Background and Aims Hemophilia A is a hereditary coagulation disorder related to congenitally low levels of factor VIII. Although pregnant women with this condition are at risk of bleeding, these values typically rise during pregnancy. Multiple professional societies recommend factor VIII level above 50% for neuraxial approach and delivery.

Methods We report the successful management of a 35-year-old pregnant woman with hemophilia A (pregestational factor VIII values of 30%) undergoing C-section to minimize fetal vaginal trauma. Preoperative factor VIII level was 84%. After multidisciplinary discussion, spinal anesthesia was performed, using levobupivacaine 8mg, sufentanil 2.5µg and morphine 100µg. Standard ASA monitoring was used. Transient hypotension was managed successfully using phenylephrine 100mcg. Tranexamic acid was administered before the procedure and continued postoperatively. Surgery was uneventful and blood loss was estimated at 250mL. Postoperative intravenous analgesia was provided with paracetamol and ketorolac. The patient was transferred to the recovery room and discharged on postoperative day 3, without any complications.

Results Spinal anesthesia is a viable option for pregnant women with hemophilia A who require a C-section. The use of tranexamic acid and neuraxial techniques can help reduce the risk of bleeding, while avoiding general anesthesia. Epidural catheter was not used in this case due to the potential postpartum decreases in factor VIII levels. Adequate preoperative planning and multidisciplinarity are crucial in managing these patients.

Conclusions Pregnant women with hemophilia A can safely undergo spinal anesthesia for a C-section with careful management and monitoring of factor VIII levels.