



Haemophilia



Haemophilia is a rare blood clotting disorder where there are low levels of clotting factors, Factor VIII or Factor IX.

These factors assist the blood to clot however when these factors are reduced, as in haemophilia, bleeding occurs. Cuts take longer to stop bleeding or when stopped, may restart. Internal bleeding is experienced in joints and muscles.

Women who carry the haemophilia gene and wish to become pregnant need not worry as with good management, a healthy baby can be delivered. Women with haemophilia must have confidence in the people who will support her throughout her pregnancy.

It is recommended to:

- When planning a pregnancy, discuss with a haemophilia specialist
- Consult with your obstetrician for further advice
- Ensure both specialists consult with each other regarding the plan for a safe and smooth pregnancy and delivery
- Discuss a plan if any invasive procedures may be needed
- Discuss a suitable anaesthetist experienced with haemophilia. A normal vaginal delivery is recommended unless there are obstetric complications.

Women with certain types of haemophilia may experience more frequent miscarriages especially during the first trimester. The risk of miscarriage can be lowered with factor replacement therapy.

It is usually recommended that the sex of the baby is determined before the birth by using ultrasound or a blood test. A male is more likely to be affected by haemophilia than a female.

Tests used before delivery for detecting Haemophilia

There are two main tests used and they are:

- **Prenatal diagnostic testing** to check sex of the baby. If a male then further testing will check for the gene mutation.
- **IVF with pre-implantation genetic diagnosis** which uses IVF technology to test embryos for the family gene before any implantation and pregnancy.

The blood bank at your designated hospital needs to be advised so that the factor concentrates are on hand as required. A vaginal delivery without the use of instruments is preferred for a woman with haemophilia.

After the delivery, breastfeeding keeps the hormone levels high which protects them from bleeding in the following weeks. Some however may have bleeding problems whether they breast feed or not. All women should be monitored carefully for the weeks following the birth.

Circumcision is not recommended unless the baby is shown not to have a bleeding disorder.

A cord blood sample can be tested at birth plus a request for Vitamin K to be given by mouth and not by injection.