

Obstetric analgesia and anaesthesia in women with inherited bleeding disorders

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Background and objectives

- In obstetrics, neuraxial analgesia is more advantageous than general anaesthesia, including better pain relief and patient satisfaction.
- However, there is no robust estimate of Vertebral Canal hematoma (VCH) risk or complications in the presence of an inherited bleeding disorder (IBD) leaving significant gaps in clinical practices based on expert opinions.
- We aim to perform a retrospective observational study of Obstetric anaesthetic management and outcomes for women with IBD at a single comprehensive haemophila centre (Royal free hospital).

Method

- The study included women with IBD seen in multidisciplinary obstetric-haemophilia clinic between 2010-2024.
- Patient records were reviewed to evaluate the types of bleeding disorders, anaesthesia management, prophylactic measures, and associated complications.
- The findings were statistically analysed.

Results

- N=191 women with IBD (76% of total) received intrapartum neuraxial analgesia.
- All women (100%) were seen in third trimester of pregnancy in the multidisciplinary clinic to confirm pain relief options and haemostasis plan, in light of up-to-date blood tests.
- Two thirds (n=120) were referred to high- risk obstetric anaesthetics clinic antenatally.
- Prophylactic haemostatic cover was given in all pregnancies prior to insertion of neuraxial analgesia/anaesthesia

Table 1. Women with IBD who received neuraxial anaesthesia

IBD	N = 191
Factor XI deficiency,	52
Carriers of haemophilia A and B	52
von Willebrand disease	62
platelet function disorders	16
Factor XII	2
unclassified bleeding disorders	2
Factor VII deficiency	5

Conclusion

The findings show that it may be possible to safely offer pregnant women with IBD the option of neuraxial analgesia/ anaesthesia with multidisciplinary planning of adequate haemostasis cover. VCH is a rare complication, and further large-scale studies are needed to better determine the associated risks in this population.

References

Rupen et al , 2006

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Chart 1. Number of women seen in Anesthesia clinic

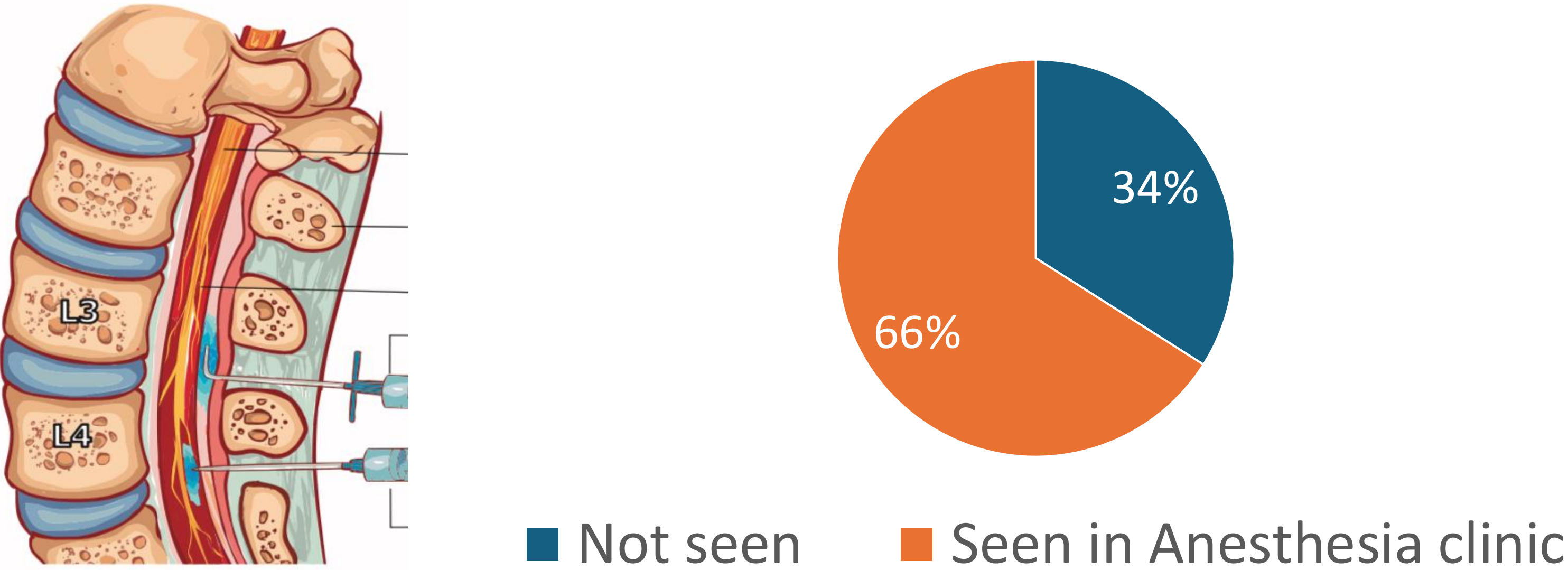


Chart 2. Prophylactic haemostatic cover given prior to insertion of neuraxial analgesia

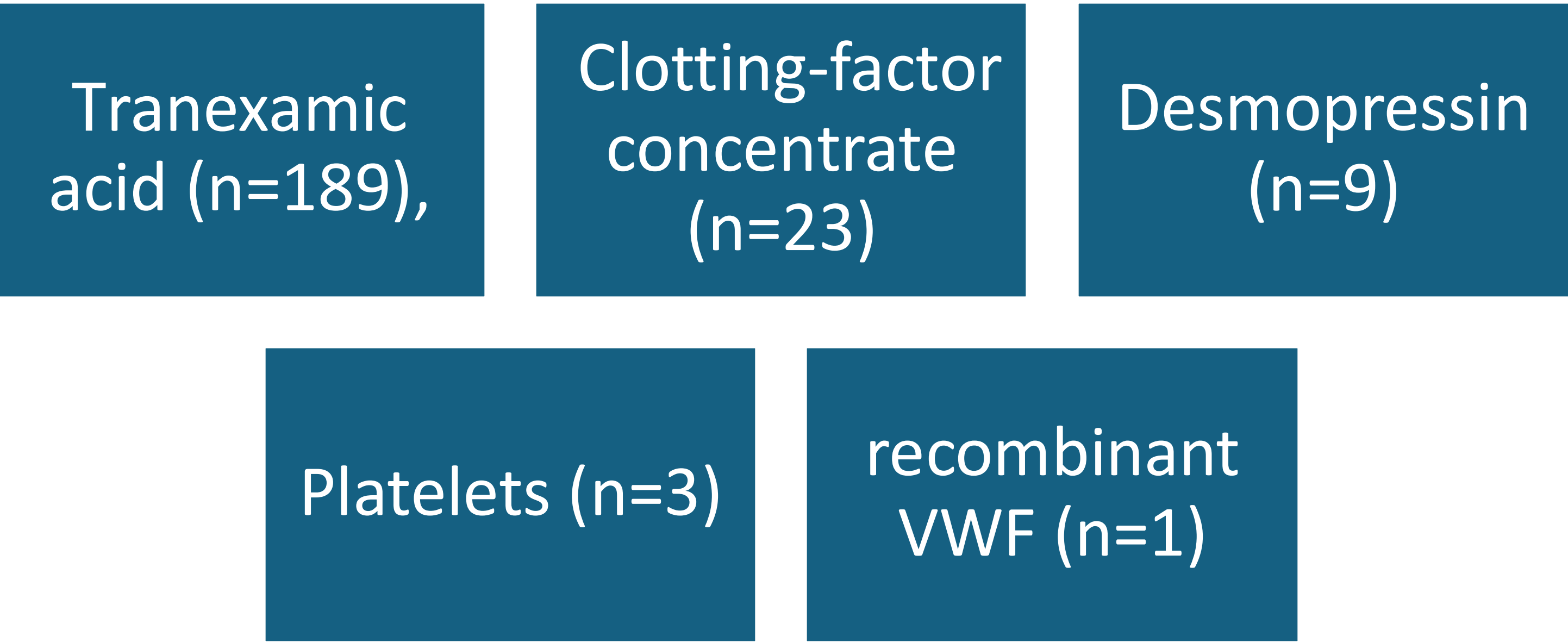


Chart 3. Incidence of adverse events - 5% (n=8), similar to that found in the general population

