

Pregnancy management in inherited bleeding disorders

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OBJECTIVES

In recent years the quality of life of patients with several inherited bleeding disorders (IBD) has improved considerably due to implementation of new medicines as well as the optimization of diagnostic approaches. For this reason the issues of reproductive health with respect to these patients are becoming very important. Early diagnosis, pregnancy planning and establishment of protocols for management of pregnancy and childbirth are crucial to their quality of life. Our multidisciplinary team has been optimizing our approaches to the management of pregnant patients with IBD.

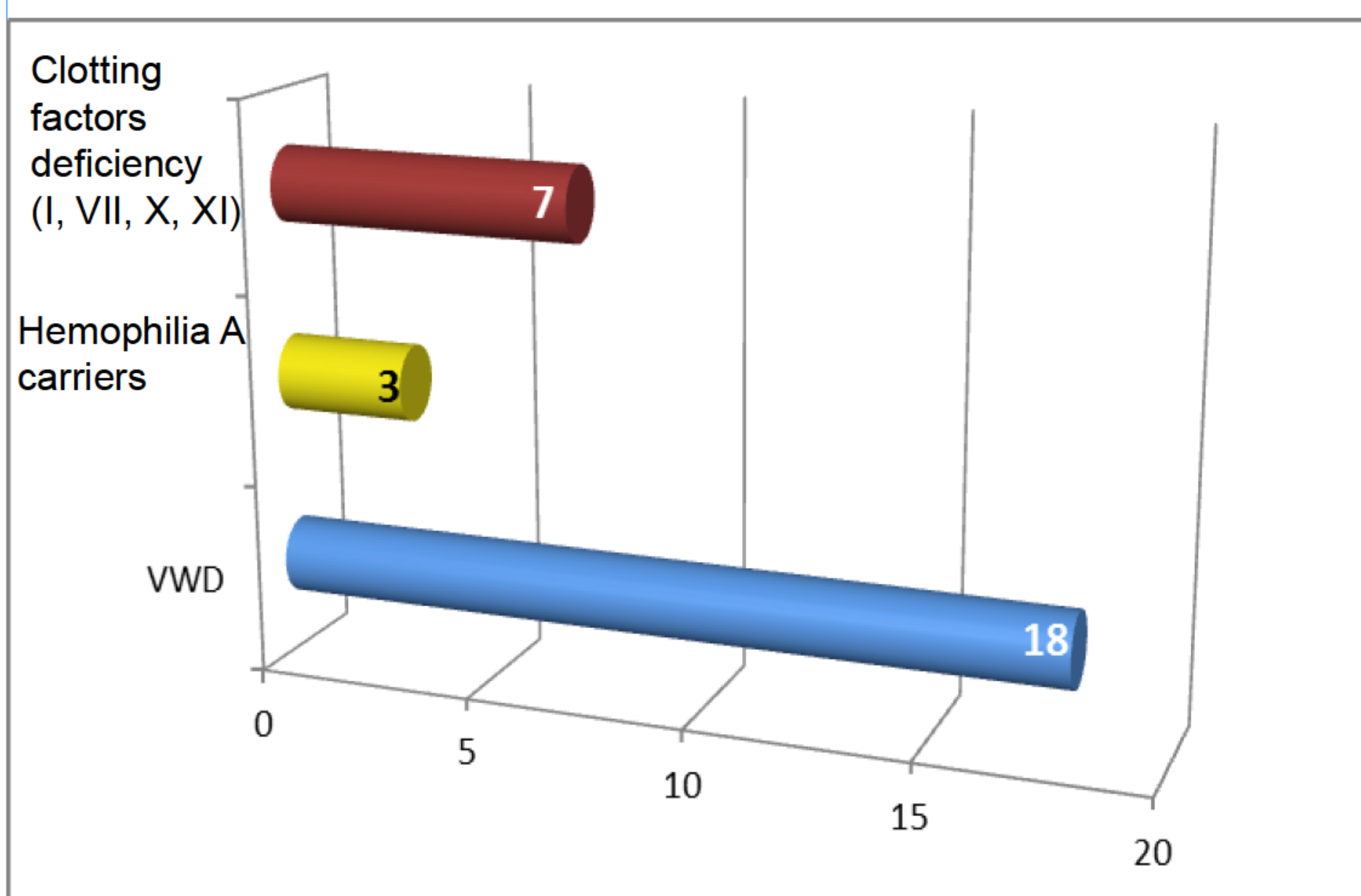
METHODS

Since 2010 we have analyzed 31 pregnancies in 28 women with IBD: 18 of whom had von Willebrand Disease (VWD), 3 were carriers of hemophilia A, 7 patients had partial deficiency of clotting factors (CF): F1, FVII, FXI, FX. All of them underwent monitoring and preventive treatment when necessary. In VWD we used the DDAVP and a CF concentrate containing VWF until the levels of CF were above 50 IU/ml. In other cases of CF deficiency we prescribed fresh frozen plasma. Recombinant FVIIa has been used to cover Caesarean section and postpartum hemorrhage (PPH).

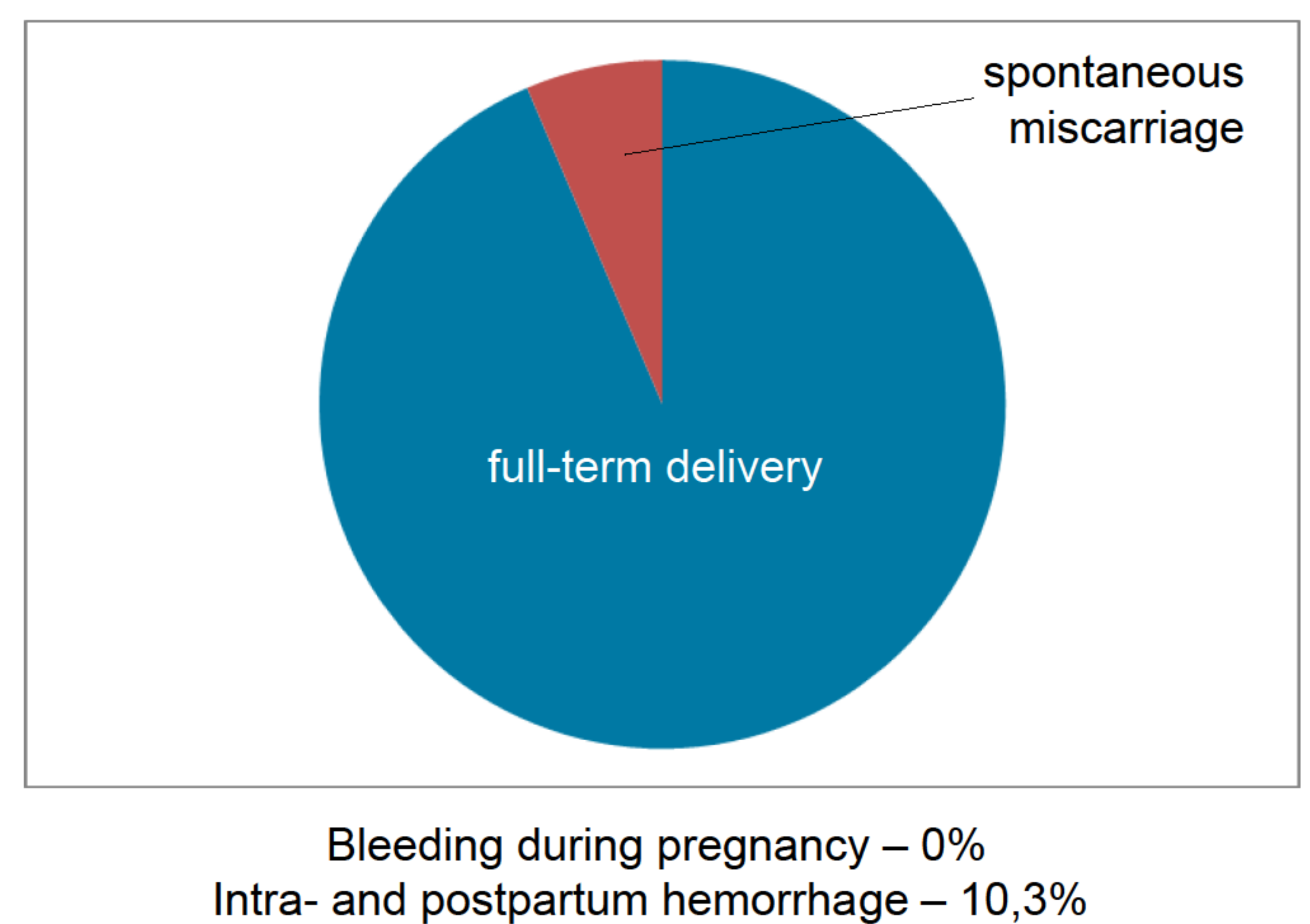
RESULTS

Spontaneous miscarriage has been observed in 2 (6,5%) patients. 29 (93,5%) pregnancies resulted in a birth of full-term infants. No neonatal mortality has occurred. We detected IBD in three newborns. No bleeding events were registered during pregnancy. Most women with type 1 VWD and moderate forms of FVII deficiency developed an increase of CF levels as a physiological response to pregnancy. Only 2 (6,9%) cases required regular treatment throughout pregnancy. Therapy administration was based on the mother's factor levels. Caesarean sections were administered in 12(38,7%) of births. Intracranial hemorrhage was diagnosed in 3 neonates. We observed one intraoperative hemorrhage cause by placenta previa and secondary PPH - in 3(10,3%) cases.

Pregnancy in inherited bleeding disorders



Pregnancy outcomes in inherited bleeding disorders



CONCLUSIONS

The risk of hemorrhagic complications during pregnancy and postpartum in IBD may be minimized by applying the management algorithm together with preventive treatment. For women with low factor levels, preventive treatment with CF concentrates is necessary. Women with IBD need clinical vigilance during puerperium. Umbilical cord blood should be taken to measure CF levels in the newborn for prompt diagnosis of IBD.

