

An Obstetric Symptomatic Carrier of Hemophilia A: A Multidisciplinary Approach

Nguyen Nguyen, DO, Olutoyosi Ogunkua, MD, Miakka Jalloh, MD

Introduction:

- Hemophilia is a severe hereditary hemorrhagic disorder resulting from factors VIII and IX protein deficiency or dysfunction.
- X-linked disorder -> Those who develop inhibitors against FVIII/FIX face an increased risk of bleeding.

Complications:

- Spontaneous bleeding, prolonged and excessive bleeding after minor trauma.

Neuraxial Anesthesia and Carrier of Hemophilia A:

- Treatment and laboratory surveillance...not readily available.
- Unknown risk of **excessive bleeding**-> factor VIII transfusion.
- When neuraxial anesthesia is required/indicated -> **multidisciplinary care.**

We describe a case of multidisciplinary management for an obstetric symptomatic carrier of Hemophilia A.

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23 y.o., G1P0 at 39 weeks, Hemophilia A carrier presents for vaginal delivery.

PMH:

- Epistaxis requiring nasal cautery, failed DDAVP challenge before pregnancy.
- Pre-pregnancy labs: Factor VIII-26%, VW-58%.

OB team plan:

- Vaginal delivery after discussing the risks and benefits compared to Cesarean Delivery.

Multidisciplinary team:

- Maternal-Fetal Medicine, Obstetric Anesthesia, Hematology, Laboratory Services, and Transfusion Medicine.

Delivery Plan:

- Neuraxial placement with Dural Puncture Epidural.



Transfusion Plan:

- Check Factor VIII levels upon admission, maintenance level 80%.
- Initial factor level below the threshold of 100% -> required transfusion.

Delivery Date:

- Stable during induction.
- No significant bleeding.

Mom and baby were discharged home after two days without a bleeding event.

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Hemophilia A -> rare genetic bleeding disorder:

- Risk of prolonged and excessive bleeding.

Neuraxial anesthesia is often avoided -> perceived/unknown risk of neuraxial hematoma:

- Case reports/retrospective review -> no anesthesia for vaginal delivery and general anesthesia for cesarean delivery.

Not all institutions are equipped to implement treatment and surveillance.

Prioritization of neuraxial anesthesia and mitigation of PPH -> multidisciplinary approach.

Careful coordination and flexibility can ensure a successful delivery under neuraxial anesthesia for mothers who are symptomatic carriers of Hemophilia A.