

## Management of infants at risk for haemophilia (i.e. carrier mother)

### Guideline Responsibilities and Authorisation

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### Guideline Review History

Version	Updated by	Date Updated	Description of Changes
2	David Bouchier	Oct 2016	None

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**1. Overview****1.1 Purpose****Management of infants at risk for haemophilia (i.e. carrier mother)****A Male Infant**

- Take cord blood for urgent Factor VIII/IX level (blue tube).
- If urgent Factor VIII/IX assay unavailable, do coagulation screen (upper limit normal APTT in newborn - 54 seconds).
- Avoid heel pricks.
- Avoid IMI Vitamin K. Give orally or preferably IMI when Factor VIII/IX shown to be normal, or after Factor replacement.
- If Factor assay <1% (severe) or 1-4% (moderate) -
  - a. Contact Neonatal Consultant (who will liaise with Haematologist).
  - b. Take further Factor VIII/IX level to confirm diagnosis
  - c. Immediately replace with recombinant Factor VIII (10 u/kg) or plasma derived monocomponent Factor IX (20 u/kg), without waiting for second result (following discussion with Haematologist).
- Discuss with Julie-Anne Bell (Haematologist).
- Closely observe for seven days, including daily head circumference. Educate parents regarding symptoms of ICH - poor feeding, irritability, listlessness.

**B Female Infant**

- Non-urgent factor VIII/IX level.

**1.2 References**

- National Guidelines. Management of Haemophilia: Treatment Protocols (Haemophilia Foundation of New Zealand, 2005) - [www.haemophilia.org.nz](http://www.haemophilia.org.nz)

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