	0	06-10-2023	12-07-2024	39+0	9.7	191000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	3.2	0	5 DAYS	NAT	NIL
137	137	UR	1	19.5	21	1	0	0	0	28-09-2023	04-07-2024	39+6	10.1	122000	NHC WITH THROMBOCYTOPENIA	DENGUE	FEVER 1 WEEEK	NA	NO	NIL	NIL	VD	2.9	0	4 DAYS	NAT	NIL
138	138	R	1	30.4	26	1	0	0	0	30-09-2023	06-07-2024	40+0	10.5	262000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.9	0	3 DAYS	NAT	NIL
139	139	R	1	27.4	37	2	1	1	0	25-11-2023	31-08-2024	32+2	11	209000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	ND	ND	NO DATA	4 DAYS	NO DATA	NO DATA
140	140	R	1	26.6	25	1	0	0	0	30-09-2023	06-07-2024	40+0	11.2	156000	NORMAL BLOOD PICTURE	PSEUDOTHROMBOCYTOPENIA	NS	NA	YES	NIL	NIL	VD	3.2	0	4 DAYS	NAT	NIL
141	141	R	1	35.7	33	3	2	2	0	27-10-2023	02-08-2024	36+2	12.5	119000	NNC WITH THROMBOCYTOPENIA	GESTATIONAL THROMBOCYTOPENIA	NS	NA	NO	NIL	NIL	ND	ND	NO DATA	2 DAYS	NAT	NIL
142	142	R	1	27.4	28	1	0	0	0	08-11-2023	14-08-2024	34+6	13	348000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	ND	ND	NO DATA	5 DAYS	NO DATA	NO DATA
143	143	R	1	24.7	25	2	1	1	0	07-10-2023	13-07-2024	39+3	12.7	123000	NNC WITH THROMBOCYTOPENIA	GESTATIONAL THROMBOCYTOPENIA	NS	NA	NO	NIL	NIL	CS	3.2	0	4 DAYS	NAT	NIL
144	144	R	1	24	22	1	0	0	0	01-10-2023	22-07-2024	38+1	12.2	136000	NNC WITH THROMBOCYTOPENIA	GESTATIONAL THROMBOCYTOPENIA	NS	NA	NO	NIL	NIL	VD	2.8	0	4 DAYS	NAT	NIL
145	145	R	1	25.6	24	1	0	0	0	26-08-2023	19-05-2024	38+1	12.2	249000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	CS	2.8	0	3 DAYS	NAT	NIL
146	146	R	1	23.6	28	1	0	0	0	09-09-2023	15-06-2024	36+4	10.6	236000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.9	0	4 DAYS	NAT	NIL
147	147	R	1	28.9	32	4	2	2	1	13-09-2023	19-06-2024	35+6	11.5	193000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.7	0	6 DAYS	NAT	NIL
148	148	UR	1	24.8	36	1	0	0	0	30-08-2023	23-05-2024	39+6	12.3	233000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	3.2	0	5 DAYS	NAT	NIL
149	149	UR	1	22.5	22	2	1	0	0	22-08-2023	23-05-2024	39+1	10.8	204000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.6	0	5 DAYS	NAT	NIL
150	150	R	1	24.1	20	2	1	1	0	22-08-2023	28-05-2024	39+2	10.9	193000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.8	0	2 DAYS	NAT	NIL
151	151	R	1	28.2	28	4	1	1	2	18-10-2023	14-11-2024	32+3	13.8	317000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	ND	ND	NO DATA	3 DAYS	NAT	NO DATA
152	152	R	1	30	34	2	1	1	0	20-09-2023	02-07-2024	34+1	12.2	145000	NORMAL BLOOD PICTURE	GESTATIONAL THROMBOCYTOPENIA	NS	NA	NO	NIL	NIL	VD	2.8	0	4 DAYS	NAT	NIL
153	153	UR	1	19.9	27	2	1	1	0	22-08-2023	28-05-2024	39+1	12.9	204000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	CS	2.9	0	4 DAYS	NAT	NIL
154	154	R	1	21.4	23	3	0	0	2	12-08-2023	18-05-2024	39+2	12.6	170000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	3.1	0	4 DAYS	NAT	NIL
155	155	R	1	21.1	25	3	2	2	0	17-09-2023	24-06-2024	35+2	12.4	268000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	3.4	0	4 DAYS	NAT	NIL
156	156	R	1	20	28	3	0	0	2	22-08-2023	28-05-2024	39+1	13.6	197000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	3.2	0	4 DAYS	NAT	NIL
157	157	R	1	31	24	3	0	0	2	16-08-2023	22-05-2024	40+0	11.3	142000	NORMAL BLOOD PICTURE	DENGUE	NS	198pg/dl	NO	NIL	NIL	VD	2.6	0	4 DAYS	NAT	NIL
158	158	R	1	23	24	1	0	0	0	12-09-2023	18-06-2024	36+1	12.9	65000	NEUTROPHILIC LEUCOCYTOSIS WITH THROMBOCYTOPENIA	VIT B 12 DEFICIENCY	NS	NA	NO	NIL	NIL	VD	2.5	0	4 DAYS	NAT	NIL
159	159	R	1	24.4	24	1	0	0	0	06-09-2023	12-06-2024	37+0	9.8	288000	NHC	NORMAL	NS	NA	NO	NIL	NIL	VD	2.9	0	4 DAYS	NAT	NIL
160	160	R	1	26.8	24	2	1	1	0	24-08-2023	30-05-2024	39+0	11.9	251000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	3.1	0	4 DAYS	NAT	NIL
161	161	R	1	23.7	23	2	1	1	0	08-09-2023	14-06-2024	36+6	10.7	198000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.8	0	4 DAYS	NAT	NIL
162	162	R	1	24.7	28	1	0	0	0	21-09-2023	27-06-2024	35+0	10.8	123000	NNC WITH THROMBOCYTOPENIA	GESTATIONAL THROMBOCYTOPENIA	NS	NA	NO	NIL	NIL	VD	2.9	0	4 DAYS	NAT	NIL
163	163	R	1	23.4	27	2	1	1	0	21-09-2023	27-06-2024	35+0	10.9	279000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	3.5	0	4 DAYS	NAT	NIL
164	164	R	1	21.1	21	2	0	0	1	27-08-2023	02-06-2024	38+4	11.3	152000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.8	0	4 DAYS	NAT	NIL
165	165	R	1	30.4	30	2	1	1	0	17-08-2023	23-05-2024	40+0	9.7	222000	NHC	NORMAL	NS	NA	NO	NIL	NIL	VD	2.6	0	AMA	NAT	NIL
166	166	R	1	26.8	23	2	1	1	0	24-08-2023	30-05-2024	39+0	11.9	251000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	0	0	0	5 DAYS	0	0
167	167	R	1	20.3	30	2	1	1	0	05-10-2023	11-07-2024	33+0	11.6	221000	NORMAL BLOOD PICTURE	NORMAL	GESTATIONAL THROMBOCYTOPENIA IN PAST PREGNANCY	NA	NO	NIL	NIL	VD	2.8	0	4 DAYS	NAT	NIL
168	168	R	1	23.4	25	1	0	0	0	27-08-2023	02-06-2024	38+4	11.9	182000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.6	0	5 DAYS	NAT	NIL
169	169	R	1	20.9	28	4	1	1	2	08-09-2023	14-05-2024	37+0	10.6	267000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.8	0	6 DAYS	NAT	NIL
170	170	R	1	19.9	22	1	0	0	0	25-08-2023	31-05-2024	39+0	11.9	213000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.9	0	4 DAYS	NAT	NIL
171	171	R	1	24	23	1	0	0	0	13-08-2023	30-05-2024	39+3	13.1	258000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	3.1	0	4 DAYS	NAT	NIL

172	172	R	1	42	27	1	0	0	0	25-08-2023	31-05-2024	39+2	13.3	210000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	3.4	0	4 DAYS	NAT	NIL
173	173	R	1	23.1	26	3	2	2	0	29-08-2023	28-05-2024	39+5	12.1	217000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.7	0	5 DAYS	NAT	NIL
174	174	R	1	24.9	24	1	0	0	0	05-09-2023	11-06-2024	37+5	13.2	213000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	CS	2.9	0	NO DATA	NAT	NIL
175	175	R	1	20.7	23	1	0	0	0	15-09-2023	21-06-2024	36+2	9.3	217000	NHC	NORMAL	NS	NA	NO	NIL	NIL	ND	ND	NO DATA	NO DATA	NAT	NIL
176	176	R	1	26.3	24	1	0	0	0	17-08-2023	23-05-2024	38+5	11.5	290000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	CS	3.5	0	6 DAYS	NAT	NIL
177	177	UR	1	22.3	23	1	0	0	0	20-08-2023	26-05-2024	39+6	12.5	215000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	ND	ND	NO DATA	5 DAYS	NAT	NIL
178	178	UR	1	19.3	30	3	2	2	0	23-08-2023	29-05-2024	39+4	11.9	138000	NNC WITH THROMBOCYTOPENIA	GESTATIONAL THROMBOCYTOPENIA	NS	NA	NO	NIL	NIL	VD	3.1	0	5 DAYS	NAT	NIL
179	179	UR	1	18.1	30	3	2	3	0	07-09-2023	13-06-2024	37+2	13.3	177000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.8	0	6 DAYS	NAT	NIL
180	180	R	1	24.4	21	1	0	0	0	26-11-2023	01-09-2024	32+4	10.6	233000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.7	0	4 DAYS	NAT	NIL
181	181	R	1	21.9	24	3	1	1	1	03-11-2023	09-08-2024	35+6	10.7	144000	NHC WITH THROMBOCYTOPENIA	GESTATIONAL THROMBOCYTOPENIA	NS	NA	NO	NIL	NIL	VD	2.4	0	5 DAYS	NAT	NIL
182	182	UR	1	25.9	21	1	0	0	0	11-10-2023	17-07-2024	39+1	12.3	89000	NNC WITH THROMBOCYTOPENIA	DENGUE	FEVER	NA	NO	NIL	NIL	CS	2.9	0	4 DAYS	NAT	NIL
183	183	R	1	35.1	27	3	2	2	0	27-11-2023	02-09-2024	32+2	7.2	269000	MHC	NORMAL	NS	NA	NO	NIL	NIL	CS	2.6	0	5 DAYS	NAT	NIL
184	184	R	1	18.3	25	5	1	1	3	03-06-2022	10-03-2023	35+3	11.7	174000	NHC	NORMAL	NS	NA	NO	NIL	NIL	CS	2.9	0	5 DAYS	NAT	NIL
185	185	R	1	27.8	26	4	2	2	1	06-06-2022	13-03-2023	35+0	9.1	236000	MHC	NORMAL	NS	NA	NO	NIL	NIL	CS	2.9	0	5 DAYS	NAT	NIL
186	186	R	1	24.4	25	3	1	1	1	13-05-2022	17-02-2023	38+0	12.5	263000	NHC	NORMAL	NS	NA	NO	NIL	NIL	VD	2.7	0	6 DAYS	NAT	NIL
187	187	R	1	26.9	25	1	0	0	0	14-05-2022	18-02-2023	38+0	8.5	316000	MHC	NORMAL	NS	NA	NO	NIL	NIL	VD	3.1	0	5 DAYS	NAT	NIL
188	188	R	1	35.9	18	1	0	0	0	26-05-2022	02-03-2023	36+4	11.1	227000	NHC	NORMAL	NS	NA	NO	NIL	NIL	VD	3.1	0	2 DAYS	NAT	NIL
189	189	R	1	23.6	31	1	0	0	0	25-05-2022	01-03-2023	36+6	9.2	49000	MHC WITH THROMBOCYTOPENIA	DIC	ABRUPTION	NA	YES	NIL	1 PRBC 2 SDP 1 FFP	CD	3.4	0	6 DAYS	NAT	NIL
190	190	R	1	28.5	20	1	0	0	0	02-06-2022	09-03-2023	35+4	11.2	255000	NNC	NORMAL	NS	NA	NO	NIL	NIL	ND	ND	0	5 DAYS	NAT	NO DATA
191	191	R	1	23.4	23	3	0	0	2	02-06-2022	09-03-2023	35+4	12.1	307000	NNC	NORMAL	NS	NA	NO	NIL	NIL	VD	2.9	0	4 DAYS	NAT	NIL
192	192	R	1	23.6	28	4	2	1	0	07-05-2022	11-02-2023	38+0	12.6	115000	NLC WITH THROMBOCYTOPENIA	GESTATIONAL THROMBOCYTOPENIA	GESTATIONAL THROMBOCYTOPENIA IN PAST PREGNANCY	NA	NO	NIL	NIL	VD	3.1	0	5 DAYS	NAT	NIL
193	193	R	1	22.9	27	1	0	0	0	31-05-2022	07-03-2023	36+6	11.8	239000	NHC	NORMAL	NS	NA	NO	NIL	NIL	VD	2.9	0	5 DAYS	NAT	NIL
194	194	R	1	20.1	28	1	0	0	0	05-06-2022	12-03-2023	36+1	11.2	98000	NHCWITH THROMBOCYTOPENIA	GESTATIONAL THROMBOCYTOPENIA	NS	NA	NO	NIL	NIL	VD	3.1	0	4 DAYS	NAT	NIL
195	195	UR	1	28.4	28	1	0	0	0	23-05-2022	27-02-2023	38+0	11	230000	NHC	NORMAL	NS	NA	NO	NIL	NIL	VD	3.2	0	4 DAYS	NAT	NIL
196	196	UR	1	23.9	22	1	0	0	0	28-05-2022	04-03-2023	37+2	14.1	121000	NNC	DENGUE	FEVER 2 MONTHS AGO	NA	NO	NIL	NIL	VD	2.8	0	5 DAYS	NAT	NIL
197	197	R	1	26.7	28	3	2	1	0	29-07-2022	05-05-2023	35+0	11.8	236000	NHC	NORMAL	NS	NA	NO	NIL	NIL	VD	2.9	0	4 DAYS	NAT	NIL
198	198	R	1	25.5	30	3	1	1	1	16-06-2022	23-03-2023	36+6	11.5	190000	NHC	NORMAL	NS	NA	NO	NIL	NIL	CS	3.1	0	4 DAYS	NAT	NIL
199	199	UR	1	23.6	22	1	0	0	0	02-06-2022	09-03-2023	38+0	12	28000	NNC WITH THROMBOCYTOPENIA	DENGUE	NS	NA	NO	NIL	NIL	VD	2.9	0	5 DAYS	NAT	NIL
200	200	R	1	24	23	1	0	0	0	27-06-2022	03-04-2023	35+5	12.6	150000	NNC	NORMAL	PREVIOUS PREGNANCY GHTN	NA	NO	NIL	NIL	VD	2.7	0	4 DAYS	NAT	NIL
201	201	R	1	28.4	29	3	2	1	0	15-05-2022	25-03-2023	38+0	10.9	225000	NNC	NORMAL	PREVIOUS PREGNANCY GHTN	NA	NO	NIL	NIL	VD	2.9	0	4 DAYS	NAT	NIL
202	202	UR	1	33.1	21	1	0	0	0	05-07-2022	29-04-2023	38+0	11.9	110000	NNC WITH THROMBOCYTOPENIA	GESTATIONAL THROMBOCYTOPENIA	NS	NA	NO	NIL	NIL	VD	3.2	0	5 DAYS	NAT	NIL
203	203	R	1	32.4	19	1	0	0	0	23-06-2022	30-03-2023	38+0	11.9	90000	NNC WITH THROMBOCYTOPENIA	GESTATIONAL THROMBOCYTOPENIA	NS	NA	NO	NIL	NIL	VD	3.1	0	4 DAYS	NAT	NIL
204	204	R	1	20.3	25	1	0	0	0	27-06-2022	03-04-2023	36+6	11.7	156000	NNC	NORMAL	NS	NA	NO	NIL	NIL	VD	2.8	0	5 DAYS	NAT	NIL
205	205	R	1	20.3	22	2	1	1	0	10-07-2022	29-04-2023	37+0	13.6	114000	NHC WITH THROMBOCYTOPENIA	GESTATIONAL THROMBOCYTOPENIA	NS	NA	NO	NIL	NIL	VD	2.9	0	9 DAYS	NAT	NIL
206	206	R	1	26.7	22	1	0	0	0	22-07-2022	16-05-2023	34+6	11.9	158000	NHC	NORMAL	PREVIOUS PREGNANCY GHTN	NA	NO	NIL	NIL	VD	2.9	0	12 DAYS	NAT	NIL
207	207	R	1	33.7	22	2	1	1	0	01-09-2022	08-06-2023	34+1	9.1	138000	NNC	ECLAMPSIA	HYPERTENSIVE DISORDER IN PREVIOUS PREGNANCY	NA	YES	NIL	1 PRBC	CS	1.9	NICU	16 DAYS	NAT	NIL

208	208	UR	1	25.4	27	2	1	1	0	20-08-2022	20-06-2023	34+1	8.9	78000	MHC	ABRUPTION WITH IMMENT ECLAMPSIA	HYPERTENSIVE DISORDER IN PREVIOUS PREGNANCY	NA	YES	NIL	2 PRBC 4 FFP 4 RDP	CS	1.7	NICU	10 DAYS	ICU CARE	AMA
209	209	R	1	29.1	26	2	1	1	0	16-07-2022	22-04-2023	37+2	11.3	110000	NNC	ECLAMPSIA	NS	NA	YES	NIL	2 CRYO 4 RDP	CS	2.1	NICU	6 DAYS	ICU CARE	NIL
210	210	R	1	29.5	28	4	0	0	3	24-08-2022	31-05-2023	34+5	6.2	109000	MHC WITH THROMBOCYTOPENIA	HELLP SYNDROME	PREVIOUS IUD	NA	YES	NIL	3 PRBC 2 SDP 4 RDP 4 FFP 4 CRYO	CS	2.2	NICU	12 DAYS	ICU CARE	NIL
211	211	R	1	24.8	19	1	0	0	0	02-08-2022	09-05-2023	38+0	12.2	132000	NHC	PRE-ECLAMPSIA	NS	NA	NO	NIL	NIL	VD	2.4	0	9 DAYS	NAT	NIL
212	212	R	1	26.7	25	1	0	0	0	08-11-2022	15-08-2023	35+0	9.6	70000	DIMORPHIC ANEMIA WITH THROMBOCYTOPENIA	HELLP SYNDROME	NS	NA	NO	NIL	1 PRBC 2 SDP 4 FFP	CS	2.2	NICU	5 DAYS	NAT	NIL
213	213	R	1	21.7	28	3	1	1	1	18-08-2022	25-05-2023	37+0	12.4	104000	NNC WITH THROMBOCYTOPENIA	GESTATIONAL THROMBOCYTOPENIA	NS	NA	YES	NIL	NIL	VD	2.7	0	6 DAYS	NAT	NIL
214	214	UR	1	26	23	2	1	1	0	02-08-2022	09-05-2023	36+2	12	167000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.9	0	16 DAYS	NAT	NIL
215	215	R	1	26.5	19	1	0	0	0	16-08-2022	23-05-2023	37+3	12.8	111000	NHC WITH THROMBOCYTOPENIA	GESTATIONAL THROMBOCYTOPENIA	PREVIOUS PREGNANCY GESTATIONAL THROMBOCYTOPENIA	NA	YES	NIL	NIL	VD	2.6	0	3 DAYS	NAT	NIL
216	216	R	1	39.9	28	2	1	1	0	17-09-2022	24-06-2023	34+2	9	25000	MACROCYTIC ANEMIA WITH THROMBOCYTOPENIA	HELLP SYNDROME	NS	NS	YES	NIL	4 PRBC 3 SDP 4 RDP 4 FFP 4 CRYO	CS	1.9	NICU	4 DAYS	ICU CARE	NIL
217	217	R	1	33.7	29	1	0	0	0	14-10-2022	21-07-2023	34+4	12.8	165000	NNC	NORMAL	NS	NS	NO	NIL	NIL	ND	ND	NO DATA	4 DAYS	NO DATA	NO DATA
218	218	UR	1	23.6	22	2	0	0	1	11-10-2022	22-07-2023	34+8	12	176000	NNC	NORMAL	NS	NS	NO	NIL	NIL	VD	3.2	0	2 DAYS	NAT	NIL
219	219	R	1	26.6	22	2	1	0	0	29-10-2022	05-08-2023	35+1	11.2	353000	NNC	NORMAL	NS	NS	NO	NIL	NIL	ND	ND	NO DATA	5 DAYS	NAT	NIL
220	220	R	1	27.7	28	1	0	0	0	27-10-2022	09-08-2023	36+4	11	232000	NHC	NORMAL	NS	NS	NO	NIL	NIL	ND	ND	NO DATA	4 DAYS	NO DATA	NO DATA
221	221	R	1	27.7	31	5	1	1	3	23-11-2022	30-08-2023	35+6	10.4	216000	NHC	NORMAL	NS	NS	NO	NIL	NIL	CS	3.2	0	4 DAYS	NAT	NIL
222	222	R	1	31.1	23	2	1	1	0	12-11-2022	19-08-2023	37+0	13.2	349000	NNC	NORMAL	NS	NS	NO	NIL	NIL	VD	2.8	0	3 DAYS	NAT	NIL
223	223	R	1	27.9	22	1	0	0	0	12-12-2022	04-09-2023	34+0	12.8	189000	NHC	NORMAL	NS	NS	NO	NIL	NIL	CS	2.8	0	4 DAYS	NAT	NIL
224	224	R	1	23.7	32	1	0	0	0	11-06-2023	17-03-2024	34+6	11.4	186000	NHC	NORMAL	NS	NS	NO	NIL	NIL	VD	2.9	0	6 DAYS	NAT	NIL
225	225	R	1	27	34	2	1	1	0	03-05-2023	07-02-2024	35+5	9.2	190000	MHC	NORMAL	PREVIOUS PREGNANCY GHTN	NS	NO	NIL	NIL	VD	2.7	0	5 DAYS	NAT	NIL
226	226	R	1	23.6	22	2	0	0	1	11-10-2022	22-07-2023	34+8	12	165000	NNC	NORMAL	NS	NS	NO	NIL	NIL	VD	3.2	0	5 DAYS	NAT	NIL
227	227	R	1	26.6	22	2	1	0	0	29-10-2022	05-08-2023	35+1	11.2	353000	NNC	NORMAL	NS	NS	NO	NIL	NIL	VD	2.6	0	2 DAYS	NAT	NIL
228	228	R	1	27.7	28	1	0	0	0	27-10-2022	09-08-2023	36+4	11	232000	NHC	NORMAL	NS	NS	NO	NIL	NIL	VD	2.8	0	3 DAYS	NAT	NIL
229	229	R	1	27.7	31	5	1	1	3	23-11-2022	30-08-2023	35+6	10.4	216000	NHC	NORMAL	NS	NS	NO	NIL	NIL	ND	ND	NO DATA	4 DAYS	NAT	NO DATA
230	230	R	1	31.1	23	2	1	1	0	12-11-2022	19-08-2023	37+0	13.2	349000	NNC	NORMAL	NS	NS	NO	NIL	NIL	VD	2.8	0	4 DAYS	NAT	NIL
231	231	R	1	27.9	22	1	0	0	0	12-12-2022	04-09-2023	34+0	11.4	187000	NHC	NORMAL	NS	NS	NO	NIL	NIL	CS	2.9	0	4 DAYS	NAT	NIL
232	232	R	1	23.7	32	1	0	0	0	11-06-2023	17-03-2024	36+5	11.4	186000	NHC	NORMAL	NS	NS	NO	NIL	NIL	VD	3.1	0	4 DAYS	NAT	NIL
233	233	R	1	28.5	20	1	0	0	0	02-06-2022	09-03-2023	35+4	11.2	255000	NNC	NORMAL	NS	NS	NO	NIL	NIL	VD	3.4	0	4 DAYS	NAT	NIL
234	234	R	1	23.4	23	3	0	0	2	02-06-2022	09-03-2023	35+4	12.1	307000	NNC	NORMAL	NS	NS	NO	NIL	NIL	VD	3.2	0	3 DAYS	NAT	NIL
235	235	R	1	23.6	28	4	2	1	0	07-05-2022	11-02-2023	38+0	12.6	115000	NLC WITH THROMBOCYTOPENIA	GESTATIONAL THROMBOCYTOPENIA	NS	NS	NO	NIL	NIL	VD	2.6	0	4 DAYS	NAT	NIL
236	236	R	1	22.9	27	1	0	0	0	31-05-2022	07-03-2023	36+6	11.8	239000	NHC	NORMAL	NS	NS	NO	NIL	NIL	ND	ND	NO DATA	4 DAYS	NO DATA	NO DATA
237	237	R	1	20.1	28	1	0	0	0	05-06-2022	12-03-2023	36+1	11.2	167000	NORMAL BLOOD PICTURE	NORMAL	NS	NS	NO	NIL	NIL	VD	3.2	0	2 DAYS	NAT	NIL
238	238	R	1	28.4	28	1	0	0	0	23-05-2022	27-02-2023	38+0	11	230000	NHC	NORMAL	NS	NS	NO	NIL	NIL	ND	ND	NO DATA	5 DAYS	NAT	NIL
239	239	R	1	18.3	25	5	1	1	3	03-06-2022	10-03-2023	35+3	11.7	174000	NHC	NORMAL	NS	NS	NO	NIL	NIL	ND	ND	NO DATA	4 DAYS	NO DATA	NO DATA
240	240	R	1	27.8	26	4	2	2	0	06-06-2022	13-03-2023	35+0	9.1	236000	MHC	NORMAL	NS	NS	NO	NIL	NIL	CS	3.2	0	4 DAYS	NAT	NIL
241	241	R	1	24.4	25	3	1	1	1	13-05-2022	17-02-2023	38+0	12.5	263000	NHC	NORMAL	NS	321pg/dl	NO	NIL	NIL	VD	2.8	0	3 DAYS	NAT	NIL
242	242	R	1	26	26	4	1	1	1	30-07-2023	05-05-2024	34+4	9.6	140000	PANCYTOPENIA	VIT B12 DEFICIENCY	PREVIOUS HISTORY OF ANEMIA	NS	NO	NIL	NIL	ND	NO DATA	0	4 DAYS	NAT	NIL
243	243	R	1	28	33	1	0	0	0	30-07-2023	05-05-2024	34+4	8.9	134000	PANCYTOPENIA	UNCLASSIFIED ?SEPSIS	PREVIOUS HISTORY OF ANEMIA	NS	NO	NIL	NIL	VD	2.9	0	6 DAYS	NAT	DEATH
244	244	R	1	22	26	2	1	1	0	16-04-2022	09-01-2023	36+0	10	134000	NHC WITH THROMBOCYTOPENIA	GESTATIONAL THROMBOCYTOPENIA	NS	NS	NO	NIL	NIL	VD	2.7	0	5 DAYS	NAT	NIL
245	245	UR	1	21	28	3	1	1	1	20-04-2022	13-01-2023	36+4	9.3	156000	NHC	NORMAL	NS	NS	NO	NIL	NIL	VD	3.2	0	5 DAYS	NAT	NIL
246	246	R	1	28	32	4	1	0	1	12-11-2022	19-08-2023	37+2	8.5	100000	DIMORPHIC ANEMIA WITH THROMBOCYTOPENIA	HELLP SYNDROME	NS	NS	NO	NIL	NIL	VD	2.6	0	2 DAYS	NAT	NIL
247	247	R	1	28	28	1	0	0	0	12-12-2022	04-09-2023	34+0	7.5	64000	THROMBOCYTOPENIA	DIC	NS	NS	NO	NIL	NIL	VD	2.8	0	3 DAYS	NAT	NIL
248	248	R	1	22	28	2	1	1	0	10-12-2022	02-09-2023	33+5	10	170000	NHC	NORMAL	NS	NS	NO	NIL	NIL	ND	ND	NO DATA	4 DAYS	NAT	NO DATA
249	249	R	1	30	32	4	2	2	1	26-05-2022	02-03-2023	36+4	11	198000	NHC	NORMAL	NS	NS	NO	NIL	NIL	VD	2.8	0	4 DAYS	NAT	NIL

250	250	R	1	32	29	1	0	0	0	20-06-2022	26-03-2023	32+4	9.8	80000	MHC	PRE ECLAMPSIA WITH SEVERE FEATURES	NS	NS	NO	NIL	NIL	CS	2.9	0	4 DAYS	NAT	NIL
251	251	R	1	28.1	37	6	4	3	1	17-10-2023	23-07-2024	39+5	10.1	121000	MILD THROMBOCYTOPENIA	DENGUE IGM POSITIVE	NS	NS	NO	NIL	NIL	VD	3.1	0	3 DAYS	NAT	NIL
252	252	R	1	25.5	37	6	3	3	1	17-10-2023	23-07-2024	39+4	10.1	121000	NORMOCYTIC HYPOCHROMIC ANEMIA	DENGUE IGM POSITIVE	NS	NS	NO	NIL	NIL	VD	3.4	0	4 DAYS	NAT	NIL
256	256	R	1	30.8	35	4	2	1	1	27-11-2023	10-09-2024	32+4	12.4	141000	NORMAL BLOOD PICTURE	SEVERE PRE ECLAMPSIA	HYPERTENSIVE DISORDER IN PREVIOUS PREGNANCY	NS	NO	NIL	NIL	ND	ND	0	4 DAYS	NAT	NIL
257	257	R	1	28.9	28	2	1	1	0	20-10-2023	26-07-2024	39+1	9.3	294000	NORMOCYTIC HYPOCHROMIC ANEMIA	NORMAL	NS	NS	NO	NIL	NIL	VD	2.8	0	5 DAYS	NAT	NIL
258	258	R	1	23.8	22	1	0	0	0	03-11-2023	09-08-2024	37+1	14.1	241000	NORMAL BLOOD PICTURE	NORMAL	NS	NS	NO	NIL	NIL	VD	2.9	0	6 DAYS	NAT	NIL
259	259	R	1	28.1	38	3	2	1	0	02-11-2023	08-08-2024	37+2	10.3	217000	EOSINOPHILIA	NORMAL	NS	NS	NO	NIL	NIL	VD	3.1	0	4 DAYS	NAT	NIL
260	260	R	1	30.1	34	4	3	1	0	08-11-2023	14-08-2024	37+1	11.8	47000	HHC WITH THROMBOCYTOPENIA	LEPTOSPIROSIS	FEVER	NS	NO	NIL	NIL	VD	3.2	0	5 DAYS	NAT	NIL
261	261	R	1	28.5	23	1	0	0	0	29-11-2023	04-09-2024	34+1	13.5	237000	NORMAL BLOOD PICTURE	NORMAL	NS	NS	NO	NIL	NIL	VD	2.9	0	4 DAYS	NAT	NIL
262	262	R	1	33.7	23	2	1	1	0	02-11-2023	08-08-2024	38+0	13.1	195000	NORMAL BLOOD PICTURE	NORMAL	NS	NS	NO	NIL	NIL	cs	3.2	0	5 DAYS	NAT	NIL
263	263	R	1	24.4	21	1	0	0	0	26-11-2023	01-09-2024	32+4	10.6	233000	NORMAL BLOOD PICTURE	NORMAL	NS	NS	NO	NIL	NIL	cs	3.1	0	5 DAYS	NAT	NIL
264	264	R	1	21.9	24	3	1	1	1	03-11-2023	09-08-2024	35+6	10.7	144000	NORMAL BLOOD PICTURE	NORMAL	NS	211pg/dl	NO	NIL	NIL	CS	2.8	0	3 DAYS	NAT	NIL
265	265	R	1	25.9	21	1	0	0	0	11-10-2023	17-07-2024	39+1	12.3	89000	PANCYTOPENIA	VIT B12 DEFICIENCY	FEVER	NS	NO	NIL	NIL	CS	2.9	0	2 DAYS	NAT	NIL
266	266	R	1	35.1	27	3	2	2	0	27-11-2023	02-09-2024	32+3	7.2	269000	NORMAL BLOOD PICTURE	NORMAL	NS	NS	NO	NIL	NIL	ND	ND	0	4 DAYS	NAT	NIL
267	267	R	1	28	26	1	0	0	0	02-12-2023	07-09-2024	33+0	14.2	95000	NORMAL BLOOD PICTURE	GESTATIONAL THROMBOCYTOPENIA	NS	NS	NO	NIL	NIL	ND	ND	0	5 DAYS	NAT	NIL
268	268	R	1	30.1	34	4	3	1	2	08-11-2023	14-08-2024	37+4	11.4	42000	NORMOCYTIC NORMOCHROMIC ANEMIA	GESTATIONAL THROMBOCYTOPENIA	NS	NS	NO	NIL	NIL	CS	2.7	0	6 DAYS	NAT	NIL
269	269	R	1	28	26	1	0	0	0	02-12-2023	07-09-2024	33+0	14.2	95000	NORMAL BLOOD PICTURE	GESTATIONAL THROMBOCYTOPENIA	NS	NS	NO	NIL	NIL	ND	ND	0	7 DAYS	NAT	NIL
270	270	R	1	30.1	34	4	3	1	2	08-11-2023	14-08-2024	37+4	11.4	42000	NORMOCYTIC NORMOCHROMIC ANEMIA	DENGUE	FEVER 2 WEEKS AGO	NS	NO	NIL	1 SDP	VD	2.9	0	3 DAYS	NAT	NIL
271	271	R	1	26.1	26	3	2	0	0	10-11-2023	16-08-2024	37+0	12.1	228000	NORMOCYTIC NORMOCHROMIC ANEMIA	NORMAL	NS	NS	NO	NIL	NIL	VD	2.8	0	5 DAYS	NAT	NIL
272	272	R	1	23.5	22	2	1	0	0	25-10-2023	11-08-2024	38+0	11.3	324000	NORMOCYTIC NORMOCHROMIC ANEMIA	NORMAL	NS	NS	NO	NIL	NIL	VD	3.2	0	6 DAYS	NAT	NIL
273	273	R	1	30.7	29	2	1	1	0	06-12-2023	11-09-2024	33+4	13.5	233000	NORMAL BLOOD PICTURE	NORMAL	NS	NS	NO	NIL	NIL	ND	ND	0	8 DAYS	NAT	NIL
274	274	R	1	21.6	23	1	0	0	0	01-11-2023	06-09-2024	34+1	12.2	183000	NORMAL BLOOD PICTURE	NORMAL	NS	NS	NO	NIL	NIL	ND	ND	0	6 DAYS	NAT	NIL
275	275	R	1	23.1	25	2	1	1	0	04-11-2023	10-08-2024	37+4	12.4	193000	NORMAL BLOOD PICTURE	NORMAL	NS	NS	NO	NIL	NIL	VD	2.9	0	6 DAYS	NAT	NIL
276	276	R	1	33.8	37	2	1	1	0	25-11-2023	31-08-2024	32+0	8.5	157000	NORMAL BLOOD PICTURE	NORMAL	NS	NS	NO	NIL	NIL	ND	ND	0	5 DAYS	NAT	NIL
277	277	R	1	33.3	21	2	1	0	0	17-10-2023	23-07-2024	40+0	10	225000	NORMAL BLOOD PICTURE	NORMAL	NS	NS	NO	NIL	NIL	CS	2.9	0	4 DAYS	NAT	NIL
278	278	R	1	34.7	23	1	0	0	0	18-10-2023	24-07-2024	40+0	12.1	213000	NORMAL BLOOD PICTURE	NORMAL	NS	NS	NO	NIL	NIL	CS	3.2	0	5 DAYS	NAT	NIL
279	279	R	1	24.4	27	2	1	1	0	21-12-2023	26-09-2024	32+0	8	128000	PANCYTOPENIA	VIT B12 DEFICIENCY	NS	NS	YES	NIL	NIL	ND	ND	0	6 DAYS	NAT	NIL
280	280	R	1	20.8	26	3	1	1	1	27-10-2023	02-08-2024	39+3	12.1	228000	NORMAL BLOOD PICTURE	NORMAL	NS	NS	NO	NIL	NIL	VD	3.2	0	6 DAYS	NAT	NIL
281	281	R	1	23.8	26	2	1	1	0	15-11-2023	19-08-2024	36+5	12	130000	NORMAL BLOOD PICTURE	NORMAL	NS	NS	NO	NIL	NIL	CS	2.8	0	5 DAYS	NAT	NIL
282	282	R	1	25.1	24	1	0	0	0	23-10-2023	29-07-2024	40+0	11.7	236000	NORMAL BLOOD PICTURE	NORMAL	NS	NS	NO	NIL	NIL	VD	2.7	0	6 DAYS	NAT	NIL
283	283	R	1	26.1	29	3	1	1	1	UNKNOWN	09-08-2024	38+3	10.4	196000	NORMAL BLOOD PICTURE	NORMAL	NS	NS	NO	NIL	NIL	VD	3.6	0	4 DAYS	NAT	NIL
284	284	R	1	26.6	22	1	0	0	0	31-10-2023	06-08-2024	38+6	12.2	199000	NORMAL BLOOD PICTURE	NORMAL	NS	NS	NO	NIL	NIL	VD	3.3	0	5 DAYS	NAT	NIL
285	285	R	1	25.8	24	2	1	1	0	20-11-2023	26-08-2024	37+5	12.4	145000	NORMAL BLOOD PICTURE	GESTATIONAL THROMBOCYTOPENIA	NS	NS	NO	NIL	NIL	VD	3.2	0	5 DAYS	NAT	NIL
286	286	R	1	21.6	20	2	1	0	0	06-11-2023	20-08-2024	38+6	11.4	232000	NORMAL BLOOD PICTURE	NORMAL	NS	NS	NO	NIL	NIL	VD	2.9	0	12 DAYS	NAT	NIL
287	287	R	1	25.4	29	1	0	0	0	22-01-2023	28-08-2024	36+5	10.6	260000	NORMAL BLOOD PICTURE	NORMAL	NS	NS	NO	NIL	NIL	VD	3.5	0	2 DAYS	NAT	NIL
289	289	UR	1	20.3	25	5	4	1	0	UNKNOWN	31-08-2024	36+4	10.7	52000	NORMAL BLOOD PICTURE	AFLP	VOMITING SINCE 1 DAY	NS	NO	NIL	4 RDP 1 SDP 1 PCV 4 FFP 4 CRYO	CS	2.7	0	1 DAY	ICU CARE	NIL
290	290	R	1	21	24	1	0	0	0	18-03-2024	22-12-2024	36+1	11	88000	NORMAL BLOOD PICTURE	GESTATIONAL THROMBOCYTOPENIA	NS	NS	NO	NIL	NIL	ND	ND	0	3 DAYS	NAT	NIL
291	291	UR	1	28.4	32	2	1	1	0	21-12-2023	26-09-2024	32+0	12.6	32000	NORMAL BLOOD PICTURE	HELLP SYNDROME	NS	NS	YES	NIL	NIL	ND	ND	0	5 DAYS	NAT	AMA
292	292	R	1	32	23	1	0	0	0	14-04-2024	19-01-2025	32+1	13.6	121000	NORMAL BLOOD PICTURE	GESTATIONAL THROMBOCYTOPENIA	NS	NS	NO	NIL	NIL	ND	ND	0	4 DAYS	NAT	NIL
293	293	R	1	26.4	23	1	0	0	0	22-02-2024	28-11-2024	39+4	12.2	198000	NORMAL BLOOD PICTURE	NORMAL	NS	NS	NO	NIL	NIL	VD	2.8	0	5 DAYS	NAT	NIL
294	294	R	1	23	22	1	0	0	0	23-01-2024	29-10-2024	40+0	10.6	220000	NORMAL BLOOD PICTURE	NORMAL	NS	NS	NO	NIL	NIL	VD	3.2	0	4 DAYS	NAT	NIL

295	295	R	1	32.7	34	4	2	2	1	23-02-2024	29-11-2024	39+3	12	400000	NORMAL BLOOD PICTURE	NORMAL	NS	NS	NO	NIL	NIL	VD	3.1	0	5 DAYS	NAT	NIL
296	296	R	1	24.8	26	2	1	1	0	24-02-2024	30-11-2024	39+2	11.8	320000	NORMAL BLOOD PICTURE	NORMAL	NS	NS	NO	NIL	NIL	VD	3	0	4 DAYS	NAT	NIL
297	297	R	1	23.4	21	1	0	0	0	29-02-2024	05-12-2024	38+4	12.5	121000	NORMAL BLOOD PICTURE	GESTATIONAL THROMBOCYTOPENIA	NS	NS	NO	NIL	NIL	VD	2.9	0	5 DAYS	NAT	NIL
298	298	R	1	24.8	25	1	0	0	0	22-02-2024	28-11-2024	39+4	12	146000	NORMAL BLOOD PICTURE	NORMAL	NS	NS	NO	NIL	NIL	VD	3	0	5 DAYS	NAT	NIL
299	299	R	1	26.4	26	1	0	0	0	22-02-2024	28-11-2024	39+4	11	320000	NORMAL BLOOD PICTURE	NORMAL	NS	NS	NO	NIL	NIL	CS	2.8	0	5 DAYS	NAT	NIL
300	300	R	1	32	26	1	0	0	0	08-03-2024	13-12-2024	37+3	13.9	280000	NORMAL BLOOD PICTURE	NORMAL	NS	NS	NO	NIL	NIL	CS	3.3	0	3 DAYS	NAT	NIL
301	301	R	1	26.8	28	1	0	0	0	22-03-2024	27-12-2024	35+3	11.8	320000	NORMAL BLOOD PICTURE	NORMAL	NS	NS	NO	NIL	NIL	ND	ND	0	9 DAYS	NAT	NIL
302	302	R	1	26.8	26	1	0	0	0	29-03-2024	03-01-2025	34+3	12.8	330000	NORMAL BLOOD PICTURE	NORMAL	NS	NS	NO	NIL	NIL	ND	ND	0	4 DAYS	NAT	NIL
303	303	R	1	23	24	1	0	0	0	20-03-2024	25-12-2024	35+5	12.9	65000	NEUTROPHILIC LEUCOCYTOSIS WITH THROMBOCYTOPENIA	PRE ECLAMPSIA WITH SEVERE FEATURES	NS	NS	YES	NIL	2 SDP 4 FFP 4 CRYO	CS	2.1	NICU	5 DAYS	ICU CARE	NIL
304	304	R	1	19.3	30	3	2	2	0	31-03-2024	05-01-2025	39+4	11.9	138000	NORMAL BLOOD PICTURE	GESTATIONAL THROMBOCYTOPENIA	NS	NS	NO	NIL	NIL	VD	2.9	0	4 DAYS	NAT	NIL
305	305	R	1	22.6	26	1	0	0	0	03-04-2024	08-01-2025	33+5	10-Jan	230000	NORMAL BLOOD PICTURE	NORMAL	NS	NS	NO	NIL	NIL	VD	3	0	5 DAYS	NAT	NIL
306	306	UR	1	23.8	24	2	1	1	0	15-03-2024	20-12-2024	36+3	11.2	245000	NORMAL BLOOD PICTURE	NORMAL	NS	NS	NO	NIL	NIL	CS	3.1	0	2 DAYS	NAT	NIL
307	307	R	1	26	23	1	0	0	0	08-03-2024	13-12-2024	37+3	10.8	380000	NORMAL BLOOD PICTURE	NORMAL	NS	NS	NO	NIL	NIL	VD	2.9	0	5 DAYS	NAT	NIL
308	308	R	1	23.7	22	1	0	0	0	29-03-2024	03-01-2025	34+3	11.8	324000	NORMAL BLOOD PICTURE	NORMAL	NS	NS	NO	NIL	NIL	ND	ND	NO DATA	5 DAYS	NAT	NIL
309	309	R	1	24.5	32	2	1	1	0	15-03-2024	20-12-2024	36+3	12	287000	NORMAL BLOOD PICTURE	NORMAL	NS	NS	NO	NIL	NIL	VD	2.4	0	4 DAYS	NAT	NIL
310	310	R	1	25	21	2	1	1	0	29-03-2024	03-01-2025	34+3	11.7	340000	NORMAL BLOOD PICTURE	NORMAL	NS	NS	NO	NIL	NIL	VD	ND	0	2 DAYS	NAT	NIL
311	311	R	1	26.8	23	3	1	1	1	12-04-2024	17-01-2025	32+3	12.3	330000	NORMAL BLOOD PICTURE	NORMAL	NS	NS	NO	NIL	NIL	ND	ND	0	3 DAYS	NAT	NIL
312	312	R	1	27.9	27	2	1	1	0	01-04-2024	06-01-2025	34+0	13.8	280000	NORMAL BLOOD PICTURE	NORMAL	NS	NS	NO	NIL	NIL	ND	ND	0	3 DAYS	NAT	NIL
313	313	R	1	26.2	25	4	1	1	2	28-03-2024	02-01-2025	34+4	13	330000	NORMAL BLOOD PICTURE	NORMAL	NS	NS	NO	NIL	NIL	ND	ND	0	4 DAYS	NAT	NIL
314	314	R	1	24.8	25	2	1	1	0	26-03-2024	31-12-2024	34+6	12.8	254000	NORMAL BLOOD PICTURE	NORMAL	NS	NS	NO	NIL	NIL	ND	ND	0	5 DAYS	NAT	NIL
316	316	R	1	23	32	4	1	1	2	27-03-2024	01-01-2025	34+5	13.7	320000	NORMAL BLOOD PICTURE	NORMAL	NS	NS	NO	NIL	NIL	ND	ND	0	6 DAYS	NAT	NIL
317	317	R	1	23	26	1	0	0	0	04-04-2024	09-01-2025	33+4	11	283000	NORMAL BLOOD PICTURE	NORMAL	NS	NS	NO	NIL	NIL	ND	ND	0	2 DAYS	NAT	NIL
318	318	R	1	24.8	24	1	0	0	0	01-04-2024	06-01-2025	34+0	12.5	240000	NORMAL BLOOD PICTURE	NORMAL	NS	NS	NO	NIL	NIL	ND	ND	0	3 DAYS	NAT	NIL
319	319	R	1	22	23	1	0	0	0	10-04-2024	15-01-2025	33+0	11.8	320000	NORMAL BLOOD PICTURE	NORMAL	NS	NS	NO	NIL	NIL	ND	ND	0	3 DAYS	NAT	NIL
320	320	R	1	24.6	25	3	0	0	2	03-04-2024	08-01-2025	34+0	12	230000	NORMAL BLOOD PICTURE	NORMAL	NS	NS	NO	NIL	NIL	ND	ND	0	4 DAYS	NAT	NIL
321	321	R	1	25.8	26	1	0	0	0	27-03-2024	01-01-2025	35+0	11.9	220000	NORMAL BLOOD PICTURE	NORMAL	NS	NS	NO	NIL	NIL	ND	3.1	0	3 DAYS	NAT	NIL
322	322	R	1	26.4	22	1	0	0	0	06-03-2024	11-12-2024	38+0	12.5	180000	NORMAL BLOOD PICTURE	NORMAL	NS	NS	NO	NIL	NIL	VD	ND	0	2 DAYS	NAT	NIL
325	325	R	1	32.4	25	4	1	1	2	01-04-2024	06-01-2025	35+1	12.3	142000	NORMAL BLOOD PICTURE	GESTATIONAL THROMBOCYTOPENIA	NS	NS	NO	NIL	NIL	ND	ND	0	2 DAYS	NAT	NIL
326	326	R	1	26.9	32	2	1	1	0	07-04-2024	12-01-2025	34+2	12.8	162000	NORMAL BLOOD PICTURE	NORMAL	PREVIOUS HISTORY OF GESTATIONAL THROMBOCYTOPENIA	NS	NO	NIL	NIL	ND	ND	0	4 DAYS	NAT	NIL
327	327	R	1	26.9	32	2	1	1	0	08-04-2024	13-01-2025	34+3	12.8	162000	NORMAL BLOOD PICTURE	NORMAL	PREVIOUS HISTORY OF GESTATIONAL THROMBOCYTOPENIA	NS	NO	NIL	NIL	ND	2.9	0	5 DAYS	NAT	NIL
328	328	R	1	19.3	30	3	2	2	0	31-03-2024	05-01-2025	39+4	11.9	138000	NORMAL BLOOD PICTURE	GESTATIONAL THROMBOCYTOPENIA	NS	NS	NO	NIL	NIL	VD	3	0	4 DAYS	NAT	NIL
329	329	R	1	22.6	26	1	0	0	0	03-04-2024	08-01-2025	33+5	10.3	230000	NORMAL BLOOD PICTURE	NORMAL	NS	NS	NO	NIL	NIL	VD	3.1	0	5 DAYS	NAT	NIL
330	330	UR	1	23.8	24	2	1	1	0	15-03-2024	20-12-2024	36+3	11.2	245000	NORMAL BLOOD PICTURE	NORMAL	NS	NS	NO	NIL	NIL	CS	2.9	0	2 DAYS	NAT	NIL
331	331	R	1	26	23	1	0	0	0	08-03-2024	13-12-2024	37+3	10.8	380000	NORMAL BLOOD PICTURE	NORMAL	NS	NS	NO	NIL	NIL	VD	ND	0	5 DAYS	NAT	NIL
332	332	R	1	23.7	22	1	0	0	0	29-03-2024	03-01-2025	34+3	11.8	324000	NORMAL BLOOD PICTURE	NORMAL	NS	NS	NO	NIL	NIL	ND	2.4	NO DATA	5 DAYS	NAT	NIL
333	333	R	1	24.5	32	2	1	1	0	15-03-2024	20-12-2024	36+3	12	287000	NORMAL BLOOD PICTURE	NORMAL	NS	NS	NO	NIL	NIL	VD	ND	0	4 DAYS	NAT	NIL
334	334	R	1	25	21	2	1	1	0	29-03-2024	03-01-2025	34+3	11.7	340000	NORMAL BLOOD PICTURE	NORMAL	NS	NS	NO	NIL	NIL	VD	ND	0	2 DAYS	NAT	NIL
335	335	R	1	26.8	23	3	1	1	1	12-04-2024	17-01-2025	32+3	12.3	330000	NORMAL BLOOD PICTURE	NORMAL	NS	NS	NO	NIL	NIL	ND	ND	0	3 DAYS	NAT	NIL
336	336	R	1	27.9	27	2	1	1	0	01-04-2024	06-01-2025	34+0	13.8	280000	NORMAL BLOOD PICTURE	NORMAL	NS	NS	NO	NIL	NIL	ND	ND	0	3 DAYS	NAT	NIL
337	337	R	1	26.2	25	4	1	1	2	28-03-2024	02-01-2025	34+4	13	330000	NORMAL BLOOD PICTURE	NORMAL	NS	NS	NO	NIL	NIL	ND	ND	0	4 DAYS	NAT	NIL
338	338	R	1	24.8	25	2	1	1	0	26-03-2024	31-12-2024	34+6	12.8	254000	NORMAL BLOOD PICTURE	NORMAL	NS	NS	NO	NIL	NIL	ND	ND	0	5 DAYS	NAT	NIL
340	340	R	1	23	32	4	1	1	2	27-03-2024	01-01-2025	34+5	13.7	320000	NORMAL BLOOD PICTURE	NORMAL	NS	NS	NO	NIL	NIL	ND	ND	0	6 DAYS	NAT	NIL
341	341	R	1	23	26	1	0	0	0	04-04-2024	09-01-2025	33+4	11	283000	NORMAL BLOOD PICTURE	NORMAL	NS	NS	NO	NIL	NIL	ND	ND	0	2 DAYS	NAT	NIL
342	342	R	1	24.8	24	1	0	0	0	01-04-2024	06-01-2025	34+0	12.5	240000	NORMAL BLOOD PICTURE	NORMAL	NS	NS	NO	NIL	NIL	ND	ND	0	3 DAYS	NAT	NIL
343	343	R	1	22	23	1	0	0	0	10-04-2024	15-01-2025	33+0	11.8	320000	NORMAL BLOOD PICTURE	NORMAL	NS	NS	NO	NIL	NIL	ND	ND	0	3 DAYS	NAT	NIL
344	344	R	1	24.6	25	3	0	0	2	03-04-2024	08-01-2025	34+0	12	230000	NORMAL BLOOD PICTURE	NORMAL	NS	NS	NO	NIL	NIL	ND	3.1	0	4 DAYS	NAT	NIL

345	345	R	1	25.8	26	1	0	0	0	27-03-2024	01-01-2025	35+0	11.9	220000	NORMAL BLOOD PICTURE	NORMAL	NS	NS	NO	NIL	NIL	ND	2.6	0	5 DAYS	NAT	NIL
346	346	R	1	26.4	22	1	0	0	0	06-03-2024	11-12-2024	38+0	12.5	180000	NORMAL BLOOD PICTURE	NORMAL	NS	NS	NO	NIL	NIL	VD	3.9	0	4 DAYS	NAT	NIL
347	347	R	1	26.2	23	2	1	1	0	28-02-2024	04-12-2024	39+0	10.3	210000	NORMAL BLOOD PICTURE	NORMAL	NS	NS	NO	NIL	NIL	VD	ND	0	3 DAYS	NAT	NIL
348	348	R	1	28.9	24	1	0	0	0	27-02-2024	03-12-2024	40+0	9.8	135000	DIMORPHIC ANEMIA	VIT B12 DEFICIENCY	NS	NS	NO	NIL	NIL	CS	ND	0	2 DAYS	NAT	NIL
349	349	R	1	32.4	25	4	1	1	2	01-04-2024	06-01-2025	35+1	12.3	142000	NORMAL BLOOD PICTURE	GESTATIONAL THROMBOCYTOPENIA	NS	NS	NO	NIL	NIL	ND	ND	0	2 DAYS	NAT	NIL
350	350	R	1	26.9	32	2	1	1	0	07-04-2024	12-01-2025	34+2	12.8	162000	NORMAL BLOOD PICTURE	NORMAL	PREVIOUS HISTORY OF GESTATIONAL THROMBOCYTOPENIA	NS	NO	NIL	NIL	ND	ND	0	3 DAYS	NAT	NIL
351	351	R	1	26.9	32	2	1	1	0	08-04-2024	13-01-2025	34+3	12.8	162000	NORMAL BLOOD PICTURE	NORMAL	PREVIOUS HISTORY OF GESTATIONAL THROMBOCYTOPENIA	NS	NO	NIL	NIL	ND	3.2	0	4 DAYS	NAT	NIL
352	352	R	1	33.7	29	1	0	0	0	14-10-2022	21-07-2023	34+4	12.8	165000	NNC	NORMAL	NS	NS	NO	NIL	NIL	ND	ND	NO DATA	4 DAYS	NO DATA	NO DATA
353	353	UR	1	23.6	22	2	0	0	1	11-10-2022	22-07-2023	34+8	12	176000	NNC	NORMAL	NS	NS	NO	NIL	NIL	VD	ND	0	2 DAYS	NAT	NIL
354	354	R	1	26.6	22	2	1	0	0	29-10-2022	05-08-2023	35+1	11.2	353000	NNC	NORMAL	NS	NS	NO	NIL	NIL	ND	3.2	NO DATA	5 DAYS	NAT	NIL
355	355	R	1	27.7	28	1	0	0	0	27-10-2022	09-08-2023	36+4	11	232000	NHC	NORMAL	NS	NS	NO	NIL	NIL	ND	2.8	NO DATA	4 DAYS	NO DATA	NO DATA
356	356	R	1	27.7	31	5	1	1	3	23-11-2022	30-08-2023	35+6	10.4	216000	NHC	NORMAL	NS	NS	NO	NIL	NIL	CS	2.8	0	4 DAYS	NAT	NIL
357	357	R	1	31.1	23	2	1	1	0	12-11-2022	19-08-2023	37+0	13.2	349000	NNC	NORMAL	NS	NS	NO	NIL	NIL	VD	2.9	0	3 DAYS	NAT	NIL
358	358	R	1	27.9	22	1	0	0	0	12-12-2022	04-09-2023	34+0	12.8	189000	NHC	NORMAL	NS	NS	NO	NIL	NIL	CS	2.7	0	4 DAYS	NAT	NIL
359	359	R	1	23.7	32	1	0	0	0	11-06-2023	17-03-2024	34+6	11.4	186000	NHC	NORMAL	NS	NS	NO	NIL	NIL	VD	3.2	0	6 DAYS	NAT	NIL
360	360	R	1	27	34	2	1	1	0	03-05-2023	07-02-2024	35+5	9.2	190000	MHC	NORMAL	PREVIOUS PREGNANCY GHTN	NS	NO	NIL	NIL	VD	2.6	0	5 DAYS	NAT	NIL
361	361	R	1	23.6	22	2	0	0	1	11-10-2022	22-07-2023	34+8	12	165000	NNC	NORMAL	NS	NS	NO	NIL	NIL	VD	2.8	0	5 DAYS	NAT	NIL
362	362	R	1	26.6	22	2	1	0	0	29-10-2022	05-08-2023	35+1	11.2	353000	NNC	NORMAL	NS	NS	NO	NIL	NIL	VD	ND	0	2 DAYS	NAT	NIL
363	363	R	1	27.7	28	1	0	0	0	27-10-2022	09-08-2023	36+4	11	232000	NHC	NORMAL	NS	NS	NO	NIL	NIL	VD	2.8	0	3 DAYS	NAT	NIL
364	364	R	1	27.7	31	5	1	1	3	23-11-2022	30-08-2023	35+6	10.4	216000	NHC	NORMAL	NS	NS	NO	NIL	NIL	ND	2.9	NO DATA	4 DAYS	NAT	NO DATA
365	365	R	1	31.1	23	2	1	1	0	12-11-2022	19-08-2023	37+0	13.2	349000	NNC	NORMAL	NS	NS	NO	NIL	NIL	VD	3.1	0	4 DAYS	NAT	NIL
366	366	R	1	27.9	22	1	0	0	0	12-12-2022	04-09-2023	34+0	11.4	187000	NHC	NORMAL	NS	NS	NO	NIL	NIL	CS	3.4	0	4 DAYS	NAT	NIL
367	367	R	1	23.7	32	1	0	0	0	11-06-2023	17-03-2024	36+5	11.4	186000	NHC	NORMAL	NS	NS	NO	NIL	NIL	VD	3.2	0	4 DAYS	NAT	NIL
368	368	R	1	28.5	20	1	0	0	0	02-06-2022	09-03-2023	35+4	11.2	255000	NNC	NORMAL	NS	NS	NO	NIL	NIL	VD	2.6	0	4 DAYS	NAT	NIL
369	369	R	1	23.4	23	3	0	0	2	02-06-2022	09-03-2023	35+4	12.1	307000	NNC	NORMAL	NS	NS	NO	NIL	NIL	VD	ND	0	3 DAYS	NAT	NIL
370	370	R	1	23.6	28	4	2	1	0	07-05-2022	11-02-2023	38+0	12.6	115000	NLC WITH THROMBOCYTOPENIA	GESTATIONAL THROMBOCYTOPENIA	NS	NS	NO	NIL	NIL	VD	3.2	0	4 DAYS	NAT	NIL
371	371	R	1	22.9	27	1	0	0	0	31-05-2022	07-03-2023	36+6	11.8	239000	NHC	NORMAL	NS	NS	NO	NIL	NIL	ND	ND	NO DATA	4 DAYS	NO DATA	NO DATA
372	372	R	1	20.1	28	1	0	0	0	05-06-2022	12-03-2023	36+1	11.2	167000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	ND	0	2 DAYS	NAT	NIL
373	373	R	1	28.4	28	1	0	0	0	23-05-2022	27-02-2023	38+0	11	230000	NHC	NORMAL	NS	NA	NO	NIL	NIL	ND	3.2	NO DATA	5 DAYS	NAT	NIL
374	374	R	1	18.3	25	5	1	1	3	03-06-2022	10-03-2023	35+3	11.7	174000	NHC	NORMAL	NS	NA	NO	NIL	NIL	ND	2.8	NO DATA	4 DAYS	NO DATA	NO DATA
375	375	R	1	27.8	26	4	2	2	0	06-06-2022	13-03-2023	35+0	9.1	236000	MHC	NORMAL	NS	NA	NO	NIL	NIL	CS	2.6	0	4 DAYS	NAT	NIL
376	376	R	1	24.4	25	3	1	1	1	13-05-2022	17-02-2023	38+0	12.5	263000	NHC	NORMAL	NS	NA	NO	NIL	NIL	VD	2.9	0	4 DAYS	NAT	NIL
377	377	R	1	26.3	21	4	2	2	1	14-07-2023	30-06-2024	37+5	11.1	260000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	3	0	4 DAYS	NAT	NIL
378	378	R	1	23.9	28	2	1	1	0	29-09-2023	02-07-2024	37+2	10.8	216000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	3.2	0	4 DAYS	NAT	NIL
379	379	R	1	23.6	23	2	1	1	0	01-09-2023	17-06-2024	39+6	10.4	274000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	3.2	0	4 DAYS	NAT	NIL
380	380	R	1	25.9	24	1	0	0	0	14-09-2023	20-06-2024	39+1	12.4	253000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	CS	2.4	0	4 DAYS	NAT	NIL
381	381	R	1	23.6	23	2	1	1	0	01-09-2023	17-06-2024	39+6	10.4	274000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.4	0	4 DAYS	NAT	NIL
382	382	R	1	38.4	21	2	0	0	1	11-09-2023	17-06-2024	39+4	9.6	250000	NHC	NORMAL	NS	NA	NO	NIL	NIL	VD	2.5	0	4 DAYS	NAT	NIL
383	383	R	1	23.9	23	2	1	1	0	19-09-2023	26-06-2024	38+5	9.9	315000	NHC	NORMAL	NS	NA	NO	NIL	NIL	VD	2	0	4 DAYS	NAT	NIL
384	384	R	1	27.8	29	3	2	2	0	20-09-2023	26-06-2024	37+6	10.9	331000	NHC	NORMAL	NS	NA	NO	NIL	NIL	VD	2.1	0	4 DAYS	NAT	NIL
385	385	R	1	21.8	23	4	1	1	2	09-09-2023	15-06-2024	39+2	11.8	241000	NHC	NORMAL	NS	NA	NO	NIL	NIL	VD	2.8	0	4 DAYS	NAT	NIL
386	386	R	1	26.3	22	1	0	0	0	12-09-2023	18-06-2024	39+6	12	289000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.8	0	4 DAYS	NAT	NIL
387	387	R	1	30.8	25	2	0	0	1	14-09-2023	27-06-2024	38+4	11.9	264000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.8	0	4 DAYS	NAT	NIL
388	388	R	1	36	21	1	0	0	0	30-09-2023	06-07-2024	37+3	14.3	172000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.8	0	4 DAYS	NAT	NIL
389	389	R	1	23.8	19	1	0	0	0	09-09-2023	04-07-2024	37+4	11.5	219000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.8	0	4 DAYS	NAT	NIL
390	390	R	1	26.8	30	3	1	1	1	15-09-2023	21-06-2024	39+3	10.6	239000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.8	0	4 DAYS	NAT	NIL
391	391	R	1	19.7	28	4	3	3	0	18-09-2023	24-06-2024	38+6	10.5	187000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.8	0	3 DAYS	NAT	NIL
392	392	UR	1	19.4	22	1	0	0	0	UNKNOWN	12-07-2024	36+3	7.6	261000	NHC	NORMAL	NS	NA	NO	NIL	NIL	VD	2.8	0	4 DAYS	NAT	NIL
393	393	R	1	34.2	24	2	1	1	0	08-08-2023	14-05-2024	39+2	11.8	401000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.8	0	5 DAYS	NAT	NIL

394	394	R	1	26	26	1	0	0	0	17-08-2023	01-06-2024	37+4	13.7	148000	NNC WITH MILD THROMBOCYTOPENIA	GESTATIONAL THROMBOCYTOPENIA	NS	NA	NO	NIL	NIL	VD	2.8	0	4 DAYS	NAT	NIL
395	395	UR	1	38.2	20	1	0	0	0	19-08-2023	25-05-2024	37+5	11.8	73000	NNC WITH THROMBOCYTOPENIA	HELLP SYNDROME	NS	NA	YES	NIL	1 SDP	CS	2.8	0	5 DAYS	NAT	NIL
396	396	R	1	25.1	25	2	1	1	0	15-08-2023	21-05-2024	39+0	11.7	153000	NNC	NORMAL	NS	NA	NO	NIL	NIL	VD	2.8	0	2 DAYS	NAT	NIL
397	397	R	1	25	30	4	1	1	2	19-08-2023	25-05-2024	38+5	10.2	342000	NHC	NORMAL	NS	NA	NO	NIL	NIL	CS	2.8	0	5 DAYS	NAT	NIL
398	398	UR	1	32.4	25	3	2	2	0	30-08-2023	05-06-2024	36+5	10.3	324000	NHC	NORMAL	NS	NA	NO	NIL	NIL	VD	2.8	0	5 DAYS	NAT	NIL
399	399	UR	1	24.4	29	3	2	2	0	08-08-2023	14-05-2024	40+0	10	225000	NHC	NORMAL	NS	NA	NO	NIL	NIL	VD	2.8	0	4 DAYS	NAT	NIL
400	400	R	1	26.8	22	2	0	0	1	05-08-2023	21-05-2024	39+0	12.5	219000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.8	0	2 DAYS	NAT	NIL
401	401	R	1	24.9	23	2	1	1	0	13-08-2023	19-05-2024	39+2	8.2	357000	MHC	NORMAL	NS	NA	NO	NIL	NIL	VD	2.8	0	3 DAYS	NAT	NIL
402	402	R	1	25.1	30	3	2	2	0	22-08-2023	28-05-2024	37+2	9.2	261000	MHC	NORMAL	NS	NA	NO	NIL	NIL	VD	2.8	0	3 DAYS	NAT	NIL
403	403	R	1	22.6	26	1	0	0	0	12-08-2023	18-05-2024	39+3	10.8	110000	MHC WITH THROMBOCYTOPENIA	GESTATIONAL THROMBOCYTOPENIA	NS	NA	YES	NIL	NIL	CS	2.8	0	2 DASY	NAT	NIL
404	404	UR	1	25.6	37	8	1	1	6	26-10-2023	18-07-2024	32+0	10.9	281000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.8	0	4 DAYS	NAT	NIL
405	405	R	1	28.7	30	2	0	0	1	06-08-2023	12-05-2024	40+0	10.9	225000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.8	0	5 DAYS	NAT	NIL
406	406	UR	1	24	27	2	1	1	0	28-03-2023	03-06-2024	37+0	11.6	283000	NHC	NORMAL	NS	NA	NO	NIL	NIL	CS	2.8	0	6 DAYS	NAT	NIL
407	407	R	1	20.3	24	3	2	1	0	28-08-2023	03-06-2024	37+4	12.8	223000	NEUTROPHILIC LEUCOCYTOSIS	NORMAL	NS	NA	NO	NIL	NIL	VD	2.8	0	2 DAYS	NAT	NIL
408	408	R	1	28.3	26	2	1	1	0	30-08-2023	05-06-2024	37+1	12.9	173000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.8	0	3 DAYS	NAT	NIL
409	409	R	1	26.8	21	1	0	0	0	UNKNOWN	08-05-2024	40+0	10.5	233000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.8	0	3 DAYS	NAT	NIL
410	410	R	1	21	23	1	0	0	0	29-08-2023	09-06-2024	36+4	13	301000	NORMAL BLOOD PICTURE	NORMAL	NS	312pg/dl	NO	NIL	NIL	VD	2.8	0	4 DAYS	NAT	NIL
411	411	R	1	20.2	29	2	1	1	0	19-08-2023	25-05-2024	38+4	13.9	168000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.8	0	5 DAYS	NAT	NIL
412	412	R	1	29	21	3	2	2	0	28-08-2023	03-06-2024	37+1	11.3	227000	NNC	NORMAL	NS	NA	NO	NIL	NIL	VD	2.8	0	4 DAYS	NAT	NIL
413	413	R	1	23.9	23	1	0	0	0	20-08-2023	26-05-2024	38+5	12.8	213000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.8	0	3 DAYS	NAT	NIL
414	414	R	1	34.7	27	4	2	2	0	12-09-2023	18-06-2024	35+0	9.2	230000	MHC	NORMAL	NS	NA	NO	NIL	NIL	VD	2.8	0	2 DAYS	NAT	NIL
415	415	UR	1	23	23	3	1	1	1	20-08-2023	26-05-2024	38+6	11.3	146000	MACROCYTIC ANEMIA WITH POLYMORPHIC NEUTROPHILS	VIT B12 DEFICIENCY	NS	NA	NO	NIL	NIL	VD	2.8	0	2 DAYS	NAT	NIL
416	416	R	1	25.8	33	5	3	2	1	12-09-2023	18-07-2024	32+0	10.5	138000	NHC ANEMIA WITH THROMBOCYTOPENIA	GESTATIONAL THROMBOCYTOPENIA	NS	NA	YES	NIL	NIL	VD	2.8	0	3 DAYS	NAT	NIL
417	417	R	1	24.4	21	2	1	1	0	22-08-2023	28-05-2024	38+3	10.9	193000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.8	0	4 DAYS	NAT	NIL
418	418	UR	1	19.3	23	1	0	0	0	01-09-2023	07-06-2024	37+1	10.2	338000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.8	0	4 DAYS	NAT	NIL
419	419	UR	1	38.7	25	4	2	2	1	26-08-2023	09-06-2024	36+5	10.7	220000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.8	0	2 DAYS	NAT	NIL
420	420	UR	1	22.8	24	1	0	0	0	11-08-2023	17-05-2024	40+0	12.2	290000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.8	0	5 DAYS	NAT	NIL
421	421	R	1	27.6	30	2	0	0	1	28-08-2023	05-06-2024	37+0	13.1	146000	NORMAL BLOOD PICTURE	GESTATIONAL THROMBOCYTOPENIA	NS	NA	NO	NIL	NIL	VD	2.8	0	4 DAYS	NAT	NIL
422	422	R	1	33.8	25	2	1	1	0	23-08-2023	25-06-2024	38+5	11.2	195000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	CS	2.8	0	4 DAYS	NAT	NIL
423	423	UR	1	25.5	25	2	0	0	1	29-08-2023	04-06-2024	36+6	12.6	292000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	CS	2.8	0	3 DAYS	NAT	NIL
424	424	UR	1	28.1	29	3	2	2	0	28-08-2023	03-06-2024	37+5	11.3	254000	NNC	NORMAL	NS	NA	NO	NIL	NIL	CS	2.8	0	4 DAYS	NAT	NIL
425	425	UR	1	19.7	22	1	0	0	0	14-09-2023	20-06-2024	35+1	10.5	281000	NNC	NORMAL	NS	NA	NO	NIL	NIL	VD	2.8	0	6 DAYS	NAT	NIL
426	426	R	1	28.7	37	4	3	0	0	01-09-2023	08-06-2024	37+0	10.3	267000	NNC	NORMAL	NS	NA	NO	NIL	NIL	VD	2.8	0	5 DAYS	NAT	NIL
427	427	UR	1	29.4	21	1	0	0	0	15-09-2023	29-06-2024	33+6	12.5	298000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.8	0	5 DAYS	NAT	NIL
428	428	R	1	17.6	30	1	0	0	1	01-09-2023	07-06-2024	37+1	10.8	219000	NNC	NORMAL	NS	NA	NO	NIL	NIL	VD	2.8	0	2 DAYS	NAT	NIL
429	429	R	1	20	21	2	0	0	1	26-08-2023	01-06-2024	38+0	14	206000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.8	0	3 DAYS	NAT	NIL
430	430	R	1	27.3	22	3	1	1	1	23-08-2023	10-06-2024	36+6	12	203000	NNC	NORMAL	NS	NA	NO	NIL	NIL	VD	2.8	0	4 DAYS	NAT	NIL
431	431	R	1	22.2	26	6	3	3	2	28-08-2023	03-06-2024	37+6	10.3	249000	NNC	NORMAL	NS	NA	NO	NIL	NIL	VD	2.8	0	4 DAYS	NAT	NIL
432	432	R	1	27.3	22	3	1	1	1	23-08-2023	10-06-2024	36+6	12	203000	NNC	NORMAL	NS	NA	NO	NIL	NIL	VD	2.8	0	4 DAYS	NAT	NIL
433	433	R	1	27.7	23	2	1	1	0	14-09-2023	10-06-2024	36+6	13.3	180000	NNC	NORMAL	NS	NA	NO	NIL	NIL	CS	2.8	0	4 DAYS	NAT	NIL
434	434	UR	1	25.1	33	2	0	0	1	26-08-2023	01-06-2024	37+5	12	142000	NORMAL BLOOD PICTURE	GESTATIONAL THROMBOCYTOPENIA	NS	NA	NO	NIL	NIL	VD	2.8	0	4 DAYS	NAT	NIL
435	435	R	1	35.5	32	1	0	0	0	21-10-2023	06-08-2024	32+0	11.2	189000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.8	0	3 DAYS	NAT	NIL
436	436	UR	1	32	27	1	0	0	0	25-08-2023	30-05-2024	37+5	12.6	125000	NNC WITH THROMBOCYTOPENIA	GESTATIONAL THROMBOCYTOPENIA	NS	NA	NO	NIL	NIL	VD	2.8	0	4 DAYS	NAT	NIL
437	437	R	1	24.7	26	1	0	0	0	17-08-2023	23-05-2024	38+4	11.5	272000	NNC	NORMAL	NS	NA	NO	NIL	NIL	VD	2.8	0	4 DAYS	NAT	NIL
438	438	R	1	32.5	31	3	2	2	0	28-08-2023	03-06-2024	35+1	10.3	189000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.8	0	2 DAYS	NAT	NIL
439	439	R	1	25.8	23	1	0	0	0	03-09-2023	09-06-2024	37+1	12.7	174000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.8	0	5 DAYS	NAT	NIL
440	440	R	1	22.2	25	1	0	0	0	05-09-2023	11-06-2024	36+4	8.2	360000	MICROCYTIC HYPOCHROMIC ANEMIA	NORMAL	NS	NA	NO	NIL	NIL	VD	2.8	0	4 DAYS	NAT	NIL

441	441	R	1	23.3	26	2	0	0	1	01-09-2023	07-06-2024	37+4	14.4	188000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	ND	0	4 DAYS	NAT	NIL
442	442	R	1	24.1	20	2	1	1	0	22-08-2023	28-05-2024	39+2	10.9	193000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	ND	0	4 DAYS	NAT	NIL
443	443	R	1	28.2	28	4	1	1	2	18-10-2023	14-11-2024	32+3	13.8	317000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	ND	3.4	0	4 DAYS	NAT	NIL
444	444	R	1	30	34	2	1	1	0	20-09-2023	02-07-2024	34+1	12.2	145000	NORMAL BLOOD PICTURE	GESTATIONAL THROMBOCYTOPENIA	NS	NA	NO	NIL	NIL	ND	2.8	0	4 DAYS	NAT	NIL
445	445	UR	1	19.9	27	2	1	1	0	22-08-2023	28-05-2024	39+1	12.9	204000	NORMAL BLOOD PICTURE	NORMAL	NS	198pg/dl	NO	NIL	NIL	CS	2.6	0	4 DAYS	NAT	NIL
446	446	R	1	21.4	23	3	0	0	2	12-08-2023	18-05-2024	39+2	12.6	170000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.9	0	4 DAYS	NAT	NIL
447	447	R	1	21.1	25	3	2	2	0	17-09-2023	24-06-2024	35+2	12.4	268000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.9	0	4 DAYS	NAT	NIL
448	448	R	1	20	28	3	0	0	2	22-08-2023	28-05-2024	39+1	13.6	197000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.9	0	4 DAYS	NAT	NIL
449	449	R	1	31	24	3	0	0	2	16-08-2023	22-05-2024	40+0	11.3	142000	NORMAL BLOOD PICTURE	DENGUE	NS	NA	NO	NIL	NIL	VD	2.9	0	4 DAYS	NAT	NIL
450	450	R	1	23	24	1	0	0	0	12-09-2023	18-06-2024	36+1	12.9	65000	NEUTROPHILIC LEUCOCYTOSIS WITH THROMBOCYTOPENIA	VIT B 12 DEFICIENCY	NS	NA	NO	NIL	NIL	VD	2.9	0	4 DAYS	NAT	NIL
451	451	R	1	24.4	24	1	0	0	0	06-09-2023	12-06-2024	37+0	9.8	288000	NHC	NORMAL	NS	NA	NO	NIL	NIL	VD	2.9	0	4 DAYS	NAT	NIL
452	452	R	1	26.8	24	2	1	1	0	24-08-2023	30-05-2024	39+0	11.9	251000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.9	0	4 DAYS	NAT	NIL
453	453	R	1	23.7	23	2	1	1	0	08-09-2023	14-06-2024	36+6	10.7	198000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.9	0	4 DAYS	NAT	NIL
454	454	R	1	24.7	28	1	0	0	0	21-09-2023	27-06-2024	35+0	10.8	123000	NNC WITH THROMBOCYTOPENIA	GESTATIONAL THROMBOCYTOPENIA	NS	NA	NO	NIL	NIL	VD	2.9	0	4 DAYS	NAT	NIL
455	455	R	1	23.4	27	2	1	1	0	21-09-2023	27-06-2024	35+0	10.9	279000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.9	0	4 DAYS	NAT	NIL
456	456	R	1	21.1	21	2	0	0	1	27-08-2023	02-06-2024	38+4	11.3	152000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.8	0	4 DAYS	NAT	NIL
457	457	R	1	30.4	30	2	1	1	0	17-08-2023	23-05-2024	40+0	9.7	222000	NHC	NORMAL	NS	NA	NO	NIL	NIL	VD	2.9	0	3 DAYS	NAT	NIL
458	458	R	1	26.8	23	2	1	1	0	24-08-2023	30-05-2024	39+0	11.9	251000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	CS	2.9	0	4 DAYS	NAT	NIL
459	459	R	1	20.3	30	2	1	1	0	05-10-2023	11-07-2024	33+0	11.6	221000	NORMAL BLOOD PICTURE	NORMAL	GESTATIONAL THROMBOCYTOPENIA IN PAST PREGNANCY	NA	NO	NIL	NIL	VD	2.9	0	5 DAYS	NAT	NIL
460	460	R	1	23.4	25	1	0	0	0	27-08-2023	02-06-2024	38+4	11.9	182000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.9	0	4 DAYS	NAT	NIL
461	461	R	1	20.9	28	4	1	1	2	08-09-2023	14-05-2024	37+0	10.6	267000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.9	0	5 DAYS	NAT	NIL
462	462	R	1	19.9	22	1	0	0	0	25-08-2023	31-05-2024	39+0	11.9	213000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.9	0	4 DAYS	NAT	NIL
463	463	R	1	24	23	1	0	0	0	13-08-2023	30-05-2024	39+3	13.1	258000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.9	0	6 DAYS	NAT	NIL
464	464	R	1	42	27	1	0	0	0	25-08-2023	31-05-2024	39+2	13.3	210000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	3.1	0	5 DAYS	NAT	NIL
465	465	R	1	23.1	26	3	2	2	0	29-08-2023	28-05-2024	39+5	12.1	217000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	ND	0	3 DAYS	NAT	NIL
466	466	R	1	24.9	24	1	0	0	0	05-09-2023	11-06-2024	37+5	13.2	213000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	CS	2.8	0	5 DAYS	NAT	NIL
467	467	R	1	20.7	23	1	0	0	0	15-09-2023	21-06-2024	36+2	9.3	217000	NHC	NORMAL	NS	NA	NO	NIL	NIL	ND	ND	0	3 DAYS	NAT	NIL
468	468	R	1	26.3	24	1	0	0	0	17-08-2023	23-05-2024	38+5	11.5	290000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	CS	3.1	0	4 DAYS	NAT	NIL
469	469	UR	1	22.3	23	1	0	0	0	20-08-2023	26-05-2024	39+6	12.5	215000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	ND	2.8	0	2 DAYS	NAT	NIL
470	470	UR	1	19.3	30	3	2	2	0	23-08-2023	29-05-2024	39+4	11.9	138000	NNC WITH THROMBOCYTOPENIA	GESTATIONAL THROMBOCYTOPENIA	NS	NA	NO	NIL	NIL	VD	ND	0	3 DAYS	NAT	NIL
471	471	UR	1	18.1	30	3	2	3	0	07-09-2023	13-06-2024	37+2	13.3	177000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.8	0	6 DAYS	NAT	NIL
472	472	R	1	24.4	21	1	0	0	0	26-11-2023	01-09-2024	32+4	10.6	233000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	ND	2.9	0	1 DAYS	NAT	NIL
473	473	R	1	21.9	24	3	1	1	1	03-11-2023	09-08-2024	35+6	10.7	144000	NHC WITH THROMBOCYTOPENIA	GESTATIONAL THROMBOCYTOPENIA	NS	NA	NO	NIL	NIL	VD	3.2	0	2 DAYS	NAT	NIL
474	474	UR	1	25.9	21	1	0	0	0	11-10-2023	17-07-2024	39+1	12.3	89000	NNC WITH THROMBOCYTOPENIA	DENGUE	FEVER	NA	NO	NIL	NIL	CS	ND	0	3 DAYS	NAT	NIL
475	475	R	1	35.1	27	3	2	2	0	27-11-2023	02-09-2024	32+2	7.2	269000	MHC	NORMAL	NS	NA	NO	NIL	NIL	CS	2.7	0	0 DAYS	NAT	NIL
476	476	R	1	18.3	25	5	1	1	3	03-06-2022	10-03-2023	35+3	11.7	174000	NHC	NORMAL	NS	NA	NO	NIL	NIL	ND	2.4	0	0 DAYS	NAT	NIL
477	477	R	1	27.8	26	4	2	2	1	06-06-2022	13-03-2023	35+0	9.1	236000	MHC	NORMAL	NS	NA	NO	NIL	NIL	CS	2.7	0	0 DAYS	NAT	NIL
478	478	R	1	24.4	25	3	1	1	1	13-05-2022	17-02-2023	38+0	12.5	263000	NHC	NORMAL	NS	NA	NO	NIL	NIL	VD	2.6	0	4 DAYS	NAT	NIL
479	479	R	1	26.9	25	1	0	0	0	14-05-2022	18-02-2023	38+0	8.5	316000	MHC	NORMAL	NS	NA	NO	NIL	NIL	VD	2.1	0	6 DAYS	NAT	NIL
480	480	R	1	35.9	18	1	0	0	0	26-05-2022	02-03-2023	36+4	11.1	227000	NHC	NORMAL	NS	NA	NO	NIL	NIL	VD	ND	0	3 DAYS	NAT	NIL
481	481	R	1	23.6	31	1	0	0	0	25-05-2022	01-03-2023	36+6	9.2	49000	MHC WITH THROMBOCYTOPENIA	DIC	ABRUPTION	NA	YES	NIL	1 PRBC 2 SDP 1 FFP	CD	2.5	NICU	4 DAYS	NAT	NIL
482	482	R	1	28.5	20	1	0	0	0	02-06-2022	09-03-2023	35+4	11.2	255000	NNC	NORMAL	NS	NA	NO	NIL	NIL	ND	2.5	0	0 DAYS	NAT	NIL
483	483	R	1	23.4	23	3	0	0	2	02-06-2022	09-03-2023	35+4	12.1	307000	NNC	NORMAL	NS	NA	NO	NIL	NIL	VD	2.5	0	6 DAYS	NAT	NIL
484	484	R	1	23.6	28	4	2	1	0	07-05-2022	11-02-2023	38+0	12.6	115000	NLC WITH THROMBOCYTOPENIA	GESTATIONAL THROMBOCYTOPENIA	GESTATIONAL THROMBOCYTOPENIA IN PAST PREGNANCY	NA	NO	NIL	NIL	VD	2.5	0	1 DAYS	NAT	NIL
485	485	R	1	22.9	27	1	0	0	0	31-05-2022	07-03-2023	36+6	11.8	239000	NHC	NORMAL	NS	NA	NO	NIL	NIL	VD	2.5	0	0 DAYS	NAT	NIL

486	486	R	1	20.1	28	1	0	0	0	05-06-2022	12-03-2023	36+1	11.2	98000	NHCWITH THROMBOCYTOPENIA	GESTATIONAL THROMBOCYTOPENIA	NS	NA	NO	NIL	NIL	VD	2.5	0	2 DAYS	NAT	NIL
487	487	UR	1	28.4	28	1	0	0	0	23-05-2022	27-02-2023	38+0	11	230000	NHC	NORMAL	NS	NA	NO	NIL	NIL	VD	2.5	0	0 DAYS	NAT	NIL
488	488	UR	1	23.9	22	1	0	0	0	28-05-2022	04-03-2023	37+2	14.1	121000	NNC	DENGUE	FEVER 2 MONTHS AGO	NA	NO	NIL	NIL	VD	3.2	0	6 DAYS	NAT	NIL
489	489	R	1	26.7	28	3	2	1	0	29-07-2022	05-05-2023	35+0	11.8	236000	NHC	NORMAL	NS	NS	NO	NIL	NIL	VD	2.5	0	0 DAYS	NAT	NIL
490	490	R	1	25.5	30	3	1	1	1	16-06-2022	23-03-2023	36+6	11.5	190000	NHC	NORMAL	NS	NS	NO	NIL	NIL	CS	2.8	0	5 DAYS	NAT	NIL
491	491	UR	1	23.6	22	1	0	0	0	02-06-2022	09-03-2023	38+0	12	28000	NNC WITH THROMBOCYTOPENIA	DENGUE	NS	NS	NO	NIL	NIL	VD	2.7	0	0 DAYS	NAT	NIL
492	492	R	1	24	23	1	0	0	0	27-06-2022	03-04-2023	35+5	12.6	150000	NNC	NORMAL	PREVIOUS PREGNANCY GHTN	NS	NO	NIL	NIL	VD	ND	0	2 DAYS	NAT	NIL
493	493	R	1	28.4	29	3	2	1	0	15-05-2022	25-03-2023	38+0	10.9	225000	NNC	NORMAL	PREVIOUS PREGNANCY GHTN	NS	NO	NIL	NIL	VD	ND	0	2 DAYS	NAT	NIL
494	494	R	1	26.9	32	2	1	1	0	07-04-2024	12-01-2025	34+2	12.8	162000	NORMAL BLOOD PICTURE	NORMAL	PREVIOUS HISTORY OF GESTATIONAL THROMBOCYTOPENIA	NS	NO	NIL	NIL	ND	ND	0	3 DAYS	NAT	NIL
495	495	R	1	26.9	32	2	1	1	0	08-04-2024	13-01-2025	34+3	12.8	162000	NORMAL BLOOD PICTURE	NORMAL	PREVIOUS HISTORY OF GESTATIONAL THROMBOCYTOPENIA	NS	NO	NIL	NIL	ND	3.2	0	4 DAYS	NAT	NIL
496	496	R	1	33.7	29	1	0	0	0	14-10-2022	21-07-2023	34+4	12.8	165000	NNC	NORMAL	NS	NS	NO	NIL	NIL	ND	ND	NO DATA	4 DAYS	NO DATA	NO DATA
497	497	UR	1	23.6	22	2	0	0	1	11-10-2022	22-07-2023	34+8	12	176000	NNC	NORMAL	NS	NS	NO	NIL	NIL	VD	ND	0	2 DAYS	NAT	NIL
498	498	R	1	26.6	22	2	1	0	0	29-10-2022	05-08-2023	35+1	11.2	353000	NNC	NORMAL	NS	NS	NO	NIL	NIL	ND	3.2	NO DATA	5 DAYS	NAT	NIL
499	499	R	1	27.7	28	1	0	0	0	27-10-2022	09-08-2023	36+4	11	232000	NHC	NORMAL	NS	NS	NO	NIL	NIL	ND	2.8	NO DATA	4 DAYS	NO DATA	NO DATA
500	500	R	1	27.7	31	5	1	1	3	23-11-2022	30-08-2023	35+6	10.4	216000	NHC	NORMAL	NS	NS	NO	NIL	NIL	CS	2.8	0	4 DAYS	NAT	NIL
501	501	R	1	31.1	23	2	1	1	0	12-11-2022	19-08-2023	37+0	13.2	349000	NNC	NORMAL	NS	NS	NO	NIL	NIL	VD	2.9	0	3 DAYS	NAT	NIL
502	502	R	1	27.9	22	1	0	0	0	12-12-2022	04-09-2023	34+0	12.8	189000	NHC	NORMAL	NS	NS	NO	NIL	NIL	CS	2.7	0	4 DAYS	NAT	NIL
503	503	R	1	23.7	32	1	0	0	0	11-06-2023	17-03-2024	34+6	11.4	186000	NHC	NORMAL	NS	NS	NO	NIL	NIL	VD	3.2	0	6 DAYS	NAT	NIL
504	504	R	1	27	34	2	1	1	0	03-05-2023	07-02-2024	35+5	9.2	190000	MHC	NORMAL	PREVIOUS PREGNANCY GHTN	NS	NO	NIL	NIL	VD	2.6	0	5 DAYS	NAT	NIL
505	505	R	1	23.6	22	2	0	0	1	11-10-2022	22-07-2023	34+8	12	165000	NNC	NORMAL	NS	NS	NO	NIL	NIL	VD	2.8	0	5 DAYS	NAT	NIL
506	506	R	1	26.6	22	2	1	0	0	29-10-2022	05-08-2023	35+1	11.2	353000	NNC	NORMAL	NS	NS	NO	NIL	NIL	VD	ND	0	2 DAYS	NAT	NIL
507	507	R	1	27.7	28	1	0	0	0	27-10-2022	09-08-2023	36+4	11	232000	NHC	NORMAL	NS	NS	NO	NIL	NIL	VD	2.8	0	3 DAYS	NAT	NIL
508	508	R	1	27.7	31	5	1	1	3	23-11-2022	30-08-2023	35+6	10.4	216000	NHC	NORMAL	NS	NS	NO	NIL	NIL	ND	2.9	NO DATA	4 DAYS	NAT	NO DATA
509	509	R	1	31.1	23	2	1	1	0	12-11-2022	19-08-2023	37+0	13.2	349000	NNC	NORMAL	NS	NS	NO	NIL	NIL	VD	3.1	0	4 DAYS	NAT	NIL
510	510	R	1	27.9	22	1	0	0	0	12-12-2022	04-09-2023	34+0	11.4	187000	NHC	NORMAL	NS	NS	NO	NIL	NIL	CS	3.4	0	4 DAYS	NAT	NIL
511	511	R	1	23.7	32	1	0	0	0	11-06-2023	17-03-2024	36+5	11.4	186000	NHC	NORMAL	NS	NS	NO	NIL	NIL	VD	3.2	0	4 DAYS	NAT	NIL
512	512	R	1	28.5	20	1	0	0	0	02-06-2022	09-03-2023	35+4	11.2	255000	NNC	NORMAL	NS	NS	NO	NIL	NIL	VD	2.6	0	4 DAYS	NAT	NIL
513	513	R	1	23.4	23	3	0	0	2	02-06-2022	09-03-2023	35+4	12.1	307000	NNC	NORMAL	NS	NS	NO	NIL	NIL	VD	ND	0	3 DAYS	NAT	NIL
514	514	R	1	23.6	28	4	2	1	0	07-05-2022	11-02-2023	38+0	12.6	115000	NLC WITH THROMBOCYTOPENIA	GESTATIONAL THROMBOCYTOPENIA	NS	NA	NO	NIL	NIL	VD	3.2	0	4 DAYS	NAT	NIL
515	515	R	1	22.9	27	1	0	0	0	31-05-2022	07-03-2023	36+6	11.8	239000	NHC	NORMAL	NS	NA	NO	NIL	NIL	ND	ND	NO DATA	4 DAYS	NO DATA	NO DATA
516	516	R	1	20.1	28	1	0	0	0	05-06-2022	12-03-2023	36+1	11.2	167000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	ND	0	2 DAYS	NAT	NIL
517	517	R	1	28.4	28	1	0	0	0	23-05-2022	27-02-2023	38+0	11	230000	NHC	NORMAL	NS	NA	NO	NIL	NIL	ND	3.2	NO DATA	5 DAYS	NAT	NIL
518	518	R	1	18.3	25	5	1	1	3	03-06-2022	10-03-2023	35+3	11.7	174000	NHC	NORMAL	NS	NA	NO	NIL	NIL	ND	3.2	NO DATA	4 DAYS	NO DATA	NO DATA
519	519	R	1	27.8	26	4	2	2	0	06-06-2022	13-03-2023	35+0	9.1	236000	MHC	NORMAL	NS	NA	NO	NIL	NIL	CS	3.2	0	4 DAYS	NAT	NIL
520	520	R	1	24.4	25	3	1	1	1	13-05-2022	17-02-2023	38+0	12.5	263000	NHC	NORMAL	NS	NA	NO	NIL	NIL	VD	3.2	0	6 DAYS	NAT	NIL
521	521	R	1	26.3	21	4	2	2	1	14-07-2023	30-06-2024	37+5	11.1	260000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	3.2	0	5 DAYS	NAT	NIL
522	522	R	1	23.9	28	2	1	1	0	29-09-2023	02-07-2024	37+2	10.8	216000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	3.2	0	5 DAYS	NAT	NIL
523	523	R	1	23.6	23	2	1	1	0	01-09-2023	17-06-2024	39+6	10.4	274000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	3.2	0	4 DAYS	NAT	NIL
524	524	R	1	25.9	24	1	0	0	0	14-09-2023	20-06-2024	39+1	12.4	253000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	CS	3.2	0	5 DAYS	NAT	NIL
525	525	R	1	23.6	23	2	1	1	0	01-09-2023	17-06-2024	39+6	10.4	274000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	3.2	0	6 DAYS	NAT	NIL
526	526	R	1	38.4	21	2	0	0	1	11-09-2023	17-06-2024	39+4	9.6	250000	NHC	NORMAL	NS	NA	NO	NIL	NIL	VD	3.2	0	7 DAYS	NAT	NIL
527	527	R	1	23.9	23	2	1	1	0	19-09-2023	26-06-2024	38+5	9.9	315000	NHC	NORMAL	NS	NA	NO	NIL	NIL	VD	3.2	0	6 DAYS	NAT	NIL
528	528	R	1	27.8	29	3	2	2	0	20-09-2023	26-06-2024	37+6	10.9	331000	NHC	NORMAL	NS	NA	NO	NIL	NIL	VD	3.2	0	4 DAYS	NAT	NIL
529	529	R	1	21.8	23	4	1	1	2	09-09-2023	15-06-2024	39+2	11.8	241000	NHC	NORMAL	NS	NA	NO	NIL	NIL	VD	3.2	0	4 DAYS	NAT	NIL
530	530	R	1	26.3	22	1	0	0	0	12-09-2023	18-06-2024	39+6	12	289000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	3.2	0	4 DAYS	NAT	NIL

531	531	R	1	30.8	25	2	0	0	1	14-09-2023	27-06-2024	38+4	11.9	264000	NORMAL BLOOD PICTURE	NORMAL	NS	NS	NO	NIL	NIL	VD	3.2	0	5 DAYS	NAT	NIL
532	532	R	1	36	21	1	0	0	0	30-09-2023	06-07-2024	37+3	14.3	172000	NORMAL BLOOD PICTURE	NORMAL	NS	NS	NO	NIL	NIL	VD	3.2	0	6 DAYS	NAT	NIL
533	533	R	1	23.8	19	1	0	0	0	09-09-2023	04-07-2024	37+4	11.5	219000	NORMAL BLOOD PICTURE	NORMAL	NS	NS	NO	NIL	NIL	VD	3.2	0	5 DAYS	NAT	NIL
534	534	R	1	26.8	30	3	1	1	1	15-09-2023	21-06-2024	39+3	10.6	239000	NORMAL BLOOD PICTURE	NORMAL	NS	NS	NO	NIL	NIL	VD	3.2	0	3 DAYS	NAT	NIL
535	535	R	1	19.7	28	4	3	3	0	18-09-2023	24-06-2024	38+6	10.5	187000	NORMAL BLOOD PICTURE	NORMAL	NS	NS	NO	NIL	NIL	VD	2.9	0	4 DAYS	NAT	NIL
536	536	UR	1	19.4	22	1	0	0	0	UNKNOWN	12-07-2024	36+3	7.6	261000	NHC	NORMAL	NS	NS	NO	NIL	NIL	VD	ND	0	2 DAYS	NAT	NIL
537	537	R	1	34.2	24	2	1	1	0	08-08-2023	14-05-2024	39+2	11.8	401000	NORMAL BLOOD PICTURE	NORMAL	NS	NS	NO	NIL	NIL	VD	ND	0	3 DAYS	NAT	NIL
538	538	R	1	27.9	27	2	1	1	0	01-04-2024	06-01-2025	34+0	13.8	280000	NORMAL BLOOD PICTURE	NORMAL	NS	NS	NO	NIL	NIL	ND	ND	0	3 DAYS	NAT	NIL
539	539	R	1	26.2	25	4	1	1	2	28-03-2024	02-01-2025	34+4	13	330000	NORMAL BLOOD PICTURE	NORMAL	NS	NS	NO	NIL	NIL	ND	ND	0	2 DASY	NAT	NIL
540	540	R	1	24.8	25	2	1	1	0	26-03-2024	31-12-2024	34+6	12.8	254000	NORMAL BLOOD PICTURE	NORMAL	NS	NS	NO	NIL	NIL	ND	ND	0	4 DAYS	NAT	NIL
541	541	R	1	22.9	24	1	0	0	0	20-03-2024	25-12-2024	35+5	12	284000	NORMAL BLOOD PICTURE	NORMAL	NS	NS	NO	NIL	NIL	ND	ND	0	5 DAYS	NAT	NIL
542	542	R	1	23	32	4	1	1	2	27-03-2024	01-01-2025	34+5	13.7	320000	NORMAL BLOOD PICTURE	NORMAL	NS	NS	NO	NIL	NIL	ND	ND	0	6 DAYS	NAT	NIL
543	543	R	1	23	26	1	0	0	0	04-04-2024	09-01-2025	33+4	11	283000	NORMAL BLOOD PICTURE	NORMAL	NS	NS	NO	NIL	NIL	ND	ND	0	2 DAYS	NAT	NIL
544	544	R	1	24.8	24	1	0	0	0	01-04-2024	06-01-2025	34+0	12.5	240000	NORMAL BLOOD PICTURE	NORMAL	NS	NS	NO	NIL	NIL	ND	ND	0	3 DAYS	NAT	NIL
545	545	R	1	22	23	1	0	0	0	10-04-2024	15-01-2025	33+0	11.8	320000	NORMAL BLOOD PICTURE	NORMAL	NS	NS	NO	NIL	NIL	ND	ND	0	3 DAYS	NAT	NIL
546	546	R	1	24.6	25	3	0	0	2	03-04-2024	08-01-2025	34+0	12	230000	NORMAL BLOOD PICTURE	NORMAL	NS	NS	NO	NIL	NIL	ND	3.1	0	4 DAYS	NAT	NIL
547	547	R	1	25.8	26	1	0	0	0	27-03-2024	01-01-2025	35+0	11.9	220000	NORMAL BLOOD PICTURE	NORMAL	NS	NS	NO	NIL	NIL	ND	2.6	0	5 DAYS	NAT	NIL
548	548	R	1	26.4	22	1	0	0	0	06-03-2024	11-12-2024	38+0	12.5	180000	NORMAL BLOOD PICTURE	NORMAL	NS	NS	NO	NIL	NIL	VD	3.9	0	4 DAYS	NAT	NIL
549	549	R	1	26.2	23	2	1	1	0	28-02-2024	04-12-2024	39+0	10.3	210000	NORMAL BLOOD PICTURE	NORMAL	NS	NS	NO	NIL	NIL	VD	ND	0	3 DAYS	NAT	NIL
550	550	R	1	28.9	24	1	0	0	0	27-02-2024	03-12-2024	40+0	9.8	135000	DIMORPHIC ANEMIA	VIT B12 DEFICIENCY	NS	NS	NO	NIL	NIL	CS	ND	0	2 DAYS	NAT	NIL
551	551	R	1	32.4	25	4	1	1	2	01-04-2024	06-01-2025	35+1	12.3	142000	NORMAL BLOOD PICTURE	GESTATIONAL THROMBOCYTOPENIA	NS	NS	NO	NIL	NIL	ND	ND	0	2 DAYS	NAT	NIL
552	552	R	1	26.9	32	2	1	1	0	07-04-2024	12-01-2025	34+2	12.8	162000	NORMAL BLOOD PICTURE	NORMAL	PREVIOUS HISTORY OF GESTATIONAL THROMBOCYTOPENIA	NS	NO	NIL	NIL	ND	2.9	0	4 DAYS	NAT	NIL
553	553	R	1	26.9	32	2	1	1	0	08-04-2024	13-01-2025	34+3	12.8	162000	NORMAL BLOOD PICTURE	NORMAL	PREVIOUS HISTORY OF GESTATIONAL THROMBOCYTOPENIA	NS	NO	NIL	NIL	ND	3	0	5 DAYS	NAT	NIL
554	554	R	1	19.3	30	3	2	2	0	31-03-2024	05-01-2025	39+4	11.9	138000	NORMAL BLOOD PICTURE	GESTATIONAL THROMBOCYTOPENIA	NS	NS	NO	NIL	NIL	VD	3.1	0	4 DAYS	NAT	NIL
555	555	R	1	22.6	26	1	0	0	0	03-04-2024	08-01-2025	33+5	10.3	230000	NORMAL BLOOD PICTURE	NORMAL	NS	NS	NO	NIL	NIL	VD	2.9	0	5 DAYS	NAT	NIL
556	556	UR	1	23.8	24	2	1	1	0	15-03-2024	20-12-2024	36+3	11.2	245000	NORMAL BLOOD PICTURE	NORMAL	NS	NS	NO	NIL	NIL	CS	ND	0	2 DAYS	NAT	NIL
557	557	R	1	26	23	1	0	0	0	08-03-2024	13-12-2024	37+3	10.8	380000	NORMAL BLOOD PICTURE	NORMAL	NS	NS	NO	NIL	NIL	VD	2.4	0	5 DAYS	NAT	NIL
558	558	R	1	23.7	22	1	0	0	0	29-03-2024	03-01-2025	34+3	11.8	324000	NORMAL BLOOD PICTURE	NORMAL	NS	NS	NO	NIL	NIL	ND	ND	NO DATA	5 DAYS	NAT	NIL
559	559	R	1	24.5	32	2	1	1	0	15-03-2024	20-12-2024	36+3	12	287000	NORMAL BLOOD PICTURE	NORMAL	NS	NS	NO	NIL	NIL	VD	ND	0	4 DAYS	NAT	NIL
560	560	R	1	25	21	2	1	1	0	29-03-2024	03-01-2025	34+3	11.7	340000	NORMAL BLOOD PICTURE	NORMAL	NS	NS	NO	NIL	NIL	VD	ND	0	2 DAYS	NAT	NIL
561	561	R	1	26.8	23	3	1	1	1	12-04-2024	17-01-2025	32+3	12.3	330000	NORMAL BLOOD PICTURE	NORMAL	NS	NS	NO	NIL	NIL	ND	ND	0	3 DAYS	NAT	NIL
562	562	R	1	27.9	27	2	1	1	0	01-04-2024	06-01-2025	34+0	13.8	280000	NORMAL BLOOD PICTURE	NORMAL	NS	NS	NO	NIL	NIL	ND	ND	0	3 DAYS	NAT	NIL
563	563	R	1	26.2	25	4	1	1	2	28-03-2024	02-01-2025	34+4	13	330000	NORMAL BLOOD PICTURE	NORMAL	NS	NS	NO	NIL	NIL	ND	ND	0	2 DASY	NAT	NIL
564	564	R	1	24.8	25	2	1	1	0	26-03-2024	31-12-2024	34+6	12.8	254000	NORMAL BLOOD PICTURE	NORMAL	NS	NS	NO	NIL	NIL	ND	ND	0	4 DAYS	NAT	NIL
565	565	R	1	22.9	24	1	0	0	0	20-03-2024	25-12-2024	35+5	12	284000	NORMAL BLOOD PICTURE	NORMAL	NS	NS	NO	NIL	NIL	ND	ND	0	5 DAYS	NAT	NIL
566	566	R	1	23	32	4	1	1	2	27-03-2024	01-01-2025	34+5	13.7	320000	NORMAL BLOOD PICTURE	NORMAL	NS	NS	NO	NIL	NIL	ND	ND	0	6 DAYS	NAT	NIL
567	567	R	1	23	26	1	0	0	0	04-04-2024	09-01-2025	33+4	11	283000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	ND	ND	0	2 DAYS	NAT	NIL
568	568	R	1	24.8	24	1	0	0	0	01-04-2024	06-01-2025	34+0	12.5	240000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	ND	ND	0	3 DAYS	NAT	NIL
569	569	R	1	22	23	1	0	0	0	10-04-2024	15-01-2025	33+0	11.8	320000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	ND	3.1	0	3 DAYS	NAT	NIL
570	570	R	1	24.6	25	3	0	0	2	03-04-2024	08-01-2025	34+0	12	230000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	ND	2.6	0	4 DAYS	NAT	NIL
571	571	R	1	25.8	26	1	0	0	0	27-03-2024	01-01-2025	35+0	11.9	220000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	ND	3.9	0	5 DAYS	NAT	NIL
572	572	R	1	26.4	22	1	0	0	0	06-03-2024	11-12-2024	38+0	12.5	180000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	ND	0	4 DAYS	NAT	NIL
573	573	R	1	26.2	23	2	1	1	0	28-02-2024	04-12-2024	39+0	10.3	210000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	ND	0	3 DAYS	NAT	NIL
574	574	R	1	28.9	24	1	0	0	0	27-02-2024	03-12-2024	40+0	9.8	135000	DIMORPHIC ANEMIA	VIT B12 DEFICIENCY	NS	NA	NO	NIL	NIL	CS	2.8	0	2 DAYS	NAT	NIL
575	575	R	1	32.4	25	4	1	1	2	01-04-2024	06-01-2025	35+1	12.3	142000	NORMAL BLOOD PICTURE	GESTATIONAL THROMBOCYTOPENIA	NS	NA	NO	NIL	NIL	ND	2.8	0	5 DAYS	NAT	NIL
576	576	R	1	26.9	32	2	1	1	0	07-04-2024	12-01-2025	34+2	12.8	162000	NORMAL BLOOD PICTURE	NORMAL	PREVIOUS HISTORY OF GESTATIONAL THROMBOCYTOPENIA	NA	NO	NIL	NIL	ND	2.8	0	5 DAYS	NAT	NIL

577	577	UR	1	24.4	29	3	2	2	0	08-08-2023	14-05-2024	40+0	10	225000	NHC	NORMAL	NS	NA	NO	NIL	NIL	VD	2.8	0	4 DAYS	NAT	NIL
578	578	R	1	26.8	22	2	0	0	1	05-08-2023	21-05-2024	39+0	12.5	219000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.8	0	2 DAYS	NAT	NIL
579	579	R	1	24.9	23	2	1	1	0	13-08-2023	19-05-2024	39+2	8.2	357000	MHC	NORMAL	NS	NA	NO	NIL	NIL	VD	2.8	0	3 DAYS	NAT	NIL
580	580	R	1	25.1	30	3	2	2	0	22-08-2023	28-05-2024	37+2	9.2	261000	MHC	NORMAL	NS	NA	NO	NIL	NIL	VD	2.8	0	3 DAYS	NAT	NIL
581	581	R	1	22.6	26	1	0	0	0	12-08-2023	18-05-2024	39+3	10.8	110000	MHC WITH THROMBOCYTOPENIA	GESTATIONAL THROMBOCYTOPENIA	NS	NA	YES	NIL	NIL	CS	2.8	0	2 DASY	NAT	NIL
582	582	UR	1	25.6	37	8	1	1	6	26-10-2023	18-07-2024	32+0	10.9	281000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.8	0	4 DAYS	NAT	NIL
583	583	R	1	28.7	30	2	0	0	1	06-08-2023	12-05-2024	40+0	10.9	225000	NORMAL BLOOD PICTURE	NORMAL	NS	312pg/dl	NO	NIL	NIL	VD	2.8	0	5 DAYS	NAT	NIL
584	584	UR	1	24	27	2	1	1	0	28-03-2023	03-06-2024	37+0	11.6	283000	NHC	NORMAL	NS	NA	NO	NIL	NIL	CS	2.8	0	6 DAYS	NAT	NIL
585	585	R	1	20.3	24	3	2	1	0	28-08-2023	03-06-2024	37+4	12.8	223000	NEUTROPHILIC LEUCOCYTOSIS	NORMAL	NS	NA	NO	NIL	NIL	VD	2.8	0	2 DAYS	NAT	NIL
586	586	R	1	28.3	26	2	1	1	0	30-08-2023	05-06-2024	37+1	12.9	173000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.8	0	3 DAYS	NAT	NIL
587	587	R	1	26.8	21	1	0	0	0	UNKNOWN	08-05-2024	40+0	10.5	233000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.8	0	3 DAYS	NAT	NIL
588	588	R	1	21	23	1	0	0	0	29-08-2023	09-06-2024	36+4	13	301000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.8	0	4 DAYS	NAT	NIL
589	589	R	1	20.2	29	2	1	1	0	19-08-2023	25-05-2024	38+4	13.9	168000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.8	0	5 DAYS	NAT	NIL
590	590	R	1	29	21	3	2	2	0	28-08-2023	03-06-2024	37+1	11.3	227000	NNC	NORMAL	NS	NA	NO	NIL	NIL	VD	2.8	0	4 DAYS	NAT	NIL
591	591	R	1	23.9	23	1	0	0	0	20-08-2023	26-05-2024	38+5	12.8	213000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.8	0	3 DAYS	NAT	NIL
592	592	R	1	34.7	27	4	2	2	0	12-09-2023	18-06-2024	35+0	9.2	230000	MHC	NORMAL	NS	NA	NO	NIL	NIL	VD	2.8	0	2 DAYS	NAT	NIL
593	593	UR	1	23	23	3	1	1	1	20-08-2023	26-05-2024	38+6	11.3	146000	MACROCYTIC ANEMIA WITH POLYMORPHIC NEUTROPHILS	VIT B12 DEFICIENCY	NS	NA	NO	NIL	NIL	VD	2.8	0	2 DAYS	NAT	NIL
594	594	R	1	25.8	33	5	3	2	1	12-09-2023	18-07-2024	32+0	10.5	138000	NHC ANEMIA WITH THROMBOCYTOPENIA	GESTATIONAL THROMBOCYTOPENIA	NS	NA	YES	NIL	NIL	VD	2.8	0	3 DAYS	NAT	NIL
595	595	R	1	24.4	21	2	1	1	0	22-08-2023	28-05-2024	38+3	10.9	193000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.8	0	4 DAYS	NAT	NIL
596	596	UR	1	19.3	23	1	0	0	0	01-09-2023	07-06-2024	37+1	10.2	338000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.8	0	4 DAYS	NAT	NIL
597	597	UR	1	38.7	25	4	2	2	1	26-08-2023	09-06-2024	36+5	10.7	220000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.8	0	2 DAYS	NAT	NIL
598	598	UR	1	22.8	24	1	0	0	0	11-08-2023	17-05-2024	40+0	12.2	290000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.8	0	5 DAYS	NAT	NIL
599	599	R	1	27.6	30	2	0	0	1	28-08-2023	05-06-2024	37+0	13.1	146000	NORMAL BLOOD PICTURE	GESTATIONAL THROMBOCYTOPENIA	NS	NA	NO	NIL	NIL	VD	2.8	0	4 DAYS	NAT	NIL
600	600	R	1	33.8	25	2	1	1	0	23-08-2023	25-06-2024	38+5	11.2	195000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	CS	2.8	0	4 DAYS	NAT	NIL
601	601	UR	1	25.5	25	2	0	0	1	29-08-2023	04-06-2024	36+6	12.6	292000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	CS	2.8	0	3 DAYS	NAT	NIL
602	602	UR	1	28.1	29	3	2	2	0	28-08-2023	03-06-2024	37+5	11.3	254000	NNC	NORMAL	NS	NA	NO	NIL	NIL	CS	2.8	0	4 DAYS	NAT	NIL
603	603	UR	1	19.7	22	1	0	0	0	14-09-2023	20-06-2024	35+1	10.5	281000	NNC	NORMAL	NS	NA	NO	NIL	NIL	VD	2.8	0	6 DAYS	NAT	NIL
604	604	R	1	28.7	37	4	3	0	0	01-09-2023	08-06-2024	37+0	10.3	267000	NNC	NORMAL	NS	NA	NO	NIL	NIL	VD	2.8	0	5 DAYS	NAT	NIL
605	605	UR	1	29.4	21	1	0	0	0	15-09-2023	29-06-2024	33+6	12.5	298000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.8	0	5 DAYS	NAT	NIL
606	606	R	1	17.6	30	1	0	0	1	01-09-2023	07-06-2024	37+1	10.8	219000	NNC	NORMAL	NS	NA	NO	NIL	NIL	VD	2.8	0	2 DAYS	NAT	NIL
607	607	R	1	20	21	2	0	0	1	26-08-2023	01-06-2024	38+0	14	206000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.8	0	3 DAYS	NAT	NIL
608	608	R	1	27.3	22	3	1	1	1	23-08-2023	10-06-2024	36+6	12	203000	NNC	NORMAL	NS	NA	NO	NIL	NIL	VD	2.8	0	4 DAYS	NAT	NIL
609	609	R	1	22.2	26	6	3	3	2	28-08-2023	03-06-2024	37+6	10.3	249000	NNC	NORMAL	NS	NA	NO	NIL	NIL	VD	2.8	0	4 DAYS	NAT	NIL
610	610	R	1	27.3	22	3	1	1	1	23-08-2023	10-06-2024	36+6	12	203000	NNC	NORMAL	NS	NA	NO	NIL	NIL	VD	2.8	0	4 DAYS	NAT	NIL
611	611	R	1	27.7	23	2	1	1	0	14-09-2023	10-06-2024	36+6	13.3	180000	NNC	NORMAL	NS	NA	NO	NIL	NIL	CS	2.8	0	4 DAYS	NAT	NIL
612	612	UR	1	25.1	33	2	0	0	1	26-08-2023	01-06-2024	37+5	12	142000	NORMAL BLOOD PICTURE	GESTATIONAL THROMBOCYTOPENIA	NS	NA	NO	NIL	NIL	VD	2.8	0	4 DAYS	NAT	NIL
613	613	R	1	35.5	32	1	0	0	0	21-10-2023	06-08-2024	32+0	11.2	189000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.8	0	3 DAYS	NAT	NIL
614	614	UR	1	32	27	1	0	0	0	25-08-2023	30-05-2024	37+5	12.6	125000	NNC WITH THROMBOCYTOPENIA	GESTATIONAL THROMBOCYTOPENIA	NS	NA	NO	NIL	NIL	VD	2.8	0	4 DAYS	NAT	NIL
615	615	R	1	24.7	26	1	0	0	0	17-08-2023	23-05-2024	38+4	11.5	272000	NNC	NORMAL	NS	NA	NO	NIL	NIL	VD	2.8	0	4 DAYS	NAT	NIL
616	616	R	1	32.5	31	3	2	2	0	28-08-2023	03-06-2024	35+1	10.3	189000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.8	0	2 DAYS	NAT	NIL
617	617	R	1	25.8	23	1	0	0	0	03-09-2023	09-06-2024	37+1	12.7	174000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.8	0	5 DAYS	NAT	NIL
618	618	R	1	22.2	25	1	0	0	0	05-09-2023	11-06-2024	36+4	8.2	360000	MICROCYTIC HYPOCHROMIC ANEMIA	NORMAL	NS	198pg/dl	NO	NIL	NIL	VD	ND	0	4 DAYS	NAT	NIL
619	619	R	1	23.3	26	2	0	0	1	01-09-2023	07-06-2024	37+4	14.4	188000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	ND	0	4 DAYS	NAT	NIL
620	620	R	1	24.1	20	2	1	1	0	22-08-2023	28-05-2024	39+2	10.9	193000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	3.4	0	4 DAYS	NAT	NIL
621	621	R	1	28.2	28	4	1	1	2	18-10-2023	14-11-2024	32+3	13.8	317000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	ND	2.8	0	4 DAYS	NAT	NIL
622	622	R	1	30	34	2	1	1	0	20-09-2023	02-07-2024	34+1	12.2	145000	NORMAL BLOOD PICTURE	GESTATIONAL THROMBOCYTOPENIA	NS	NA	NO	NIL	NIL	ND	2.6	0	4 DAYS	NAT	NIL
623	623	UR	1	19.9	27	2	1	1	0	22-08-2023	28-05-2024	39+1	12.9	204000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	CS	2.9	0	4 DAYS	NAT	NIL
624	624	R	1	21.4	23	3	0	0	2	12-08-2023	18-05-2024	39+2	12.6	170000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.9	0	4 DAYS	NAT	NIL

625	625	R	1	21.1	25	3	2	2	0	17-09-2023	24-06-2024	35+2	12.4	268000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.9	0	4 DAYS	NAT	NIL
626	626	R	1	20	28	3	0	0	2	22-08-2023	28-05-2024	39+1	13.6	197000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.9	0	4 DAYS	NAT	NIL
627	627	R	1	31	24	3	0	0	2	16-08-2023	22-05-2024	40+0	11.3	142000	NORMAL BLOOD PICTURE	DENGUE	NS	NA	NO	NIL	NIL	VD	2.9	0	4 DAYS	NAT	NIL
628	628	R	1	23	24	1	0	0	0	12-09-2023	18-06-2024	36+1	12.9	65000	NEUTROPHILIC LEUCOCYTOSIS WITH THROMBOCYTOPENIA	VIT B 12 DEFICIENCY	NS	NA	NO	NIL	NIL	VD	2.9	0	4 DAYS	NAT	NIL
629	629	R	1	24.4	24	1	0	0	0	06-09-2023	12-06-2024	37+0	9.8	288000	NHC	NORMAL	NS	NA	NO	NIL	NIL	VD	2.9	0	4 DAYS	NAT	NIL
630	630	R	1	26.8	24	2	1	1	0	24-08-2023	30-05-2024	39+0	11.9	251000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.9	0	4 DAYS	NAT	NIL
631	631	R	1	23.7	23	2	1	1	0	08-09-2023	14-06-2024	36+6	10.7	198000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.9	0	4 DAYS	NAT	NIL
632	632	R	1	24.7	28	1	0	0	0	21-09-2023	27-06-2024	35+0	10.8	123000	NNC WITH THROMBOCYTOPENIA	GESTATIONAL THROMBOCYTOPENIA	NS	NA	NO	NIL	NIL	VD	2.9	0	4 DAYS	NAT	NIL
633	633	R	1	23.4	27	2	1	1	0	21-09-2023	27-06-2024	35+0	10.9	279000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.8	0	4 DAYS	NAT	NIL
634	634	R	1	21.1	21	2	0	0	1	27-08-2023	02-06-2024	38+4	11.3	152000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.9	0	4 DAYS	NAT	NIL
635	635	R	1	30.4	30	2	1	1	0	17-08-2023	23-05-2024	40+0	9.7	222000	NHC	NORMAL	NS	NA	NO	NIL	NIL	VD	2.9	0	3 DAYS	NAT	NIL
636	636	R	1	26.8	23	2	1	1	0	24-08-2023	30-05-2024	39+0	11.9	251000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	CS	2.9	0	4 DAYS	NAT	NIL
637	637	R	1	20.3	30	2	1	1	0	05-10-2023	11-07-2024	33+0	11.6	221000	NORMAL BLOOD PICTURE	NORMAL	GESTATIONAL THROMBOCYTOPENIA IN PAST PREGNANCY	NA	NO	NIL	NIL	VD	2.9	0	5 DAYS	NAT	NIL
638	638	R	1	23.4	25	1	0	0	0	27-08-2023	02-06-2024	38+4	11.9	182000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.9	0	4 DAYS	NAT	NIL
639	639	R	1	20.9	28	4	1	1	2	08-09-2023	14-05-2024	37+0	10.6	267000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.9	0	5 DAYS	NAT	NIL
640	640	R	1	19.9	22	1	0	0	0	25-08-2023	31-05-2024	39+0	11.9	213000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.9	0	4 DAYS	NAT	NIL
641	641	R	1	24	23	1	0	0	0	13-08-2023	30-05-2024	39+3	13.1	258000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	3.1	0	6 DAYS	NAT	NIL
642	642	R	1	42	27	1	0	0	0	25-08-2023	31-05-2024	39+2	13.3	210000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	ND	0	5 DAYS	NAT	NIL
643	643	R	1	23.1	26	3	2	2	0	29-08-2023	28-05-2024	39+5	12.1	217000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.8	0	3 DAYS	NAT	NIL
644	644	R	1	24.9	24	1	0	0	0	05-09-2023	11-06-2024	37+5	13.2	213000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	CS	ND	0	5 DAYS	NAT	NIL
645	645	R	1	20.7	23	1	0	0	0	15-09-2023	21-06-2024	36+2	9.3	217000	NHC	NORMAL	NS	NA	NO	NIL	NIL	ND	3.1	0	3 DAYS	NAT	NIL
646	646	R	1	26.3	24	1	0	0	0	17-08-2023	23-05-2024	38+5	11.5	290000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	CS	2.8	0	4 DAYS	NAT	NIL
647	647	UR	1	22.3	23	1	0	0	0	20-08-2023	26-05-2024	39+6	12.5	215000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	ND	ND	0	2 DAYS	NAT	NIL
648	648	UR	1	19.3	30	3	2	2	0	23-08-2023	29-05-2024	39+4	11.9	138000	NNC WITH THROMBOCYTOPENIA	GESTATIONAL THROMBOCYTOPENIA	NS	NA	NO	NIL	NIL	VD	2.8	0	3 DAYS	NAT	NIL
649	649	UR	1	18.1	30	3	2	3	0	07-09-2023	13-06-2024	37+2	13.3	177000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	2.9	0	6 DAYS	NAT	NIL
650	650	R	1	24.4	21	1	0	0	0	26-11-2023	01-09-2024	32+4	10.6	233000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	ND	3.2	0	1 DAYS	NAT	NIL
651	651	R	1	21.9	24	3	1	1	1	03-11-2023	09-08-2024	35+6	10.7	144000	NHC WITH THROMBOCYTOPENIA	GESTATIONAL THROMBOCYTOPENIA	NS	NA	NO	NIL	NIL	VD	ND	0	2 DAYS	NAT	NIL
652	652	UR	1	25.9	21	1	0	0	0	11-10-2023	17-07-2024	39+1	12.3	89000	NNC WITH THROMBOCYTOPENIA	DENGUE	FEVER	NA	NO	NIL	NIL	CS	2.7	0	3 DAYS	NAT	NIL
653	653	R	1	35.1	27	3	2	2	0	27-11-2023	02-09-2024	32+2	7.2	269000	MHC	NORMAL	NS	NA	NO	NIL	NIL	CS	2.4	0	3 DAYS	NAT	NIL
654	654	R	1	18.3	25	5	1	1	3	03-06-2022	10-03-2023	35+3	11.7	174000	NHC	NORMAL	NS	NA	NO	NIL	NIL	ND	2.7	0	5 DAYS	NAT	NIL
655	655	R	1	27.8	26	4	2	2	1	06-06-2022	13-03-2023	35+0	9.1	236000	MHC	NORMAL	NS	NA	NO	NIL	NIL	CS	2.6	0	5 DAYS	NAT	NIL
656	656	R	1	24.4	25	3	1	1	1	13-05-2022	17-02-2023	38+0	12.5	263000	NHC	NORMAL	NS	NA	NO	NIL	NIL	VD	2.1	0	4 DAYS	NAT	NIL
657	657	R	1	26.9	25	1	0	0	0	14-05-2022	18-02-2023	38+0	8.5	316000	MHC	NORMAL	NS	NA	NO	NIL	NIL	VD	ND	0	6 DAYS	NAT	NIL
658	658	R	1	35.9	18	1	0	0	0	26-05-2022	02-03-2023	36+4	11.1	227000	NHC	NORMAL	NS	NA	NO	NIL	NIL	VD	2.5	0	3 DAYS	NAT	NIL
659	659	R	1	23.6	31	1	0	0	0	25-05-2022	01-03-2023	36+6	9.2	49000	MHC WITH THROMBOCYTOPENIA	DIC	ABRUPTION	NA	YES	NIL	1 PRBC 2 SDP 1 FFP	CD	2.5	NICU	4 DAYS	NAT	NIL
660	660	R	1	28.5	20	1	0	0	0	02-06-2022	09-03-2023	35+4	11.2	255000	NNC	NORMAL	NS	NA	NO	NIL	NIL	ND	2.5	0	5 DAYS	NAT	NIL
661	661	R	1	23.4	23	3	0	0	2	02-06-2022	09-03-2023	35+4	12.1	307000	NNC	NORMAL	NS	NA	NO	NIL	NIL	VD	2.5	0	6 DAYS	NAT	NIL
662	662	R	1	23.6	28	4	2	1	0	07-05-2022	11-02-2023	38+0	12.6	115000	NLC WITH THROMBOCYTOPENIA	GESTATIONAL THROMBOCYTOPENIA	GESTATIONAL THROMBOCYTOPENIA IN PAST PREGNANCY	NS	NO	NIL	NIL	VD	2.5	0	1 DAYS	NAT	NIL
663	663	R	1	22.9	27	1	0	0	0	31-05-2022	07-03-2023	36+6	11.8	239000	NHC	NORMAL	NS	NS	NO	NIL	NIL	VD	2.5	0	2 DAYS	NAT	NIL
664	664	R	1	20.1	28	1	0	0	0	05-06-2022	12-03-2023	36+1	11.2	98000	NHCWITH THROMBOCYTOPENIA	GESTATIONAL THROMBOCYTOPENIA	NS	NS	NO	NIL	NIL	VD	2.5	0	2 DAYS	NAT	NIL
665	665	UR	1	28.4	28	1	0	0	0	23-05-2022	27-02-2023	38+0	11	230000	NHC	NORMAL	NS	NS	NO	NIL	NIL	VD	3.2	0	0 DAYS	NAT	NIL
666	666	UR	1	23.9	22	1	0	0	0	28-05-2022	04-03-2023	37+2	14.1	121000	NNC	DENGUE	FEVER 2 MONTHS AGO	NS	NO	NIL	NIL	VD	2.5	0	6 DAYS	NAT	NIL
667	667	R	1	26.7	28	3	2	1	0	29-07-2022	05-05-2023	35+0	11.8	236000	NHC	NORMAL	NS	NS	NO	NIL	NIL	VD	2.8	0	0 DAYS	NAT	NIL
668	668	R	1	25.5	30	3	1	1	1	16-06-2022	23-03-2023	36+6	11.5	190000	NHC	NORMAL	NS	NS	NO	NIL	NIL	CS	2.7	0	5 DAYS	NAT	NIL

669	669	UR	1	23.6	22	1	0	0	0	02-06-2022	09-03-2023	38+0	12	28000	NNC WITH THROMBOCYTOPENIA	DENGUE	NS	NS	NO	NIL	NIL	VD	ND	0	3 DAYS	NAT	NIL
670	670	R	1	24	23	1	0	0	0	27-06-2022	03-04-2023	35+5	12.6	150000	NNC	NORMAL	PREVIOUS PREGNANCY GHTN	NS	NO	NIL	NIL	VD	ND	0	2 DAYS	NAT	NIL
671	671	R	1	28.4	29	3	2	1	0	15-05-2022	25-03-2023	38+0	10.9	225000	NNC	NORMAL	PREVIOUS PREGNANCY GHTN	NS	NO	NIL	NIL	VD	ND	0	2 DAYS	NAT	NIL
672	672	R	1	26.9	32	2	1	1	0	07-04-2024	12-01-2025	34+2	12.8	162000	NORMAL BLOOD PICTURE	NORMAL	PREVIOUS HISTORY OF GESTATIONAL THROMBOCYTOPENIA	NS	NO	NIL	NIL	ND	3.2	0	3 DAYS	NAT	NIL
673	673	R	1	26.9	32	2	1	1	0	08-04-2024	13-01-2025	34+3	12.8	162000	NORMAL BLOOD PICTURE	NORMAL	PREVIOUS HISTORY OF GESTATIONAL THROMBOCYTOPENIA	NS	NO	NIL	NIL	ND	ND	0	4 DAYS	NAT	NIL
674	674	R	1	33.7	29	1	0	0	0	14-10-2022	21-07-2023	34+4	12.8	165000	NNC	NORMAL	NS	NS	NO	NIL	NIL	ND	ND	NO DATA	4 DAYS	NO DATA	NO DATA
675	675	UR	1	23.6	22	2	0	0	1	11-10-2022	22-07-2023	34+8	12	176000	NNC	NORMAL	NS	NS	NO	NIL	NIL	VD	3.2	0	2 DAYS	NAT	NIL
676	676	R	1	26.6	22	2	1	0	0	29-10-2022	05-08-2023	35+1	11.2	353000	NNC	NORMAL	NS	NS	NO	NIL	NIL	ND	2.8	NO DATA	5 DAYS	NAT	NIL
677	677	R	1	27.7	28	1	0	0	0	27-10-2022	09-08-2023	36+4	11	232000	NHC	NORMAL	NS	NS	NO	NIL	NIL	ND	2.8	NO DATA	4 DAYS	NO DATA	NO DATA
678	678	R	1	27.7	31	5	1	1	3	23-11-2022	30-08-2023	35+6	10.4	216000	NHC	NORMAL	NS	NS	NO	NIL	NIL	CS	2.9	0	4 DAYS	NAT	NIL
679	679	R	1	31.1	23	2	1	1	0	12-11-2022	19-08-2023	37+0	13.2	349000	NNC	NORMAL	NS	NS	NO	NIL	NIL	VD	2.7	0	3 DAYS	NAT	NIL
680	680	R	1	27.9	22	1	0	0	0	12-12-2022	04-09-2023	34+0	12.8	189000	NHC	NORMAL	NS	NS	NO	NIL	NIL	CS	3.2	0	4 DAYS	NAT	NIL
681	681	R	1	23.7	32	1	0	0	0	11-06-2023	17-03-2024	34+6	11.4	186000	NHC	NORMAL	NS	NS	NO	NIL	NIL	VD	2.6	0	6 DAYS	NAT	NIL
682	682	R	1	27	34	2	1	1	0	03-05-2023	07-02-2024	35+5	9.2	190000	MHC	NORMAL	PREVIOUS PREGNANCY GHTN	NS	NO	NIL	NIL	VD	2.8	0	5 DAYS	NAT	NIL
683	683	R	1	23.6	22	2	0	0	1	11-10-2022	22-07-2023	34+8	12	165000	NNC	NORMAL	NS	NS	NO	NIL	NIL	VD	ND	0	5 DAYS	NAT	NIL
684	684	R	1	26.6	22	2	1	0	0	29-10-2022	05-08-2023	35+1	11.2	353000	NNC	NORMAL	NS	NS	NO	NIL	NIL	VD	2.8	0	2 DAYS	NAT	NIL
685	685	R	1	27.7	28	1	0	0	0	27-10-2022	09-08-2023	36+4	11	232000	NHC	NORMAL	NS	NS	NO	NIL	NIL	VD	2.9	0	3 DAYS	NAT	NIL
686	686	R	1	27.7	31	5	1	1	3	23-11-2022	30-08-2023	35+6	10.4	216000	NHC	NORMAL	NS	NS	NO	NIL	NIL	ND	3.1	NO DATA	4 DAYS	NAT	NO DATA
687	687	R	1	31.1	23	2	1	1	0	12-11-2022	19-08-2023	37+0	13.2	349000	NNC	NORMAL	NS	NA	NO	NIL	NIL	VD	3.4	0	4 DAYS	NAT	NIL
688	688	R	1	27.9	22	1	0	0	0	12-12-2022	04-09-2023	34+0	11.4	187000	NHC	NORMAL	NS	NA	NO	NIL	NIL	CS	3.2	0	4 DAYS	NAT	NIL
689	689	R	1	23.7	32	1	0	0	0	11-06-2023	17-03-2024	36+5	11.4	186000	NHC	NORMAL	NS	NA	NO	NIL	NIL	VD	2.6	0	4 DAYS	NAT	NIL
690	690	R	1	28.5	20	1	0	0	0	02-06-2022	09-03-2023	35+4	11.2	255000	NNC	NORMAL	NS	NA	NO	NIL	NIL	VD	ND	0	4 DAYS	NAT	NIL
691	691	R	1	23.4	23	3	0	0	2	02-06-2022	09-03-2023	35+4	12.1	307000	NNC	NORMAL	NS	NA	NO	NIL	NIL	VD	3.2	0	3 DAYS	NAT	NIL
692	692	R	1	23.6	28	4	2	1	0	07-05-2022	11-02-2023	38+0	12.6	115000	NLC WITH THROMBOCYTOPENIA	GESTATIONAL THROMBOCYTOPENIA	NS	NA	NO	NIL	NIL	VD	ND	0	4 DAYS	NAT	NIL
693	693	R	1	22.9	27	1	0	0	0	31-05-2022	07-03-2023	36+6	11.8	239000	NHC	NORMAL	NS	NA	NO	NIL	NIL	ND	ND	NO DATA	4 DAYS	NO DATA	NO DATA
694	694	R	1	20.1	28	1	0	0	0	05-06-2022	12-03-2023	36+1	11.2	167000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	3.2	0	2 DAYS	NAT	NIL
695	695	R	1	28.4	28	1	0	0	0	23-05-2022	27-02-2023	38+0	11	230000	NHC	NORMAL	NS	NA	NO	NIL	NIL	ND	3.2	NO DATA	5 DAYS	NAT	NIL
696	696	R	1	18.3	25	5	1	1	3	03-06-2022	10-03-2023	35+3	11.7	174000	NHC	NORMAL	NS	NA	NO	NIL	NIL	ND	3.2	NO DATA	4 DAYS	NO DATA	NO DATA
697	697	R	1	27.8	26	4	2	2	0	06-06-2022	13-03-2023	35+0	9.1	236000	MHC	NORMAL	NS	NA	NO	NIL	NIL	CS	3.2	0	4 DAYS	NAT	NIL
698	698	R	1	24.4	25	3	1	1	1	13-05-2022	17-02-2023	38+0	12.5	263000	NHC	NORMAL	NS	NA	NO	NIL	NIL	VD	3.2	0	6 DAYS	NAT	NIL
699	699	R	1	26.3	21	4	2	2	1	14-07-2023	30-06-2024	37+5	11.1	260000	NORMAL BLOOD PICTURE	NORMAL	NS	NA	NO	NIL	NIL	VD	3.2	0	5 DAYS	NAT	NIL
700	700	R	1	23.9	28	2	1	1	0	29-09-2023	02-07-2024	37+2	10.8	216000	NORMAL BLOOD PICTURE	NORMAL	NS		NO	NIL	NIL	VD	3.2	0	5 DAYS	NAT	NIL
701	701	R	1	23.6	23	2	1	1	0	01-09-2023	17-06-2024	39+6	10.4	274000	NORMAL BLOOD PICTURE	NORMAL	NS		NO	NIL	NIL	VD	3.2	0	4 DAYS	NAT	NIL
702	702	R	1	25.9	24	1	0	0	0	14-09-2023	20-06-2024	39+1	12.4	253000	NORMAL BLOOD PICTURE	NORMAL	NS		NO	NIL	NIL	CS	3.2	0	5 DAYS	NAT	NIL
703	703	R	1	23.6	23	2	1	1	0	01-09-2023	17-06-2024	39+6	10.4	274000	NORMAL BLOOD PICTURE	NORMAL	NS		NO	NIL	NIL	VD	3.2	0	6 DAYS	NAT	NIL
704	704	R	1	38.4	21	2	0	0	1	11-09-2023	17-06-2024	39+4	9.6	250000	NHC	NORMAL	NS		NO	NIL	NIL	VD	3.2	0	7 DAYS	NAT	NIL
705	705	R	1	23.9	23	2	1	1	0	19-09-2023	26-06-2024	38+5	9.9	315000	NHC	NORMAL	NS		NO	NIL	NIL	VD	3.2	0	6 DAYS	NAT	NIL
706	706	R	1	27.8	29	3	2	2	0	20-09-2023	26-06-2024	37+6	10.9	331000	NHC	NORMAL	NS		NO	NIL	NIL	VD	3.2	0	4 DAYS	NAT	NIL
707	707	R	1	21.8	23	4	1	1	2	09-09-2023	15-06-2024	39+2	11.8	241000	NHC	NORMAL	NS		NO	NIL	NIL	VD	3.2	0	4 DAYS	NAT	NIL
708	708	R	1	26.3	22	1	0	0	0	12-09-2023	18-06-2024	39+6	12	289000	NORMAL BLOOD PICTURE	NORMAL	NS		NO	NIL	NIL	VD	3.2	0	4 DAYS	NAT	NIL
709	709	R	1	30.8	25	2	0	0	1	14-09-2023	27-06-2024	38+4	11.9	264000	NORMAL BLOOD PICTURE	NORMAL	NS		NO	NIL	NIL	VD	2.8	0	5 DAYS	NAT	NIL
710	710	R	1	36	21	1	0	0	0	30-09-2023	06-07-2024	37+3	14.3	172000	NORMAL BLOOD PICTURE	NORMAL	NS		NO	NIL	NIL	VD	2.9	0	3 DAYS	NAT	NIL
711	711	R	1	23.8	19	1	0	0	0	09-09-2023	04-07-2024	37+4	11.5	219000	NORMAL BLOOD PICTURE	NORMAL	NS		NO	NIL	NIL	VD	2.6	0	4 DAYS	NAT	NIL