



SCD and pregnancy

French experience

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Sickle Cell Disease worsens pregnancy and pregnancy worsens Sickle Cell Disease

Chronic inflammation

SCD

Organic damages

Hemolytic anemia

Vaso-occlusive events

Functional asplenia

Higher thrombosis risk

Increased cardiac output

Reduced lung volumes

Pregnancy

Fetal placental hypoxia

Hormonal modification

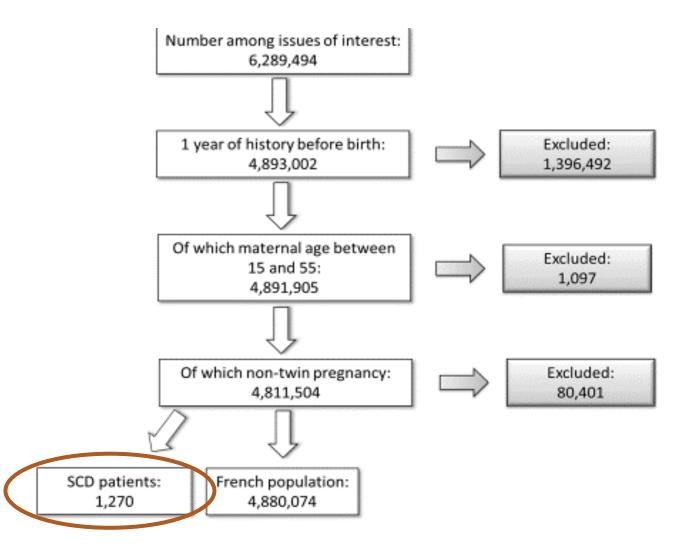
Leukocytosis/hemodilution

Higher thrombosis risk

Sensibility to infection



French National Health Data (2013-2019) (unpublished data)



- No code for genotypes
- We separated SCD into 2 groups
 - Severe SCD: Hydroxyurea (HU) treated or/and transfusion program (TP) in year preceding pregnancy
 - Mild SCD : others
- Including overseas departments

Population characteristics

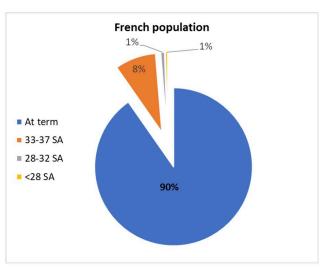
	French population	SCD patients	p value (FP)	Mild SCD patients	p value (FP)	Severe SCD patients	p value (FP)
Total	4800074	1270		879		391	
Maternal age, mean standard deviation	30.26 +/- 5.39	29.51 +/- 5.25	< 10 ⁻³	29.67 +/- 5.33	0.001	29.15 +/- 5.06	0.08
Diabetes history [n (%)]	22746 (0.47)	37 (2.91)	< 10 ⁻³	27 (3.03)	< 10 ⁻³	10 (2.46)	0.7
HTA history [n (%)]	46304 (0.96)	65 (5.12)	< 10 ⁻³	34 (3.87)	< 10 ⁻³	31 (7.93)	0.003
HIV history [n (%)]	4442 (0.09)	21 (1.65)	< 10 ⁻³	17 (1.93)	< 10 ⁻³	4 (1.02)	0.32
Use of <u>assisted medical</u> procreation, [n (%)]	87626 (1.83)	9 (0.71)	0.001	8 (0.91)	0.004	1 (0.26)	0.34

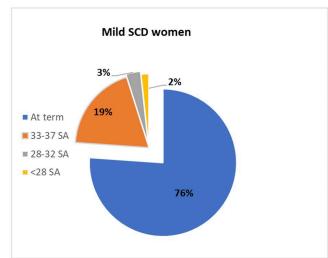
Key points

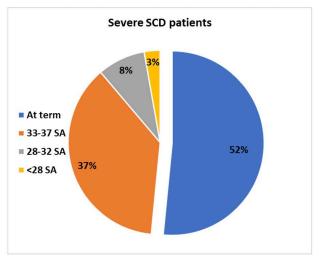
- More obstetrics complications in SCD vs french population
 - Even in mild SCD compared to control
 - Increased risk of pre eclampsia in severe SCD (11.51%)
 vs mild (5.23%)
 - Majority of ceasarean delivery 58% in severe SCD (vs 35.3% in mild)
- More maternal complications in SCD vs french population: genito-urinary infections, venous thromboembolism (mild SCD) and pulmonary embolism (severe SCD))
- Preterm new borns+++ in SCD with double risk in severe disease (51.82%)

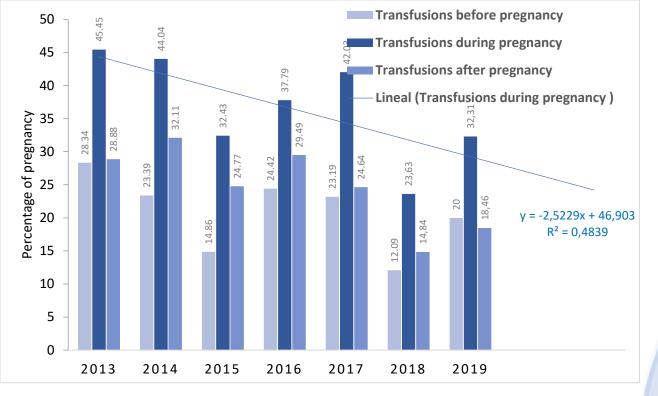


Distribution of full-term and preterm newborns. In the French population, in mild SCD women and in severe SCD women









What about transfusion?



Management of pregnant SCD women

Preconception consultation

PREGNANCY

Monthly medical and obstetric consultation (2nd and 3rd trimester)

POST-PARTUM Follow up W6, M3, M6



A S C A I
Annual Academy Fo
Sickle Cell And
Thalassaemia
Conference

Pregnancy possible for SCD patients!

Improvement in care but still significant maternal-fetal risk

Need of specific multidisciplinary management