

MALATTIE EMORRAGICHE CONGENITE E ACQUISITE

MANAGEMENT OF PREGNANCY, DELIVERY, AND POSTPARTUM IN ITALIAN CARRIERS AND WOMEN WITH HEMOPHILIA A AND B.

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Background and Aims: Pregnancy management of carriers/women with hemophilia has four main objectives: preconception and prenatal care, reduction of maternal bleeding, choice of mode of delivery to reduce fetal/neonatal bleeding, and postpartum care. The optimal factor VIII/IX level at the time of delivery and the mode of delivery to reduce maternal and fetal complications are still debated. The aim of this study is to share real-world clinical management in Italian hemophilia treatment centers. **Methods:** In March-April 2023, members of the Italian Association of Hemophilia Centers "AICE" were invited to participate in an online survey to collect information on management of pregnancy, delivery, and postpartum in carriers/women with hemophilia. **Results:** Thirty-three Centers completed the survey. Plasma FVIII/FIX levels are systematically evaluated in the third trimester and a

threshold level greater than 50% is considered necessary for safe delivery and neuraxial analgesia. Overall, the hematologic counseling provided for the mode of delivery is according to obstetric indication in 73% of Centers. In women who will give birth to a known affected male fetus, 55% rely on obstetric indication, while 24% suggest spontaneous delivery and 21% planned cesarean section. Excluding those which follow obstetric indication, natural delivery and planned cesarean section are recommended respectively by 40% and 60% when prenatal diagnosis is available or by 20% and 80% when not available. All Centers agree to avoid instrumental delivery in affected male fetus or when prenatal diagnosis has not been made. **Conclusions:** Multidisciplinary pregnancy management is recommended, and the choice of delivery mode is usually guided by the maximum possible protection for the newborn.

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