WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Chapter 9
SPECIFIC MANAGEMENT ISSUES

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Carriers

- Carriers often do not show symptoms of hemophilia, although some carriers do have low factor VIII or factor IX activity
- Carriers should be registered at a hemophilia treatment center
- Genetic counselling and psychosocial support should be available
- Carriers who are pregnant should be managed in the hospital
- Monitoring for postpartum bleeding is important

Newborns

- Cord blood of newborn male infants should be tested for factor levels
- Circumcision procedure, if performed, should be performed by an experienced surgeon and hematology team in a resourced hematology treatment centre with access to clotting factor concentrates

Surgery

- People with hemophilia requiring surgery should be managed at or in consultation with a comprehensive hemophilia treatment centre, with sufficient amounts of CFCs and adequate laboratory facilities for monitoring factor activity and inhibitor testing

Psychosocial

- Psychological and social support are important components of comprehensive care for hemophilia
- Hemophilia treatment centres assist patients and families in forming and joining support groups or networks, and encourage participation in their patient organizations

Co-morbidities

- The comorbidities occurring in older patients with hemophilia should be treated in consultation with relevant specialists as they would in the unaffected population of the same age
- Treatment should be adapted when the risk of bleeding is increased by the use of invasive procedures or medications that may cause bleeding

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For more information on the WFH Guidelines for the Management of Hemophilia, visit www.WFH.org/TGResourceHub