PREGNANCY OUTCOME OF WOMEN WITH CONGENITAL BLEEDING DISORDERS OVER A THREE YEAR PERIOD IN A UK HAEMOPHILIA COMPREHENSIVE CENTRE

Deepa Ranjani Jayakody Arachillage, Shikha Chattree, Julie Vowles, Pauline Varty and Kate Talks

Newcastle Haemophilia Comprehensive Care Centre, Newcastle Upon Tyne Hospitals NHS Trust, United Kingdom

Objectives:

Review of maternal outcome and complications of pregnancy in women with known congenital bleeding disorders presenting to a single Haemophilia comprehensive care centre over a 3 year period.

Methods:

The case notes of women with congenital bleeding disorders ,who delivered over a three year period 2008-2010, were reviewed retrospectively and management reviewed against the UKHCDO guidelines[1].

Results:

The case notes of 55 pregnancies in 51 women were reviewed. There were 25 pregnancies in 22 Haemophilia A carriers, 18 pregnancies in 18 women with type 1 Von Willebrand Disease (VWD), 3 pregnancies in 2 women with type 2 WVD, 3 pregnancies in 3 women with Factor XI deficiency and single pregnancies in women with Bernard Soulier Syndrome (BSS), dysfibrinogenaemia, Factor XIII deficiency, and who were a carrier of Haemophilia B, carrier of Factor V deficiency and a carrier of Factor X deficiency (table 1)

All pregnancies resulted in live births, with 51 normal vaginal deliveries. 49/51 vaginal deliveries were uncomplicated, including 17/19 deliveries in severe Haemophilia A carriers. A woman with type 2 VWD experienced significant postpartum haemorrhage (PPH)following both her vaginal deliveries despite receiving planned haemostatic support. Of the 7 normal vaginal deliveries of males potentially affected by severe haemophilia, cord blood testing identified 5 affected individual and there were no neonatal complications in these boys.

Four women required obstetric interventions; 2 women, carriers of severe Haemophilia A had planned caesarean sections for maternal obstetric indications. Two women had a forceps delivery due to poor progression of labour with subsequent problems; a scalp haematoma in an male baby, affected with severe Haemophilia A and a PPH in a woman with BSS, despite haemostatic cover with rVIIa. (table 2)

The pregnancy of a women with Factor XIII deficiency was managed with 3 weekly factor XIII concentrate until 24 weeks and then 2 weekly to maintain trough factor XIII levels of >10% and a bolus dose was given prior to vaginal delivery, which was uncomplicated.

table 1

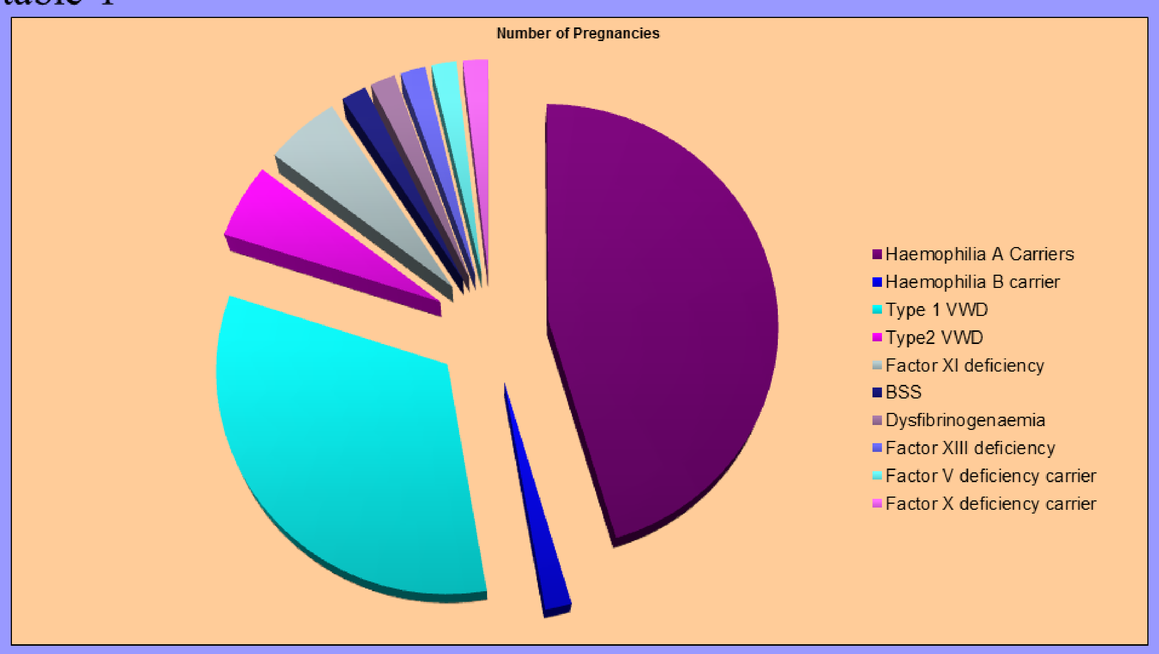
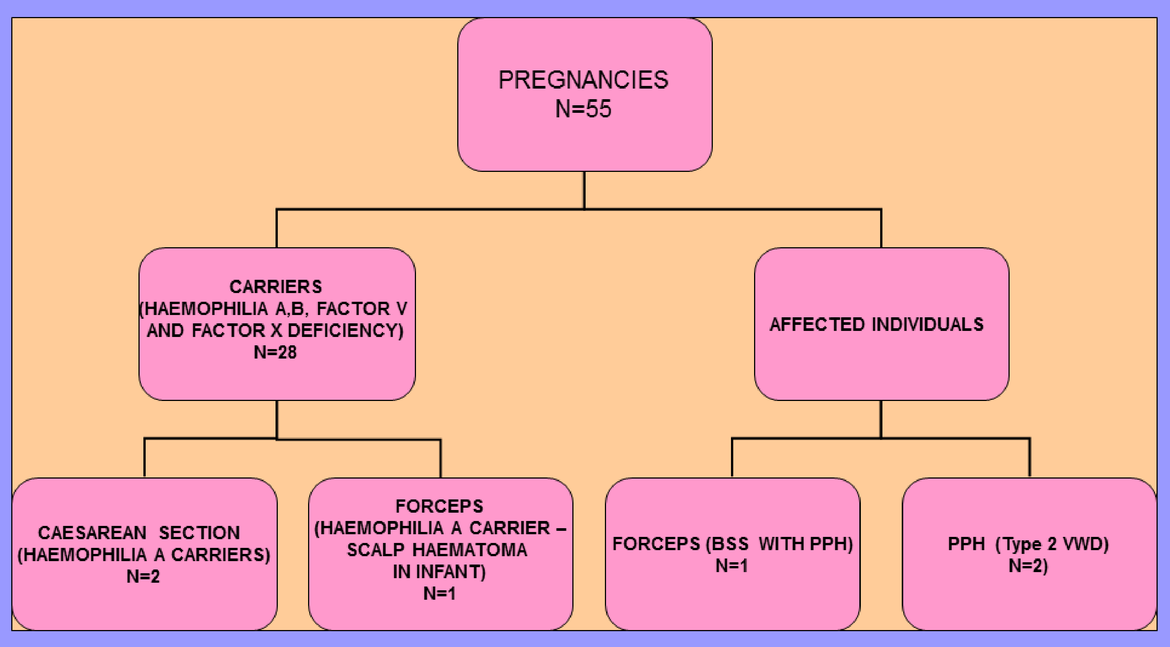


table 2



Conclusions:

The majority of women had a normal vaginal delivery without complications (49/51). Antenatal and postnatal care was provided by a multi-disciplinary team, involving haematology and obstetric teams with close observation and liaison during labour.

References:

1. C.A Lee, C. Chi, S.R. Pavord, P.H.B Bolton-Maggs, D. Pollard, A. Hinchcliffe-Wood and R.A.Kadir. The obstetric and gynaecological management of women with inherited bleeding disorders – review with guidelines produced by a taskforce of UK Haemophilia Centre Doctors Organization. Haemophilia (2006), 12, 301-336

DOI: 10.3252/pso.eu.WFH2012.2012