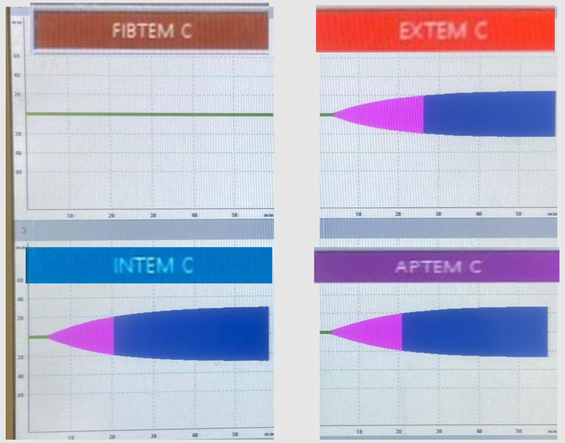
Two cases of severe peripartum coagulopathy in women with mild Covid-19 infection.

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Introduction: Covid-19 associated coagulopathy is usually associated with thrombotic events and severe infection (1). However, we present two cases of significant coagulopathy marked by hypofibrinogenaemia at delivery in women with mild Covid-19.

Case 1

A multiparous 32 year old presented at 29 weeks with reduced fetal movements and an occasional cough. A pathological CTG necessitated emergency caesarean delivery, performed under spinal anaesthetic (platelet count 268x10^9/L 4 weeks prior). Bleeding from the wound was noticed post-operatively. Admission bloods received post-delivery, showed a significant coagulopathy confirmed by subsequent ROTEM.



She was treated with a total of 9g fibrinogen concentrate, 4 units FFP and 2 units platelets; she had an uneventful recovery.

Platelets (X10^9/L)	PT (sec)	APTT (sec)	Fibrinogen(g/l)	CT EXTEM (sec)	FibTEM A5 (mm)	EXTEM A5 (mm)
34	14.8	46.7	0.34	272	0 (Flat line)	9

Discussion: These 2 cases of coagulopathy occurred in parturients with mild Covid-19 infection and no other potential causative diagnoses.

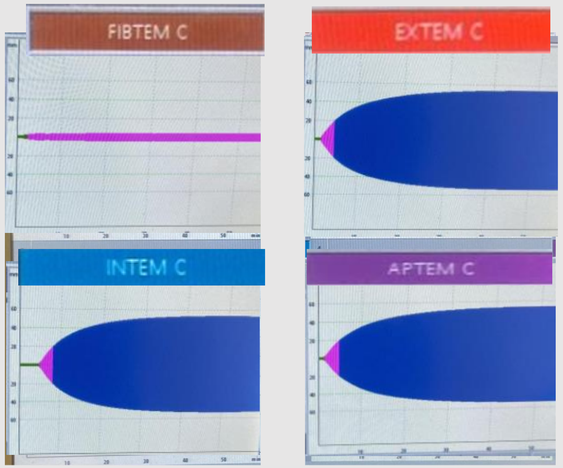
Covid coagulopathy is usually regarded as a thrombogenic syndrome arising from severe infection. Early data provisionally reported peripartum cases were rare, with prolonged PT/APTT, thrombocytopenia and raised D-dimer as key features (2).

Our cases, however, had **significant hypofibrinogenemia** and occurred alongside mild infection. This has significant implications as decisions regarding safety of neuraxial block may be required rapidly, when SARS-CoV-2 status or blood results are unknown. The alternative of general anaesthesia is associated with increased risk in the presence of Covid-19 infection.

Our Learning: Our unit has since adopted a requirement for FBC, clotting screen and fibrinogen on admission if suspicion of or proven Covid-19, although this is not covered by national guidance at present.

Case 2

A 24 year old primigravida with well controlled diabetes mellitus presented with reduced fetal movements at 30 weeks. She had a positive SARS-CoV-2 PCR 11 days previously with an ongoing cough and fever. Emergency delivery was required for pathological CTG. Admission bloods showed hypofibrinogenaemia and prolonged PT. Caesarean delivery was carried out under general anaesthetic in view of the coagulopathy.



She was treated with 9g fibrinogen concentrate. Intraoperative blood loss was less than 500ml and went on to make an uneventful recovery.

Platelets (X10^9/L)	PT (sec)	APTT (sec)	Fibrinogen (g/l)	CT EXTEM (sec)	FibTEM A5 (mm)	EXTEM A5 (mm)
120	11.1	75.5	0.82	115	3	28

References:
1. Iba T, Levy J, Connors J et al. The unique characteristics of COVID-19 coagulopathy. Critical Care. 2020; 24: 360.
2. Kazi S, Othman M, Khoury R et al. ISTH Registry on Pregnancy and COVID-19 Associated Coagulopathy (COV-PREG-COAG) – First Report [abstract]. Research and Practice in Thrombosis and Haemostasis. 2021; 5 (Suppl 2).