

MASAC for You



NATIONAL BLEEDING DISORDERS FOUNDATION

RECOMMENDATIONS FOR WOMEN, GIRLS, AND PEOPLE WHO HAVE THE POTENTIAL TO MENSTRUATE WITH INHERITED BLEEDING DISORDERS

PART 2: DELIVERY AND POSTPARTUM CARE

INTRODUCTION

For women, girls, and people who have the potential to menstruate (WGPPM) who are pregnant with a bleeding disorder, the labor, delivery, and postpartum stages must be closely monitored.



Talk to your birth facility about having the bleeding disorder treatments and medications you use before you give birth



Your risk for clotting after pregnancy and how to prevent or manage it

LABOR AND DELIVERY

Having a birth plan is an important part of planning your pregnancy, and it is even more important when you have a bleeding disorder.



Researching birth facilities that have access to a bleeding disorders specialist (hematologist), newborn baby specialist (neonatologist), and the appropriate laboratory, pharmacy, and transfusion services support

In your birth plan, you may want to discuss the following with your health care provider:



Measuring factor levels in the third trimester of pregnancy



Pain management (epidural) for labor and delivery



Method of delivery (vaginal or c-section)



A plan for collecting a cord blood sample

Delivering vaginally can be safe for those who have or are a carrier of an inherited bleeding disorder. However, some ways of helping the baby leave the birth canal during delivery can increase the risk of bleeding. It is best to avoid:



Forceps (a tool to pull the baby from the birth canal) and vacuum extraction (a tool that applies suction to pull the baby from the birth canal) which can cause brain bleeds in the baby



Fetal scalp electrodes are used to monitor the baby's heartbeat, and may pierce the skin on the baby's head

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🩸 UMBILICAL CORD SAMPLING

Blood testing will need to be done to find out if your baby has a bleeding disorder. Work with your labor and delivery team to ensure they get the baby's blood from the umbilical cord. The hospital lab will check factor levels from the cord blood.

🩸 IMMEDIATELY FOLLOWING PREGNANCY

WGPPM have an increased risk of bleeding immediately after delivery. Discuss ways to prevent excessive bleeding immediately after delivery with your health care team such as:

- Manage labor, delivery, and after delivery care to reduce blood loss
- Provide specific medications to help with blood loss
- Monitor factor levels during and immediately following pregnancy
- Continue treatment for at least five days after pregnancy or longer for WGPPM who need clotting factor replacement therapy
- If you experience more bleeding after pregnancy than is not normal, talk to your doctor

🩸 CONCLUSION

You can have a normal, happy, and healthy pregnancy with a bleeding disorder!

🩸 ADDITIONAL RESOURCES & INFORMATION

WGPPM Health Resources

<https://www.hemophilia.org/educational-programs/education/women>

Current Treatment Options: NBDF Website

<https://www.hemophilia.org/bleeding-disorders-a-z/treatment/current-treatments>

HTC Search Directory (cdc.gov)

<https://dbdgateway.cdc.gov/HTCDirSearch.aspx>

MASAC Document 265

<https://www.hemophilia.org/healthcare-professionals/guidelines-on-care/masac-documents/masac-document-265-masac-recommendations-regarding-diagnosis-and-management-of-inherited-bleeding-disorders-in-girls-and-women-with-personal-and-family-history-of-bleeding>

Victory for Women

<https://www.victoryforwomen.org/>



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