Pregnancy outcome in haemophilia A carriers over a 5 year period in a UK Haemophilia Comprehensive care centre (CCC)

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OBJECTIVES

❖To ascertain the Pregnancy outcome in known carriers of Haemophilia A (HaemA) managed by our multidisciplinary team

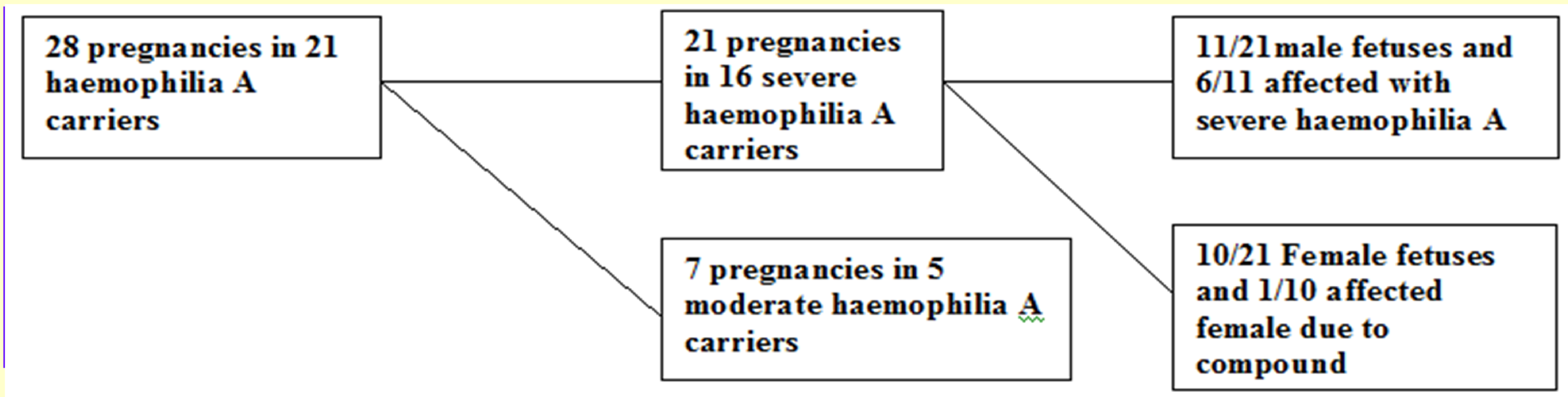
❖To check the compliance of pregnancy management of haemophilia A carriers in accordance with current BCSH guidelines

METHODS

❖Audit pro-forma was made in accordance with current BCSH guidelines on management of haemophilia A fetus and neonate[1].

❖All pregnancies within female carriers of moderate and severe Haemophilia A known to our centre over the 5 year period August 2006 to July 2011 were identified. The case notes were reviewed and data collected using the audit pro-forma above.

Figure 1: Outcome of pregnancy within carriers of severe and moderate Haemophilia A



RESULTS

❖All the women had a normal factor VIII level confirmed and fetal sexing prior to delivery.
❖Two women had post partum haemorrhage: 600ml and 800ml.
❖In the16 severe HaemA carriers there were 21 pregnancies 11 of which were of and male fetuses. Fetal sexing was established by USS in 10 of the women and one male fetus was identified by chorionic villus biopsy and confirmed to be unaffected with Haem A (Figure 1).
❖Of the 10 women with male fetuses who had not undergone antenatal genetic diagnosis 8 delivered by normal vaginal delivery ,1 by forceps delivery and one by caesarean section.
❖9/10 of the deliveries detailed above occurred in the CCC hospital; one women refused and delivered in her local hospital and required a forceps delivery for failure of progression of labour. Following delivery cord blood confirmed he had severe Haem A in the baby and both he and his mother were transferred to the CCC. Mother had no complications, but the baby developed a cephalohematoma. He received a single treatment of recombinant FVIII treatment, cranial USS imaging found no evidence of intracranial haemorrhage.
❖All affected boys received vitamin K (5 orally and 3 IV).
❖No routine USS of the head were undertaken and no ICH developed in the series during the neonatal period
❖During the same 5-year period 3 children were born and subsequently diagnosed with severe HaemA with no family history (one girl (with factor VIII<1% due to 100% lyonization) and 2 boys with no previous family history).

CONCLUSIONS

❖The 2011 UKHCDO guidelines on management of haemophilia in the fetus and neonate were followed with the exception of routine cranial USS. No significant complications were seen.

References

1. Chalmers E, Williams M, Brennand J, Liesner R, Collins P, Richards M. Guidelines on the management of haemophilia in the fetus and neonate: Br J Haematol.2011 Jul; 154(2): 208-15.

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