



**UTAH WOMEN WITH BLEEDING DISORDERS: EXPERIENCES WITH
PREGNANCY AND CHILDBIRTH**

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ABSTRACT

Approximately 1% of women in the U.S. have a bleeding disorder (BD), yet many are not aware of their condition despite symptoms such as heavy menstrual bleeding. Women with BDs are more likely to experience heavy obstetrical bleeding compared to those without BDs. However, population-based data on pregnancy outcomes and contraceptive use in this population is lacking. This retrospective cohort study utilized linked birth and fetal death records and clinical billing data from University of Utah Health and Intermountain Healthcare. Utah residents who had their first live birth or stillbirth at >20 weeks gestation (2008-2015) and who received non-emergent care within either system prior to the birth were included (n=61,226). A total of 326 women had at least one record of a BD ICD-9 code in either system.

Compared to the general population, women with BDs were more likely to have used a long-acting reversible contraceptive (LARC) prior to their first birth (7.36% vs 1.67%) and between their first and second birth (10.4% vs 3.77%). The risk of stillbirth was significantly higher in women with BDs than women without BDs (RR 7.97, 95% CI 3.77-16.86). The rates of preterm birth were also significantly higher in women with BDs compared to those without BDs (14.72% vs 7.43%, RR 1.97, 95% CI 1.52-2.56). Notably, women with BDs were significantly more likely to require a postpartum blood transfusion, an unplanned postpartum hysterectomy, or transfer to an intensive care unit. All of the women with BDs who experienced these serious complications were not diagnosed with a BD until the year of their first birth.

In conclusion, women with BDs had an increased risk for stillbirth, preterm birth, maternal and infant mortality, and those without a diagnosis prior to their first birth were at risk for serious postpartum complications. Efforts to increase screening and diagnosis of BDs prior to pregnancy may help improve birth outcomes for these women.

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