Intracranial hemorrhage in the neonate with a bleeding disorder can cause permanent disability or death, especially if it is unrecognized and untreated. The incidence of intracranial hemorrhage in neonates with congenital bleeding disorders is unknown, as is the relationship to method of delivery. There is a need for obstetricians, perinatologists, neonatologists, pediatricians, family practitioners, and nurse practitioners to be aware of this possible complication in a neonate with a suspected or confirmed bleeding disorder. There is also a need for data to be collected on the incidence, method of delivery, and outcome of neonatal intracranial hemorrhage in order to develop guidelines regarding the management of labor and delivery of infants of pregnant women with known or suspected bleeding disorders.

With these goals in mind, MASAC makes the following recommendations:

1. All infants (term and preterm) with unexplained subgaleal and intracranial hemorrhages should have an appropriate work-up for a bleeding disorder after consultation with a pediatric hematologist.

2. The majority of infants of hemophilia carriers can be safely delivered vaginally. Vacuum devices and instrumentation such as fetal scalp samples and internal fetal scalp monitors should not be used because of the risk of bleeding in the infant.

3. All women presenting with postpartum hemorrhage should have a bleeding work-up to determine whether an inherited bleeding disorder such as hemophilia or von Willebrand disease is present. If so, DDAVP or recombinant factor VIII or IX should be administered. If initial work-up is negative, the woman could still have a bleeding disorder and should be referred to a hematologist.

4. A national registry with built-in confidentiality safeguards should be established for neonates with hemophilia and other bleeding disorders. This registry could be done through the Hemophilia Uniform Data Collection (UDC) system of the CDC. For every newborn enrolled, the registry should collect the following information: carrier status of the mother, method of delivery of the infant, type and severity of bleeding disorder, and any complications within the first six months of life.
Medical and Scientific Advisory Council (MASAC)Recommendation

Neonatal Intracranial Hemorrhage and Postpartum Hemorrhage

February 1998

5. National guidelines and recommendations for the care of pregnant women with inherited bleeding disorders such as hemophilia and von Willebrand disease and their newborn infants should be established.

This material is provided for your general information only. The National Hemophilia Foundation (NHF) does not give medical advice or engage in the practice of medicine. NHF under no circumstances recommends particular treatments for specific individuals and in all cases recommends that you consult your physician or local treatment center before pursuing any course of treatment.

NATIONAL HEMOPHILIA FOUNDATION