GUIDELINE FOR CROSSMATCHING OBSTETRIC PROCEDURES

TARGET AUDIENCE	All Midwifery and Medical Staff providing maternity care in NHS Lanarkshire.
PATIENT GROUP	All pregnant women booked for maternity care within NHS Lanarkshire

Clinical Guidelines Summary

OBSTETRICS	REQUEST
Lower Uterine Section Caesarean Section (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)

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

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

Single Unit Transfusion Policy:

- Consider single unit transfusion, especially in stable post partum patient.
- Crossmatch x 2 unit, transfuse 1 unit and then recheck Hb. (see #7 below).
- Do not automatically transfuse 2nd unit unless specifically requested**.**

Appendix notes:

1. It has been agreed to extend the validity of G&S samples taken in the community for C-Section* from 72 hours to 7 days for the purposes of emergency transfusion (**IF THERE ARE NO ANTIBODIES)**
    a. This has been recommended after discussion with subject expert
    b. 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 BadgerNet when done
        ii. Should the date of CS change then the Blood Bank must be informed
        iii. Ensure date of planned CS is recorded on request form
    c. Inform Blood Bank of any change in date of delivery

    *** All community patients attending for CS but requiring top up transfusion prior to procedure please refer to point 2**

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

3. **Patients who have been Crossmatched**
    a. Inform Blood Bank if patient is discharged or blood no longer required
    b. Inform Blood Bank when X-Match is no longer needed
    c. Unused blood components **MUST** be returned to the BMS within the Blood Bank

4. **The presence of antibodies should be clearly documented in the BadgerNet record**
    a. Can be documented in "Update Risk Assessment" Form->Current pregnancy

5. **When there is a <u>telephone communication</u> with the Blood Bank about results, especially for antibodies or Kleihauer results, this should be clearly documented in BadgerNet**
    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)

6. **When maternal ABO antibodies are present, ensure cord blood is taken for Group & Save and DAT (Direct Antiglobulin Test)**

7. **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

References/Evidence

1. SNBTS Transfusion Team. National policies, factsheets and patient information. 13th November 2024
2. Local NHSL Blood Bank Transfusion Policies and guidelines

Appendices

1. Governance information for Guidance document

Lead Author(s):	Dr S Maharaj and Maternity Blood Transfusion Group
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Responsible Person (if different from lead author)	

CONSULTATION AND DISTRIBUTION RECORD	
Contributing Author / Authors	Moira Caldwell Transfusion Practitioner
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Distribution	All in Maternity

CHANGE RECORD

Date	Lead Author	Change	Version No.
2004	D McLellan S Maharaj E McEwan	Original version	1
9/2008	S Maharaj	Update	2
9/2011	S Maharaj	Update	3
May 2017	S Maharaj BT/Obs group	.Update	4
March 2021	S Maharaj and Maternity Transfusion Group	Update	5
November 2024	S Maharaj and Maternity Transfusion Group	Update	6

2.You can include additional appendices with complimentary information that doesn't fit into the main text of your guideline, but is crucial and supports its understanding.

e.g. supporting documents for implementation of guideline, patient information, specific monitoring requirements for secondary and primary care clinicians, dosing regimen/considerations according to weight and/or creatinine clearance