The Official Journal of the Italian Society for the Study of Hemostasis and Thrombosis
SISET
Società Italiana per lo Studio dell'Emostasi e della Trombosi
Corso Nazionale SISET
Bergamo | 23-25 ottobre 2025

29TH NATIONAL CONFERENCE OF THE ITALIAN SOCIETY FOR THE STUDY OF HEMOSTASIS AND THROMBOSIS, 2025

ABSTRACT N. PO02

PREGNANCY AND DELIVERY IN WOMEN WITH HEMOPHILIA AND CARRIERS ARE STILL CHALLENGING: A TEN YEARS ANALYSIS FROME THE ITALIAN ASSOCIATION OF HEMOPHILIA CENTERS (AICE).

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Background: Women carriers of hemophilia A and B (HC-A, HC-B) or affected by hemophilia A and B (HW-A, HW-B) are often asymptomatic, they may however bleed during pregnancy and delivery. This study investigated pregnancy and childbirth outcomes in HC and HW managed in Italy. The primary aim was to define the frequency and severity of bleeding complications during pregnancy, delivery, and postpartum and evaluate their correlation with FVIII/FIX levels. We examined delivery approaches and treatment needs.
Methods: This retrospective multicenter study was conducted on behalf of the Italian Association of Hemophilia Centers (AICE). Following IRBs approval, HC and HW were enrolled between January 2022 and December 2024. Collected data, referring to any pregnancy and delivery managed between December 2011 and December 2021, included: age, ISTH-BAT score, genetic diagnosis, CBC, FVIII:c/FIX:c levels, prenatal diagnosis, pregnancy history, mode of delivery, postpartum bleeding, transfusional or pharmacological support.
Results: Overall 94 women were recruited: 48 HC-A, 27 HW-A,11 HC-B, 4 HW-B; median age at haemophilia diagnosis was 27 years (2-45); median ISTH-BAT score was 1,74 (0-11). Data from 174 pregnancies were analyzed: 95 vaginal births, 59 cesarean sections,10 miscarriages. Prenatal diagnosis was performed in 99 pregnancies (56,8%). Twelve bleeding episodes during pregnancy (6,7%) and 20 postpartum bleedings (12,9%) were record. At delivery, 31 women (20%) received treatment. Five patients (3,2%) required treatment postpartum. Overall 3 women required blood and one also plasma transfusion. There was no correlation between bleeding episodes and treatment (p=0,297) or factor levels (p=1,2). An inverse correlation between ISTH-BAT score and factor levels was observed (p=0,08) (Table 1).
Conclusion: Bleeding risk in carriers of haemophilia is not only determined by factor levels, other concomitant risk factors play a role. Specific protocols are needed to ensure a safer multidisciplinary approach.

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POPULATION	**TOT: 94**	- 48 HC-A	- 11 HV-B
		- 27 HW-A	- 4 HW-B
MEDIAN AGE AT DIAGNOSIS	27 years (2-45)		
MEDIAN ISTH-BAT score	1,74 (0-11)		
TOTAL PREGNANCIES	**TOT: 174**	95 VAGINAL BIRTHS	
		59 CESAREAN SECTIONS	
		10 MISCARRIAGES	
PRENATAL DIAGNOSIS	99 (56,8%)		
BLEEDINGS	AT PREGNANCIES → 12 (6,7%)		
	AT POST PARTUM → 20 (12,9%)		
TREATMENT	AT DELIVERY → 31 (20%)		
	AT POST PARTUM → 5 (3,2%)		