Obstetric Management of a Female Hemophilia A Carrier

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Background:

Hemophilia A:

an X-linked
recessive
disorder, initially
believed to only
affect men, with
women being
silent carriers¹

It is now universally recognized that women can also be affected¹ The estimated
worldwide
prevalence of
hemophilia is
~1.13 million
people with about
418,000 people
having severe
disease²

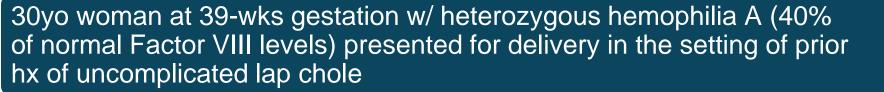
Of affected women: 92% have mild hemophilia & 8% of women have moderate to severe disease³

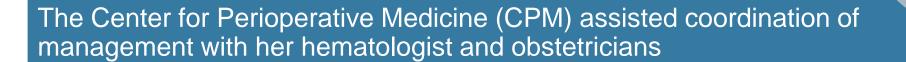
However, female carriers have:

greater hemorrhagic tendency in relation to the general population

higher prevalence of hemorrhagic symptoms in the peripartum period⁴

Case information:





The birth plan included: rechecking Factor VIII levels prior to birth, avoiding vaginal forceps, and allowing spontaneous vaginal delivery via epidural

Because suspected fetal macrosomia, a primary C-section was scheduled.

Collaborative plan included administration of Recombinant factor VIII (Kovaltry) prior to surgery, IV tranexamic acid (TXA) intraoperatively, and oral TXA after delivery with T&C in preparation of hemorrhage



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Case Continued...

1 2 3



On the day of the scheduled C/S, several unsuccessful attempts were made for spinal anesthesia. The team converted to general anesthesia.

The anesthetic was maintained with a propofol infusion, and she was hemodynamically stable.

The total blood loss was estimated to be 1.8 L. She received oxytocin, methylergonovine, carboprost, and TXA intraoperatively.

With CPM's coordination a pediatric hematologist was present to assess the baby at delivery

She required no blood products and was discharged without complications

Conclusion:

This case highlights the importance of multidisciplinary communication and planning

With guidance from her hematologist and extensive communication within the perioperative team, the patient was able to be offered both a C-section and neuraxial anesthesia

She was able to have her baby assessed promptly from a hematologic standpoint, and have her surgery proceed smoothly in the setting of being a hemophilia A carrier

- 1. Chaigneau, M., et al. "The history of women and hemophilia: a narrative review of evolving beliefs and testing practices" JThromb and Haemost 2024; S1538-7836
- 2. Iorio, A., et al. "Establishing the prevalence and prevalence at birth of hemophilia in males: a meta-analytic approach using national registries" Ann of InternI Med 2019;171(8): 540-546
- 3. Centers for Disease Control and Prevention. (n.d.). Hemophilia characteristics among women and girls receiving care in specialized treatment centers in the United States. CDC. Retrieved April 7, 2025
- 4. Hirayama, A. B., et al. "Prevalence of symptoms in hemophilia carriers in comparison with the general population: a systematic review" Hematol TransfusCell Ther 2019;41(4)