

2003 A19

Von Willebrand disease and regional anesthesia in the parturient

Schmalenberger KP, ²Mandell GL, ²Golebiewski, KA, ³Brett, S H

UPMC Health Systems, Pittsburgh, PA; ²Magee-Women's Hospital, Pittsburgh, PA; ³UPMC School of Nursing, Pittsburgh, PA USA

Background: Parturients with von Willebrand disease (vWD) are often denied regional anesthesia to treat labor pain. The purpose of this study is to determine the safety of neuraxial analgesia in the parturient.

Methods: After IRB approval, a retrospective review of the medical records of 51 parturients with vWD who delivered a viable fetus at Magee-Womens Hospital over a ten year period was undertaken. Study groups were subsequently divided into parturients receiving regional anesthesia (RA group) for labor and delivery (epidural or spinal) and those who did not (control group). In addition to demographic and antepartum and postpartum laboratory values, hemorrhagic and neurologic complications were recorded. Data were analyzed using the t-test or chi-squared and $p < 0.05$ was considered significant.

Results: Of the 51 parturients, there were 34 in the RA group and 17 in the control group. Patients in the RA group had significantly greater mean ages (30.0 vs 25.9 yrs), a lower incidence of clinical hemorrhage (2/34 vs 7/17), a shorter mean bleeding time (7.4 vs 10.8 min) and received dDAVP less frequently during labor and delivery (5/34 vs 7/17). No significant hemorrhagic or neurologic complications were noted in either group. Spontaneous vaginal delivery was greater in the control group (15/17 vs 18/34), and instrumented vaginal delivery greater in the RA group (8/34 vs 0/17). There were no 5 min APGAR scores < 7 in either group.

Conclusions: Overall, our data supports the general safety of regional anesthesia for selected parturients with vWD who present during labor and delivery.

Reg Anesth Pain Med 2003;28:A2