



PERINATAL CARE FOR PATIENTS WITH FACTOR VIII OR IX DEFICIENCY

Neonatal Care:

- C-section is now recommended for babies with potential for severe hemophilia¹.
- Avoid vacuum extraction or forceps during delivery or C-section as they are responsible for most neonatal head bleeds.
- Have a low threshold for evaluating symptoms suggestive of intracranial hemorrhage (neurologic signs, anemia, vomiting, lethargy). Ultrasound should be performed if there is any suspicion of intracranial bleeding.
- Treat with recombinant Factor VIII or IX if bleeding is suspected.
- Postpone Vitamin K injection until neonatal levels are known or give Vitamin K orally.
- Heel sticks are ok. Apply ice afterwards.
- Hepatitis B vaccine should be given subcutaneously, NOT intramuscularly.
- Avoid circumcision if hemophilia is suspected.
- Mild disease may not be diagnosed by cord blood factor levels so factor levels may need to be repeated between 6-12 months.
- Contact local or regional hemophilia treatment center and arrange an appointment for family teaching.

Cord Blood Samples:

Cord blood samples should be sent for Factor VIII or IX activity levels on all male neonates born to suspected carriers of Hemophilia A or B. Neonatal PT and PTT may not be helpful as values can be altered by low vitamin K levels. Cord blood samples should be drawn in a citrate (blue top) tube. Tube should be spun and plasma aliquoted and frozen within two hours of drawing sample. Send samples to:

Attn: Hemostasis Lab
Puget Sound Blood Center
921 Terry Ave
Seattle, WA 98104

Postpartum:

- Watch for signs of postpartum hemorrhage. This can be primary or secondary.
- If mother is known to be a carrier for Hemophilia A (Factor VIII deficiency) then recheck Factor VIII level in mother several days postpartum. Factor VIII levels drop back to baseline levels quickly after delivery.

For any questions or concerns please call the Hemophilia Care Program at Puget Sound Blood Center, **(206)292-6507** weekdays, or **(206)292-6525** after hours and weekends and ask for the hemophilia specialist.

¹ A.H. James & K. Hoots. *Optimal mode of delivery for the haemophilia carrier*. Haemophilia (2010), 16, 420-424