



Hemophilia A and Pregnancy

What is Hemophilia A?

Hemophilia A is a **genetic bleeding disorder** caused by low levels of **factor VIII**, a protein needed for normal blood clotting.

When factor VIII levels are low, clots are fragile, and bleeding is harder to control.



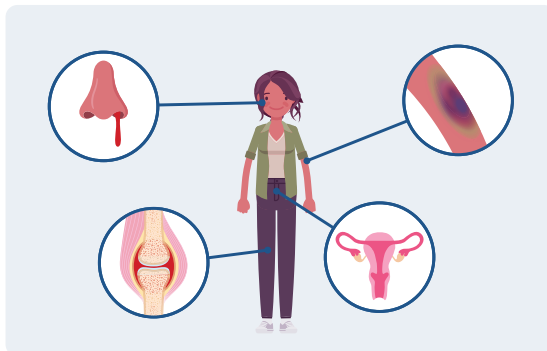
Genotype

What is a Hemophilia Genotype?

A change in DNA is called a variant. Most variants do not do anything. Occasionally, variants can cause disease. A variant that causes hemophilia can also be called a **hemophilia genotype**.

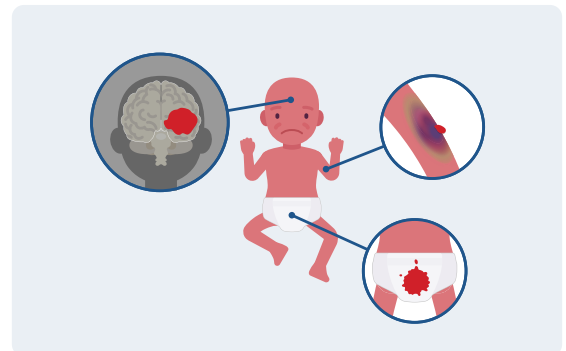
Who Is at Risk for Bleeding?

Mothers with a hemophilia genotype and their affected babies are both at risk for excessive bleeding.



Mothers are at risk for bleeding, even when factor VIII levels are normal.

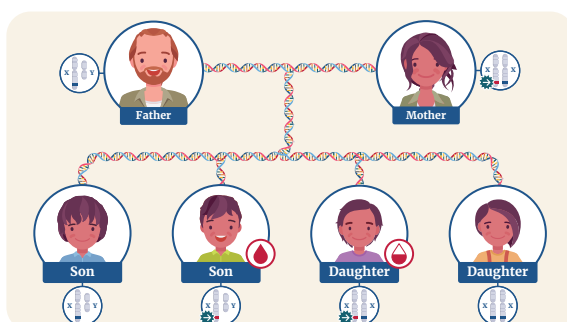
Bleeding can include nosebleeds, easy bruising, joint bleeding, heavy periods, and postpartum hemorrhage (i.e., excessive bleeding from childbirth).



Babies who have hemophilia are at risk of bleeding during or shortly after birth, including easy bruising and bleeding from procedures like circumcision or blood draws.

A rare but serious bleeding complication is bleeding in the brain.

It is **important to know when a baby may be born with hemophilia** so there can be plans to reduce risks and treat bleeding.



Who Is at Risk to Inherit Hemophilia?

For mothers with a hemophilia genotype:

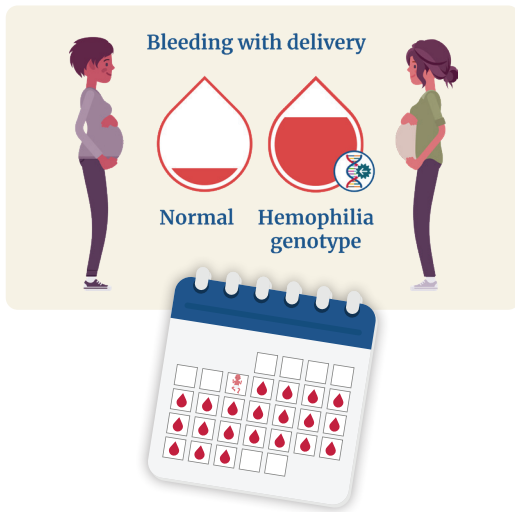
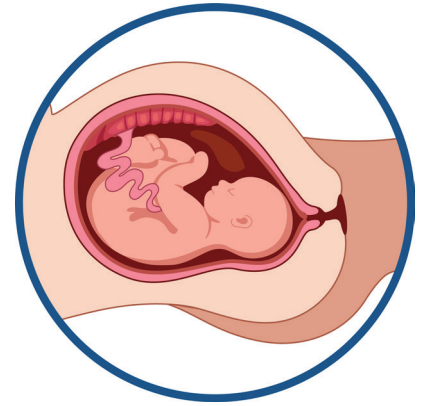
- **each male child has a 50% chance** to inherit hemophilia.
- **each female child has a 50% chance** to inherit a risk for bleeding or have hemophilia.

Hemophilia Risks During Pregnancy

Mothers with a hemophilia genotype generally have pregnancy experiences that are similar to other pregnant moms.

However, moms with a genotype can have more bleeding with procedures or if bleeding starts for other reasons.

A hemophilia genotype does not increase the risk of miscarriage. However, if a pregnancy ends early for any reason, there is increased risk for heavy bleeding.



Hemophilia, Childbirth, and Postpartum (after birth)

Mothers who have a hemophilia genotype are at higher risk for heavy bleeding with childbirth, also called **postpartum hemorrhage**.

Postpartum hemorrhage can start with delivery and continue for weeks after birth.

Childbirth should be managed to minimize all causes of bleeding.

Treatments are available to reduce bleeding for both mothers and babies.

Making a Birth Plan

With careful planning, pregnancy can be managed to reduce bleeding risks for both the mother and the baby. It's important to

- Begin early.
- Choose the right health care team and delivery location.
- Gather important information, including
 - Mother's genotype and factor VIII level
 - Mother's bleeding and family history
 - Assessment of mom's other bleeding risks
 - Planned method of delivery
 - Fetal sex
 - Consider prenatal genetic testing to see if the baby inherited the genotype.



Where Can I Get More Information?

To find out more about the HARP:

<https://harpf8.org/>

To learn more about hemophilia:

<https://www.ncbi.nlm.nih.gov/books/NBK1404/>

To learn more about hemophilia and pregnancy:

<https://www.cdc.gov/hemophilia/about/information-for-women.html>



<https://harpf8.org>