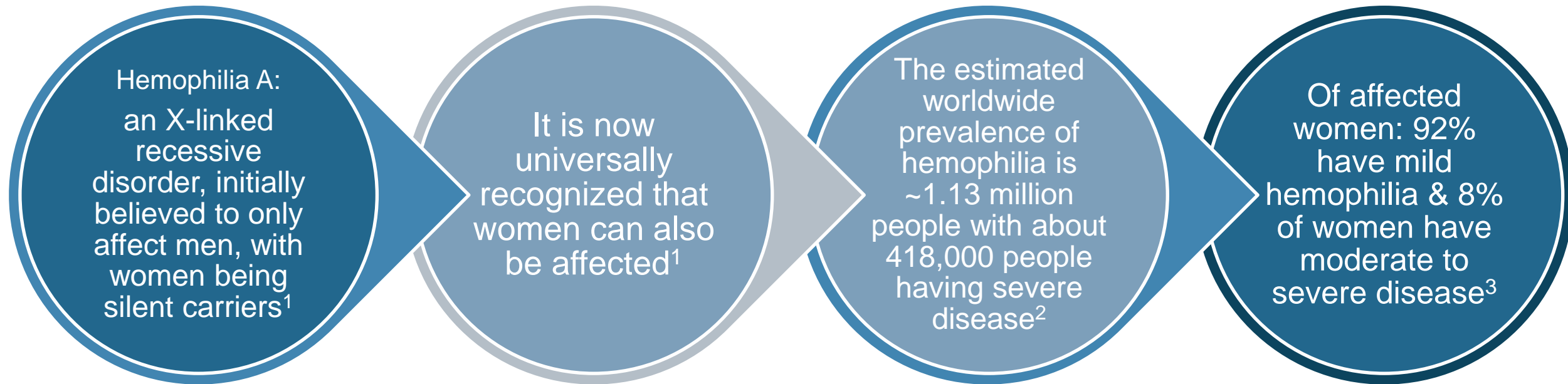


Obstetric Management of a Female Hemophilia A Carrier

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Background:



However, female carriers have:

greater hemorrhagic tendency in relation to the general population

higher prevalence of hemorrhagic symptoms in the peripartum period⁴

Case information:



30yo woman at 39-wks gestation w/ heterozygous hemophilia A (40% of normal Factor VIII levels) presented for delivery in the setting of prior hx of uncomplicated lap chole

1

The Center for Perioperative Medicine (CPM) assisted coordination of management with her hematologist and obstetricians

2

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

3

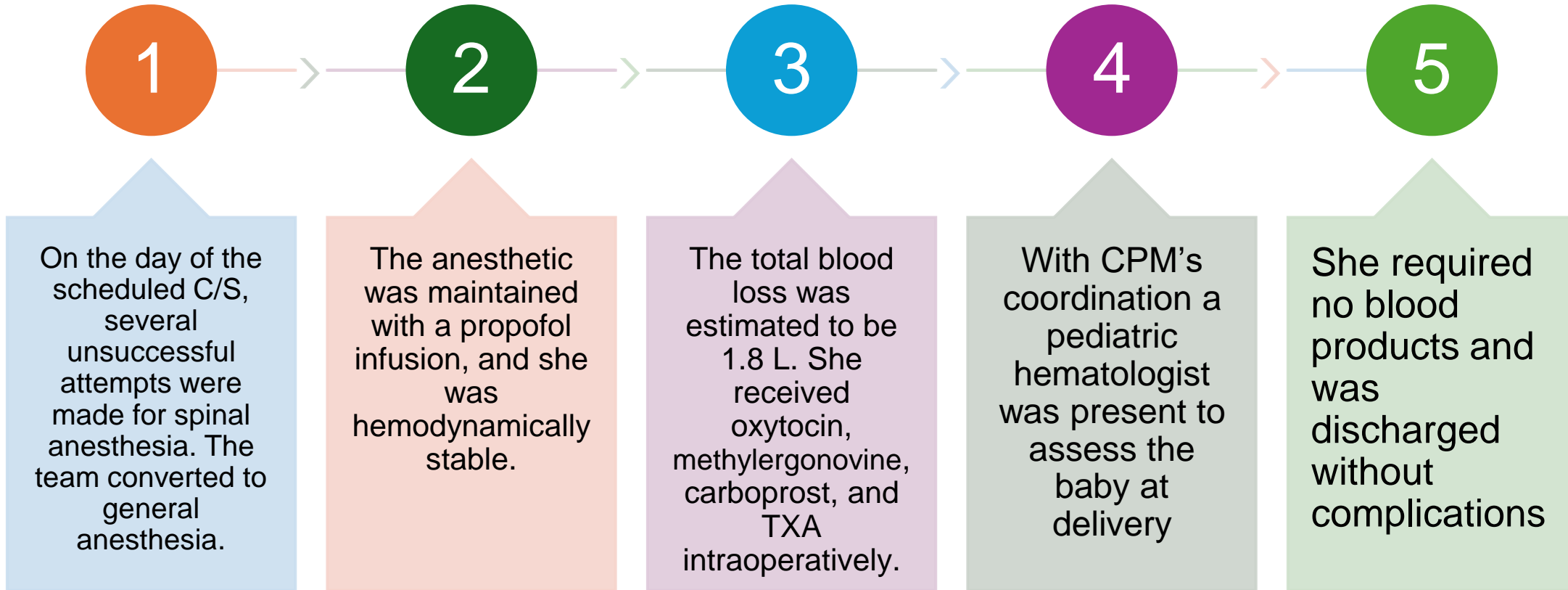
Because suspected fetal macrosomia, a primary C-section was scheduled.

4

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



Case Continued...



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

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