

Multidisciplinary Management for Parturient with Von Willebrand Disease Type II (vWD II)

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Introduction:

- Von Willebrand Disease (vWD) (1-2% in gen pop) is rare in the obstetric patient -> quantitative defect
- vWD II incredibly rare subtype characterized by a **qualitative defect**

Complications:

- Transfusion, postpartum hemorrhage (PPH) and severe thrombocytopenia

Neuraxial anesthesia (NA) and vWD II:

- Treatment and laboratory surveillance...not readily available
- Unknown risk of **epidural hematoma** -> mostly **avoidance neuraxial anesthesia** for CD and VD
- If NA is required/indicated -> **multidisciplinary care**



We describe a case of multidisciplinary management for a parturient with vWD II for failed induction of labor (IOL) and subsequent scheduled CD under neuraxial anesthesia

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23 yo, BMI of 46 kg/m², G1P0 at 38 weeks, vWD II, IOL

PMH:

Epistaxis, heavy menses,
spontaneous hemarthrosis

OB team plan:

IOL with neuraxial anesthesia

Multidisciplinary team:

OB, hematology, MFM, OB
anesthesia, transfusion

Delivery Plan:

- Weight base recombinant vWF prior to epidural placement
- Re-dosing guided by vWF peak and trough.
- PPH px with TXA and early cryo

IOL #0:

- IOL with cervical ripening agent
- CBC, CMP, coag
- 2x IVs

24 hrs into IOL:

- No cervical change
- Scheduled CD planned next day

Day of CD:

- Weight base dose of rVWF
- CD under CSE
- 1g TXA for PPH prophylaxis
- Uneventful

Post-op course:

- 5 days course of rVWF infusion
- scheduled lab surveillance

**Mom and baby discharged home
after hospital course without
bleeding events**

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vWD II -> rare bleeding disorder in obstetric patients

- Risk of PPH, thrombocytopenia and transfusion

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

- Case reports/retrospective review -> no anesthesia for VD and GA for CD

Not all institutions are equip to implement treatment and surveillance

- rFVIII, rvWF, scheduled peak and troughs of vWF,

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

- OB anesthesia, OB, MFM, NICU, hematology, transfusion medicine and laboratory services

Careful coordination and flexibility can ensure a successful delivery under neuraxial anesthesia for mothers with vWD II