

Individualized management of a parturient with Factor VII deficiency

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History

- 40 yo G2P1001 at 23 weeks with **multiple anomalies**
- Factor VII deficiency
- Hx of primary CS x1 under **general anesthesia**



Physical Exam

- BMI 31
- Mallampati I
- No bruising



Laboratory Studies

- Historical FVII levels: **30-40%**
- Normal FVII levels: 50-140%
- Routine coags, **current FVII normal**



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Peripartum Course

Multidisciplinary Risk Assessment

- Recombinant FVII in event of hemorrhage
- **Not for prophylaxis**
- **Low**, but unquantifiable increased bleeding risk

Patient Preferences

- Preferred termination induction of labor > D&E
- Did not feel benefits of neuraxial outweigh risks

Outcome

- Vaginal delivery c/b **retained placenta** and **cervical laceration**
- Underwent urgent **D&C** under **MAC**
- **QBL 720mL**
- Discharged **POD1**

Management

- Termination induction of labor
- Hydromorphone PCA



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Discussion

FVII Deficiency the Parturient

- Limited data
- Circulating FVII levels known to **correlate poorly with bleeding risk**
- **No guidelines** on safety of neuraxial

Recombinant FVIIa

- **Uncertain benefit** in those with normal levels
- Risk of **excessive rFVIIa**

Individualized Management

- Consider delivery method, clinical history, other obstetric risk factors
- Consider **patient preferences**
- Counsel on R/B/A



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1: Lee: Haemophilia 26 (4) 2020.
2: Napolitano: Journal clin med 6 (4) 2017.
3: Dunkley: MJA 191 (8) 2019.
4: Martinez: Revi Esp Anes 64 (4) 2022.

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