

GUIDELINE FOR CROSSMATCHING OBSTETRIC PROCEDURES

OBSTETRICS	REQUEST
LUSCS	Group and Save
LUSCS where last Hb. <10g/dl or where the patient has known antibodies	Group and Save Ensure lab aware of EDD
Twin Pregnancy in Labour/Severe Polyhydramnios	Group and Save
AntePartum Haemorrhage (APH) minor APH moderate APH severe >1000mls	Group and Save Crossmatch 2units Crossmatch 4 units
Abruptio Placentae	Crossmatch at least 4 units
Postpartum Haemorrhage (PPH) PPH severe >1000mls	Crossmatch 2 units Crossmatch 4 units
Intrauterine Death	Group and Save
Retained Placenta without significant haemorrhage	Group and Save
Clinically significant anaemia in labour. i.e. Hb <10g/dl	Group and Save unless for immediate transfusion (XM 2u if ≤ 8)
Antibodies likely to cause matching problems. (Check with lab regarding indication)	Crossmatch 2 units
C/Section for Placenta Praevia Suspected Accreta	Crossmatch 2 units Crossmatch 4 units
Incomplete abortion/ERPOC	Group and Save
Placenta Praevia: All grades: expectant management: not bleeding	Group and Save while inpatient Inform laboratory if discharged or delivered (repeat every 7 days)
Trial of forceps/assisted delivery	Group and Save
Examination under Anaesthetic	Group and Save
Therapeutic heparin in Labour Bleeding disorder and or platelets 50-80 x10 ⁹ /L	Group & Save

The above guidelines refer to agreed minimum measures and any additional requirements, which are based on clinical findings, should be discussed with the laboratory staff involved.

The Laboratory can provide an Urgent Crossmatch within 30 minutes: Ext 7262

- **Consider single unit transfusion, especially in stable post partum patient.**
- **Crossmatch x 2 unit, transfuse 1 unit and then recheck Hb. (see page 3).**
- **Do not automatically transfuse 2nd unit unless specifically requested.**

Appendix notes:

1. It has been agreed to extend the validity of G&S sample for LUSCS from 72 hours to 7 days. **(IF THERE ARE NO ANTIBODIES)**
 - a. This has been recommended after discussion with subject expert
 - b. Will reduce workload in Lab and for midwives taking early morning bloods
 - c. Midwives responsible for patient can do bloods a Maximum of 7 days prior to planned CS
 - i. Each Community Team/DBU should ensure there is a process in place locally for this and is documented in Badger when done
 - ii. Should the date of CS change then the Lab must be informed
 - iii. Ensure date of Planned CS is recorded on request form
 - d. Inform blood transfusion lab of any change in date of delivery

2. **Patients with antibodies:**
 - a. Ensure that an EDD is entered on request
 - b. Patient with antibodies should have G&S a Maximum of 72 hours prior to planned CS
 - c. If EDD changes, i.e. delivery brought forward, the Lab must be informed of change of delivery date.

3. Patients who have been Crossmatched
 - a. Inform Lab if patient is discharged or blood no longer required
 - b. Feedback to Lab when X-Match is no longer needed
 - c. Unused blood products **MUST** be returned to the lab (NEW 2021)

4. RAADP and High BMI patients
 - a. Rhophylac. The Company (CSL Behring) has amended the use of Anti D (Rhophylac) on women with BMI over 30.
 - i. IV administration should be considered (no longer "recommended")
 - ii. In practise this means current practice of IM administration remains unchanged
 - iii. Exception is where there is a massive materno-fetal haemorrhage, usually > 4mls, where IV is more effective. Liaise with consultant Obstetrician whenever IV administration is considered. (NEW 2021).
 1. Kleihauer report will now include a comment to seek medical advice and consider IV Anti-D if very large haemorrhage

5. The presence of antibodies should be clearly documented in the **Badger** record
 - a. Can be documented in "Update Risk Assessment" Form->Current pregnancy (NEW 2021)

6. When there is a telephone communication with the lab about results, especially for antibodies or Kleihauer results, this should be clearly documented in **Badger**
 - a. Use the "Communication" form
 - i. Document that this is a "Lab phone call"
 - ii. Ensure call details are recorded as well as action taken
 - iii. Document the result in "Blood tests, results and actions" form as per usual (NEW 2021)
7. When maternal ABO antibodies are present, ensure cord blood is taken for Group and Coombs
8. Single Unit Transfusion

This is important in the instances where the doctor may prescribe the 2 units (to avoid have to return to prescribe the 2nd unit), that the second unit is not given routinely, but, once stable, a FBC is done.

If the Hb is above 7, in a clinically stable, asymptomatic woman, then the second unit is not required

Originators: Dr D McLellan, Dr S Maharaj, E McEwan
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