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XIX Convegno Triennale sugli Aspetti Clinici e Sociali dell'Emofilia ABSTRACT N. CO-66

3.02 Rare bleeding disorders

PREGNANCY OUTCOMES AND PERIPARTUM MANAGEMENT IN WOMEN WITH CONGENITAL FIBRINOGEN DISORDERS: A SINGLE-CENTRE EXPERIENCE

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Background and Aims. Congenital fibrinogen disorders (CFD) are rare inherited disorders that may cause not only bleeding but also thrombosis. Pregnancy is a high-risk setting because of increased incidence of miscarriage, vaginal bleeding, placental complications, post-partum haemorrhage (PPH) and thromboembolism. Our study aimed to describe clinical and obstetric phenotype of CFD women followed at a single centre, focusing on pregnancy outcome and peripartum management.

Materials and Methods. Medical records of women with CFD who delivered between 2013 and 2025 at Sant'Anna Hospital, Turin, were retrospectively reviewed. Collected data included patient characteristics (diagnosis, bleeding/thrombotic history, family history, recurrent miscarriage) and pregnancy characteristics (conception mode, pregnancy outcome, delivery mode, gestational age at delivery, PPH, fibrinogen activity level at delivery, use of fibrinogen concentrate, use of tranexamic acid, low-molecular-weight heparin [LMWH] prophylaxis, newborn diagnosis of CFD). Categorical variables were reported as number and percentage, and continuous variables as median and interquartile range.

Results. Eight women were included, median age 34 (table 1). Three had hypofibrinogenemia, 2 dysfibrinogenemia, 3 hypo-dysfibrinogenemia. Bleeding symptoms were reported in 2 patients (25%), history of thrombotic events in 2 (25%); one had recurrent miscarriage (12.5%). Four women (50%) had a positive family history. Twelve pregnancies were recorded: 8 (66.7%) spontaneous, 4 (33.3%) with assisted reproductive technology. All pregnancies resulted in live birth. Caesarean and vaginal delivery occurred in 6 pregnancies each, 1 delivery was instrumental (12.5%). Median gestational age at delivery was 38 weeks. Placental abnormalities (abruptio placentae in 1st trimester) and obstetric complications (preeclampsia and intrauterine growth restriction) occurred in 1 pregnancy (8.3%) each. PPH occurred in 2 pregnancies (16.7%). Median fibrinogen activity at delivery was 213 mg/dL in vaginal deliveries and 204 mg/dL in caesarean deliveries. Haemostatic prophylaxis was used in 10 pregnancies (83.3%): fibrinogen concentrate in all, tranexamic acid in 2 (20%). In 6 pregnancies LWMH prophylaxis was used. Four neonates were diagnosed with CFD, 1 had a major bleeding at birth (intracranial haemorrhage).

Conclusions. In this cohort all pregnancies outcomes were favourable, all resulting in live birth; PPH rate was the same of general obstetric population, reflecting frequent use of concentrate achieving high fibrinogen activity levels at delivery. Given the rarity of CFD, this cohort represents a meaningful real-world series and adds clinically relevant data to the limited evidence on pregnancy management in these patients.

Characteristics	Value
Pregnancies, n	12
Conception, spontaneous, n (%)	8 (66.7)
Conception, ART, n (%)	4 (33.3)
Live birth, n (%)	12 (100.0)
Placental abnormalities, n (%)	1 (8.3)
Miscarriage, n (%)	0 (0.0)
Cesarean delivery, n (%)	6 (50.0)
Vaginal delivery, n (%)	6 (50.0)
Instrumental delivery, n (%)	1 (8.3)
Gestational age at delivery, median (IQR)	38 (37-38)
Obstetric complications, n (%)	1 (8.3)
Post-partum hemorrhage, n (%)	2 (16.7)
Fibrinogen concentrate at delivery, n (%)	10 (83.3)
Fibrinogen level at delivery, vaginal deliveries, median (IQR)	213 (204-246)
Fibrinogen level at delivery, cesarean deliveries, median (IQR)	204 (179-277)
Tranexamic acid, n (%)	2 (16.7)
LMWH in pregnancy/puerperium, n (%)	6 (50.0)
Newborn bleeding, n (%)	1 (8.3)
Newborn fibrinogen congenital disorder diagnosis, n (%)	3 (25)

Table 1: pregnancy characteristics of women with congenital fibrinogen disorders. ART: assisted reproductive technology; LMWH: low molecular weight heparin