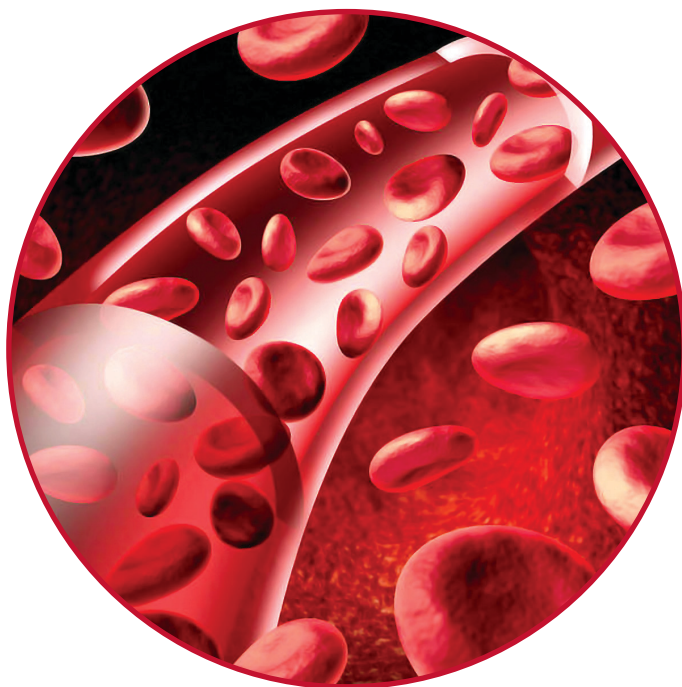


# BLOOD TRANSFUSION



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## Blood transfusion, pregnancy and birth

This information is for you to know more about having a blood transfusion when pregnant or shortly after you give birth.

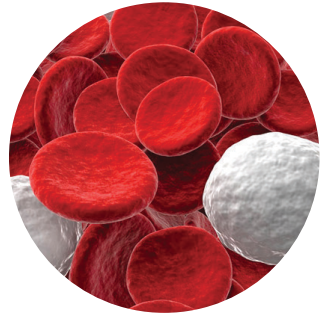
### What is a blood transfusion?

A blood transfusion involves giving blood or blood components from one person (known as the donor) to another person. A blood transfusion can be a life-saving process. It is usually done to replace blood that has been lost because of severe bleeding, but it is also used for the treatment of severe anaemia.

### Why is blood important?

Blood is important because it supplies your body with the oxygen and nutrients it needs. Blood also carries away waste products. Blood is made up of red blood cells, platelets and white blood cells in a fluid called plasma. These components each have a different job to do:

- Red blood cells contain an iron-rich pigment called haemoglobin that carries oxygen around the body
- Platelets control bleeding by helping the blood to clot
- White blood cells fight infection and form part of the body's defence system (immune system).



### What is Anaemia?

Anaemia is when the level of haemoglobin in your blood is lower than normal. It can cause tiredness, breathlessness, fainting, headaches and your heart to beat faster. Mild anaemia is common during pregnancy and your haemoglobin level will be routinely checked regularly. Severe anaemia (Hb < 6 gm / dl) is when the level of haemoglobin is very much lower than normal. It can make you feel very unwell with dizziness, breathlessness and chest pain.

## Why you may need a blood transfusion?

### In a non-emergency situation

You may be offered a blood transfusion in a non-emergency situation if:

- You are very anaemic just before your baby is due. If this is the case, there is a risk that, if you bleed even a small amount during birth, you may become severely anaemic.
- You bleed heavily during birth but the bleeding has stopped. If you are very anaemic and/or unwell, making it difficult for you to care for your baby, you may be offered a blood transfusion to restore your haemoglobin level. This may be soon after birth or in the postnatal ward if you are dizzy or short of breath when you are up and about. You will not be offered a transfusion unless you have symptoms and feel unwell.
- You have sickle cell disease or thalassaemia. These conditions affect your body's ability to produce healthy haemoglobin. You have an increased risk of developing severe anaemia when you become pregnant.



### In an emergency situation

If you bleed very heavily, this is an emergency situation. As a result of heavy bleeding, you can become severely anaemic. Without a transfusion to replace the blood you have lost, you could become seriously ill or even die.

A haemorrhage can happen:

- Early in pregnancy if you have a miscarriage or an ectopic pregnancy (when the pregnancy grows outside the womb).
- After 24 weeks of pregnancy, when it is called an antepartum haemorrhage.
- During birth, or immediately after birth (known as a postpartum haemorrhage).

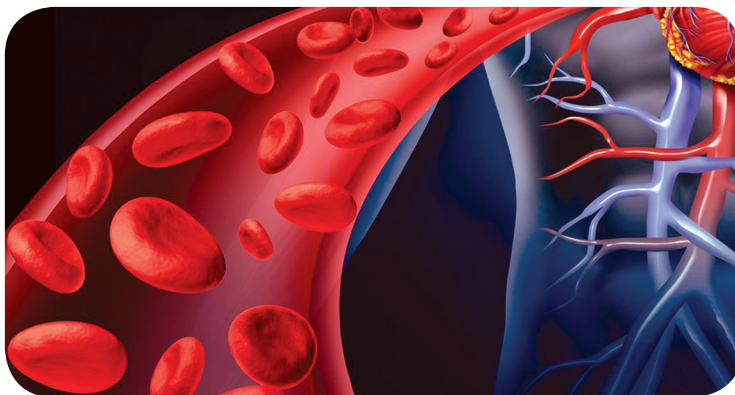
It is often not possible to predict or prevent a life-threatening bleed. Medication and surgical techniques will be used to try to limit the need for a blood transfusion. However, a blood transfusion might be needed to save your life or to prevent serious harm to your health and your baby's health. There is a possibility of the blood or blood products not being used particularly when medications have helped to control blood loss.

### **What happens if you need a blood transfusion?**

Most transfusions during pregnancy and after birth are red blood cells only. Very occasionally, platelets and plasma are required as well.

A cannula (small plastic tube) is placed into a vein in your hand or arm. The tube is attached to a drip, which the blood flows through. Blood for transfusion is stored in small plastic bags containing a unit of blood, which is about one-third of a litre. Each unit of blood takes about 3 hours to transfuse. In an emergency, blood may be transfused more quickly.

You will be carefully monitored before and during the transfusion.



You may get mild side effects such as headaches, mild fever, rash, joint pains and/or itchiness. These symptoms are relieved by drugs, such as paracetamol, and will improve within a day or so.

Very rarely, there may be more severe side-effects, including difficulty in breathing, severe headaches and a sudden fall in blood pressure. This is called a transfusion reaction. If this happens, the transfusion will be stopped immediately and you will have a check-up by doctors.

## What happens afterwards?

Your haemoglobin level may be re-checked to make sure that you have received enough blood. Most women do not need another transfusion. If the blood transfusion is given because of an emergency, you will need to stay in hospital afterwards. The length of time will depend on how quickly you get better.

## What happens in an emergency?

In an emergency, your doctors will need to act immediately. Your obstetrician and anaesthetist may need to make the decision on your behalf for you to have a blood transfusion. You and your family will be kept fully informed about the situation.

## Alternative options in non-emergency situations

### Iron tablets/syrup

If you have anaemia because of blood loss or lack of iron, you may be offered iron tablets or syrup to restore your haemoglobin level instead of a blood transfusion. It will take longer for you to feel completely well.

### Iron infusion

If you are unable to take iron tablets or your anaemia doesn't respond to iron tablets or syrup, you may be offered an iron infusion. It is safe for you and your baby, and side effects are rare.



## What can I do to prevent Anaemia?

To produce haemoglobin, the body needs iron, vitamin B12 and folic acid. If there is a lack of one or more of these, you become anaemic. The additional demands that pregnancy makes on your body increase the risk of anaemia. You can reduce the chance of becoming anaemic by having a varied diet and enough iron in your diet (iron-containing foods include meat, poultry, eggs, green leafy vegetables and cereals).



## Safety check for recipients of blood and blood products

Blood donors are unpaid volunteers. They are carefully selected and tested to make sure the blood they donate is as safe as possible.

There are strict regulations regarding blood donations and blood transfusions. The aim is to reduce the risk of a person being given blood contaminated with a virus, such as Hepatitis C, or receiving blood from a Blood group that is unsuitable for them.

After blood has been donated, it is always tested for the following infections:

HIV/AIDS, Hepatitis B and C, Syphilis, HTLV.

Compared to other everyday risks, the chances of getting an infection from a blood transfusion is very low. However, due to very small risk of infection due to tests being false negative in the window period (time between exposure to infection and test to become positive in donor), it is advisable, especially in massive transfusions, for the recipient to be tested for HIV, Hepatitis B and C after 3 months after the transfusion according to your physician's advice.

