

## How to refer to the bleeding disorders obstetric pathway

How to refer women / birthing people with bleeding disorders, or anyone who could deliver a baby with a potential bleeding disorder, to the Haemophilia Service.

### Examples

- Possible / confirmed carriers of Haemophilia A and B or women / birthing people with Haemophilia A or B
- Anyone with a qualitative or quantitative factor deficiency (other than factor XII), von Willebrand disease, platelet or rare bleeding disorder or someone who has a family history of these but has never been tested
- Heterozygotes for autosomal recessive conditions if in a consanguinous relationship or if they have bleeding problems
- Women / birthing people who have an autosomal dominant condition or their partner has an autosomal dominant condition (Von Willbrand disease Type1, 2B, Platelet type, Dysfibrinogenaemia)
- Anyone who has had an acquired bleeding problem before (Acquired Haemophilia)

REFER AS SOON AS POSSIBLE IN PREGNANCY

Email: [ohc.secretaries@ouh.nhs.uk](mailto:ohc.secretaries@ouh.nhs.uk) and [silverstar.midwives@oxnet.nhs.uk](mailto:silverstar.midwives@oxnet.nhs.uk)

Please provide the following information if possible

- Name:
- DOB:
- NHS number:
- Address:
- Email / telephone number of patient:
- Type of inherited bleeding disorder and severity: who is affected in the family?
- Baseline factor levels / FBC in pregnant person, Blood Group, RhD status
- Baseline factor levels / FBC in affected individuals with the bleeding disorder
- ISTH BAT score if available
- Causative genetic variant if known and inheritance of disorder / Family Number
- Treatment usually given for bleeding disorder if affected
- Estimated date of delivery (EDD) – scans / Last Menstrual Period (LMP)
- Does the patient wish to continue with the pregnancy?
- If no: urgently email [ohc.reception@ouh.nhs.uk](mailto:ohc.reception@ouh.nhs.uk) and arrange dating scan ASAP locally

- If the pregnancy is not viable or the patient is having a miscarriage, please urgently call: the Haemophilia Consultant via the John Radcliffe Hospital Switchboard: 0300 304 7777
- Other comorbidities
- Complications in this and prior pregnancies including bleeding, pre-term delivery
- Height, Weight, BP
- Any communication / safeguarding issues
- Local obstetric team contact details

## **Rationale for early referral**

- Patient may need treatment for invasive tests or bleeds
- Patient may require time critical tests and subsequent safe management: e.g. fetal sexing, Chorionic villus sampling, termination
- Patient's carrier status / bleeding disorder status might not be known: early referral allows for genetic testing and return of results and appropriate management / counselling
- Many people who are carriers or have inherited bleeding disorders (IBDs) are iron deficient and require early replacement to prevent maternal and fetal morbidity
- Referral may be needed to feto-maternal medicine, Silverstar, paediatric haemophilia as well and early counselling for procedures later in pregnancy can then occur with expert advice early