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/LTransfusion 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.



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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: http://www.blood.gov.au/pbm-module-5

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

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