GUIDANCE ON RED CELL TRANSFUSION
For postnatal patients not actively bleeding

• Transfusion should be dictated by clinical status and not by Hb alone.

| Hb >90 g/L | Transfusion is usually inappropriate. |

| Hb 70–90 g/L | Consider transfusion only if there are signs and symptoms of anaemia. IV iron may be used as an alternative or adjunct to transfusion. |

| Hb <70 g/L | Transfusion may be appropriate, but is not always required. Consider IV iron as an alternative or adjunct to transfusion. |

• Where indicated, **transfuse a single unit** followed by clinical reassessment to determine need for further transfusion or Hb retest.

• In patients with iron deficiency anaemia, **iron therapy** is required to replenish iron stores even after transfusion.

Refer to CDHB Maternity Guidelines: 233597 Obstetric Intravenous Iron Infusion (C260133)

Guidelines on obstetric and maternity transfusion practice can be found at:

NZ Blood Resource webpage www.clinicaldata.nzblood.co.nz/resourcefolder/selectdhb.php