

Blood Transfusion during Childbirth and in the Postnatal Period

This leaflet is designed to answer any questions you may have regarding blood transfusion during or after delivery of your baby.

If you have any further questions, please speak to a doctor or midwife caring for you.

Post-partum haemorrhage (PPH) is defined as bleeding immediately after childbirth and the time after your baby is born (postnatal period). Studies quote PPH in the United Kingdom happens in 5 to 10% of all births. Severe PPH (defined as blood loss over 1,000 ml or life-threatening bleeding) happens in around 0.3 to 1.86%.

Women who have existing bleeding disorders or are taking therapeutic anticoagulants (blood thinners) are at increased risk of PPH, as are women with a history of previous PPH, placenta previa (meaning the placenta is covering the neck of the womb), multiple pregnancy, pre-eclampsia and prolonged labour.

In severe cases of bleeding the clinicians looking after you will suggest you have a blood transfusion to ensure enough oxygen is delivered to your organs (to prevent organ damage) and to support blood clotting in case of continued bleeding.

You can be assured that, whenever possible, we will request your permission for any blood transfusion that may be required to help with your recovery. However, in a life-threatening situation this may not always be possible.

Is a blood transfusion safe?

The risk of getting an infection from a blood transfusion is extremely low (less than 1 in a million). In the UK, all blood donors are unpaid volunteers who are carefully selected to make sure that blood is as safe as possible. Safety standards are extremely rigorous and NHS Blood Services follow strict guidelines and are subject to regular inspections by independent regulators.

The best way that you can help to ensure that the transfusion which you receive is safe is to ask your midwife, nurse or doctor to check that it is the right blood for you.

Can my partner or a family member donate blood for me?

(Request for directed donation from named individuals)

Directed donation is taking blood from a related (family) or unrelated named individual for the exclusive purpose of providing blood for a named patient. This is not supported by UK blood services, except in cases where a patient has an extremely rare blood cell type and cannot have a blood transfusion otherwise.

Can I donate my own blood?

(Request for Pre-Deposit Autologous Donations = PAD)

PAD involves collecting blood from a patient prior to a surgical procedure and storing it in case blood transfusion is required during or after surgery. This is currently not recommended as it leads to lower blood levels, causing anaemia. Many pregnant patients are already at risk of developing anaemia due to the increased demands by the growing baby. Therefore, PAD is not possible in pregnancy.

In rare cases of unusual antibody formation or in a situation of blood shortage, PAD may be considered but it can only be carried out in premises specially licensed by the Medicines and Healthcare products Regulatory Agency (MHRA).

Are there other options to prevent a blood transfusion?

If your blood tests during pregnancy show that you have low blood levels (e.g. have anaemia), your midwives and doctors may suggest that you take iron supplements. This can be important to boost your blood levels and prevent the need for a blood transfusion, therefore please take the medication as advised.

At St George's Hospital Maternity Services, we also have the option to use a 'Cell-Saver', which means collecting your own blood and giving the blood back to you after being washed with a special machine. We will aim to use this whenever possible. However, in some cases where there is a risk of the blood being contaminated by bacteria (for example bleeding from a tear that is close to your bowels), the use of a cell saver is not recommended. Your obstetricians and anaesthetists will advise you accordingly.

Further information

NHSBT patient information leaflets - Hospitals and Science – NHSBT

[Patient information leaflets - Hospitals and Science - NHSBT \(blood.co.uk\)](http://blood.co.uk)

NHSBT Blood Transfusion FAQs for further information on blood safety

[Transfusion FAQs - NHS Blood and Transplant \(nhsbt.nhs.uk\)](http://nhsbt.nhs.uk)

NHS information on Blood Transfusion: Blood transfusion - NHS (www.nhs.uk)

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.stgeorges.nhs.uk

Additional services

Patient Advice and Liaison Service (PALS)

PALS can offer you advice and information when you have comments or concerns about our services or care. You can contact the PALS team on the advisory telephone line Monday, Tuesday, Thursday and Friday from 2pm to 5pm.

A Walk-in service is available:

Monday, Tuesday and Thursday between 10am and 4pm

Friday between 10am and 2pm.

Please contact PALS in advance to check if there are any changes to opening times.

The Walk-in and Advisory telephone services are closed on Wednesdays.

PALS is based within the hospital in the ground floor main corridor between Grosvenor and Lanesborough Wing.

Tel: 020 8725 2453 **Email:** pals@stgeorges.nhs.uk

NHS Choices

NHS Choices provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health.

Web: www.nhs.uk

NHS 111

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.

Tel: 111

AccessAble

You can download accessibility guides for all our services by searching 'St George's Hospital' on the AccessAble website (www.accessable.co.uk). The guides are designed to ensure everyone – including those with accessibility needs – can access our hospital and community sites with confidence.