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Multidisciplinary Management of Pregnancy Complicated by Type 3 Von Willebrand Disease in a Resource-Supported Government Hospital

★ Third Prize — Best Paper Presentation Award (2025–2026)

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BACKGROUND

Von Willebrand disease (VWD) is the most common inherited bleeding disorder, while Type 3 VWD is the rarest and most severe form, characterized by near-complete deficiency of von Willebrand factor (vWF) and markedly reduced factor VIII levels. As women with Type 3 VWD fail to demonstrate the physiological rise in vWF during pregnancy, they remain at high risk of antepartum, intrapartum, and postpartum hemorrhage. Optimal outcomes depend on early diagnosis, timely factor replacement, and coordinated multidisciplinary care.

AIM

To describe the successful multidisciplinary management of a primigravida with Type 3 Von Willebrand disease resulting in an uncomplicated vaginal delivery without postpartum hemorrhage in a resource-supported government hospital.

CASE PRESENTATION

A 23-year-old, booked primigravida, at 38 weeks and 5 days of gestation with a confirmed diagnosis of Type 3 VWD was admitted for planned safe confinement. She had received regular antenatal care and prophylactic factor VIII/vWF concentrate (Immunate) throughout pregnancy under haematologist's supervision. Following multidisciplinary evaluation by obstetricians, hematologists, anesthesiologists, and physicians, Immunate 3500 IU was administered intravenously every 12 hours for four days before planned delivery. Labour was induced with an intracervical Foley catheter, followed by dinoprostone gel and controlled artificial rupture of membranes. She subsequently delivered a healthy full-term male infant weighing 2405 g vaginally with only a first-degree perineal

tear and no excessive intrapartum bleeding. Serial factor VIII levels remained within the therapeutic range. Postpartum, she was monitored in the intensive care unit, and Immunate therapy was continued for seven days to prevent delayed postpartum hemorrhage. Her recovery was uneventful, and both mother and baby were discharged in stable condition.

CONCLUSION

This case demonstrates that successful vaginal delivery is achievable in women with Type 3 Von Willebrand disease even in a government hospital when supported by a multidisciplinary team, timely factor VIII/vWF replacement, careful intrapartum planning, and vigilant postpartum monitoring. Such an approach minimizes hemorrhagic complications and ensures favorable maternal and neonatal outcomes.

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