

Complications of Hemophilia in Pregnant Women during Childbirth

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DESCRIPTION

Low levels of factor VIII (8) or factor IX (9) and haemophilia symptoms can occur in female carriers of the haemophilia gene. The amount of the protein factor VIII increases throughout pregnancy. If she hadn't already been identified before becoming pregnant, this could make it challenging to identify the factor level and determine her carrier status. Factor IX (9) levels do not rise during pregnancy.

In order to make arrangements for a secure birth, it is crucial for the woman's medical professionals to be aware of her carrier status. When a woman is receiving care at an HTC, the nurses and doctors there ought to be involved and collaborate closely with the lady's primary care physician who will deliver the baby. Working together will enable the doctor performing the delivery to take extra precautions to protect the infant from harm. If at all feasible, avoid using forceps or a vacuum extractor to help deliver the baby as one of these safety steps.

There is a probability that the baby will be born with haemophilia if the mother has the condition. It is possible to schedule specific testing for haemophilia prior to delivery in families where the condition has a known history or in individuals who have received a prenatal genetic diagnosis of the condition. Instead of venipuncture, clotting factor levels can be checked by taking a sample of blood from the umbilical cord, which joins the mother and child before delivery. Factor VIII levels in healthy infants are comparable to adult normal values, whereas low levels signify haemophilia. Factor IX levels, a vitamin K-dependent factor, could, nevertheless, be low at birth and reach adult levels by 6 months of age. A male baby's blood can also be tested shortly after birth. If a newborn has haemophilia, it is crucial to find out as soon as possible after birth so that specific precautions can be taken to prevent bleeding difficulties for the child.

Risk of bleeding disorder during pregnancy

In actuality, the opposite is true for many women. They bleed less than they often do. This is because pregnant women's elevated hormone levels encourage the synthesis of blood clotting proteins. Because of this, women with bleeding disorders experience higher than average amounts of von Willebrand factor, factor VIII, and other blood coagulation factors, excluding factor IX. Most women have little bleeding during pregnancy or childbirth. However, clotting levels should be watched, especially as the delivery date gets closer. Doctors will be able to decide whether to plan treatments in this way. Certain clotting agents required by females with bleeding disorders are infrequently used. To ensure that the factor concentrates are available when needed, the hospital blood bank will need to be informed. Desmopressin can be administered to increase levels of factor VIII and VWF during labour as well.

Precautions

Preventive measures should be implemented if testing indicates that a woman is likely to experience bleeding during or after delivery. Desmopressin, anti-fibrinolytics (such as Cyklokapron and Amicar), VWF concentrates, and particular factor concentrates are a few of them. Unless prenatal testing has revealed the contrary, it should be considered that the foetus also suffers from a bleeding condition. Therefore, the lady and the child should experience the birth with as little pain as possible. Deep intramuscular injections, an unnecessary episiotomy (cutting the skin around the vagina to prevent tearing), an epidural (freezing the lower body by inserting a needle into the spine), vacuum extraction of the baby, and the use of forceps are all examples of unnecessary interventions. Caesarean section, unless the lady has received factor concentrates, scalp electrodes.

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Received: 01-Sep-2022, Manuscript No. JHTD-22-19570; **Editor assigned:** 05-Sep-2022, Pre Qc No. JHTD-22-19570 (PQ); **Reviewed:** 19-Sep-2022, Qc No. JHTD-22-19570; **Revised:** 26-Sep-2022, Manuscript No. JHTD-22-19570 (R); **Published:** 03-Oct-2022, DOI: 10.35248/2329-8790.22.10.501.

Citation: Miniati M (2022) Complications of Hemophilia in Pregnant Women during Childbirth. J Hematol Thrombo Dis.10:501

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