

Adapting SOGP Guideline

“BLOOD TRANSFUSION IN OBSTETRICS PRACTICE IN PAKISTAN”

Participant Name: _____

Please indicate your level of **agreement** with each recommendation **for use in practice in your institution** by placing an **x** in the appropriate box. Please use the 9 point scale where 1 = strongly disagree and 9 = strongly agree:

Strongly Disagree										Strongly Agree
1	2	3	4	5	6	7	8	9		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. **How can the chance of transfusion be reduced?**

If haemoglobin is less than 10.5 gm/dl in the antenatal period, haematinic deficiency should be suspected provided the possibility of haemoglobinopathies is being ruled out. Most common cause of anaemia in Pakistan is Iron deficiency or mixed Iron & folic acid deficiency. The common factor is nutritional deficiency.

(✓)

Strongly Disagree										Strongly Agree
1	2	3	4	5	6	7	8	9		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Anaemia not due to haematinic deficiency should be managed by blood transfusion in collaboration with haematologist.

(✓)

Strongly Disagree										Strongly Agree
1	2	3	4	5	6	7	8	9		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Blood loss at delivery should be minimized.

(A)

Strongly Disagree										Strongly Agree
1	2	3	4	5	6	7	8	9		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Active Management of 3rd stage of labour is recommended to be adopted by doctors, midwives & nurses who ever is conducting the delivery.

(A)

Strongly Disagree										Strongly Agree
1	2	3	4	5	6	7	8	9		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Women at high risk of APH or PPH e.g. patients with pre-eclampsia, or past H/O pre-eclampsia or eclampsia, family H/O hypertension grand multiparas, multiple pregnancy, hydrops fetals polyhydramnios & previous H/O PPH should be delivered in a health care facility, where proper blood transfusion facilities are available.

(✓)

Strongly Disagree										Strongly Agree
1	2	3	4	5	6	7	8	9		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

General Principles of Blood Transfusion

6. All women should have their blood group and antibody status checked at booking and at 28 weeks of gestation [National Collaborating Centre for Women’s and Children’s Health, 2003], Level III.

(B)

Strongly									Strongly
Disagree									Agree
1	2	3	4	5	6	7	8	9	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. For women with known placenta praevia, 2 units of cross matched red cells available in the issue fridge. These units should be replaced every week by newly cross matched blood.

(✓)

Strongly									Strongly
Disagree									Agree
1	2	3	4	5	6	7	8	9	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How can major haemorrhage be managed?

8. Multidisciplinary approach with involvement of consultant obstetrician, anaesthetist, haematologist and staff of Blood Bank.

(✓)

Strongly									Strongly
Disagree									Agree
1	2	3	4	5	6	7	8	9	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Protocols should be demonstrated to all health care team member.

Regular “fire drills” to be done to assess that SOPs (Standard Operative Procedures) are practiced even in acute emergency situation

Indications for fresh frozen plasma (FFP) and cryoprecipitate

9. In the bleeding woman with Disseminated Intravascular Coagulation (DIC), a combination of FFP, Platelets and Cryoprecipitate is indicated.

(C)

Strongly									Strongly
Disagree									Agree
1	2	3	4	5	6	7	8	9	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. FFP and Cryoprecipitate should be of same blood group as the recipient.

(B)

Strongly									Strongly
Disagree									Agree
1	2	3	4	5	6	7	8	9	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. No anti-D prophylaxis is required if an Rh-D negative woman receives Rh-D positive FFP or cryoprecipitate.

(B)

Strongly									Strongly
Disagree									Agree
1	2	3	4	5	6	7	8	9	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When should Platelets be Transfused

12. Platelets should not fall below $50 \times 10^9/L$ in acutely bleeding patient.
(C)

Strongly									Strongly
Disagree									Agree
1	2	3	4	5	6	7	8	9	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. A platelet transfusion trigger of $75 \times 10^9/L$ is recommended to provide a margin of safety.
(C)

Strongly									Strongly
Disagree									Agree
1	2	3	4	5	6	7	8	9	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. The need of platelet transfusion should be requested locally well before actual need. Rh-D negative woman should receive Rh-D negative platelets; they should ideally be group compatible.
(B)

Strongly									Strongly
Disagree									Agree
1	2	3	4	5	6	7	8	9	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. Anti-D immunoglobulin at a dose of 250 iu will be sufficient to cover five adult therapeutic doses of platelets given within a 6-week period. Doses may be given subcutaneously to minimise bruising and haematomata in women with thrombocytopenia.
(B)

Strongly									Strongly
Disagree									Agree
1	2	3	4	5	6	7	8	9	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Role of r factor VII a

16. May be considered as a treatment for life threatening PPH, but should not replace essential surgical procedure nor it should delay procedure required for referral to tertiary care unit.
(C)

Strongly									Strongly
Disagree									Agree
1	2	3	4	5	6	7	8	9	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How should Anaemia be managed in Postpartum

17. **Period:**
If Hb is less than 7 – 8 gm and there is no threat of bleeding. Decision based on an informed patient decision. A fit, healthy, asymptomatic woman does not benefit with blood transfusion.
(✓)

Strongly									Strongly
Disagree									Agree
1	2	3	4	5	6	7	8	9	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Grades of recommendations

- A** Requires at least one randomised controlled trial as part of a body of literature of overall good quality and consistency addressing the specific recommendation. (Evidence levels Ia, Ib)

- B** requires the availability of well controlled clinical studies but no randomised clinical trials on the topic of recommendations. (Evidence LEVELS IIa, IIb, III)

- C** Requires evidence obtained from expert committee reports or opinions and/or clinical experiences of respected authorities. Indicates an absence of directly applicable clinical studies of good quality (Evidence level IV)

Good practice point

- ✓ Recommended best practice based on the clinical experience of the guideline development group

Level of Evidence

Ia Evidence obtained from meta-analysis of randomised controlled trials

Ib Evidence obtained from at least one randomised controlled trial

IIa Evidence obtained from at least one well-designed controlled study without randomization

IIb Evidence obtained from at least one other well-designed quasi-experimental study

III Evidence obtained from well-designed non-experimental descriptive studies, such as comparative studies, correlation studies and case-control studies

IV Evidence obtained from expert committee reports or opinions and/or clinical experience of respected authorities