

Date: [Date]

To: [Referring Obstetrician Name]

Fax/Address: [Contact Details]

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Estimated Date of Delivery (EDD): [EDD]

Diagnosis: [Specific Bleeding Disorder, e.g., von Willebrand Disease, Factor Carrier State]

Dear Dr. [Obstetrician Last Name],

Thank you for requesting a hematology consultation for the management of [Patient Name] during her pregnancy. Below is the recommended management plan regarding her bleeding disorder.

1. Laboratory Monitoring

- **Baseline:** [Insert initial factor levels/testing results].
- **Third Trimester:** Repeat [Specific Tests, e.g., Factor VIII, vWF Activity] at 34-36 weeks gestation to determine peak levels for delivery planning.

2. Labor and Delivery Management

- **Target Levels:** Maintain [Factor/Level] above [Percentage, e.g., 50%] for vaginal delivery and Cesarean section.
- **Prophylaxis:** [Insert medication if needed, e.g., DDAVP, Factor Concentrate, or Tranexamic Acid] should be administered at the onset of active labor or prior to induction.
- **Neuraxial Anesthesia:** Epidural/Spinal anesthesia is [Safe/Not Recommended] provided [Specific Lab Value] is above [Threshold].

3. Postpartum Management

- **Hemostatic Coverage:** Continue [Medication/Dose] for [Number] days postpartum to prevent delayed hemorrhage.
- **Uterotonic Agents:** Use of standard uterotonics is encouraged to minimize uterine blood loss.
- **NSAIDs:** [Avoid/Use with caution] due to impact on platelet function.

4. Neonatal Considerations

- **Fetal Risk:** The fetus is at [Percentage]% risk of inheriting this condition.
- **Delivery Method:** [Recommendation regarding vacuum/forceps/scalp electrodes].

- **Cord Blood:** Please collect cord blood for [Specific Testing] immediately following delivery.

Please contact my office at [Phone Number] if there are any acute changes or if delivery occurs earlier than planned.

Sincerely,

[Hematologist Name, MD]
[Department of Hematology]