

Title: An Evaluation of Transfusion Rates and Indications on Labor and Delivery

Objective: To evaluate crossmatch (CM) ordering practices and trends in blood transfusion indications on L&D at UF Health Jacksonville with the goal of developing evidence-based, guidelines for residents to follow when considering when to order Type and Screen (T&S) or CM on L&D.

Methods: An Epic query was made to collect information on every CM ordered on L&D at UFH from July 2019 - July 2020. Of the 621 CMs ordered during this time period a chart review was performed to collect data points including: starting hemoglobin, route of delivery, estimated blood loss (EBL), Cesarean Delivery (CD) order # when relevant, why CM was collected, and transfusion indication.

Results: 621 CMs were ordered, 167 transfusions given. The majority of CMs ordered on L&D (64.7%) are routinely ordered for CDs. Average EBL between all repeat CDs in which CM is ordered varies by <200 cc. There were only 7 scheduled repeat CDs with starting Hgb >9 that required a blood transfusion in the OR or PACU.

Conclusion: Primary CDs had the highest CM to transfusion rate. Scheduled repeat CDs are at low risk of requiring blood transfusion in OR or PACU, particularly scheduled CDs with a starting hemoglobin > 9. As a result of this study, we will no longer be delaying cases to wait for a CM to result as the transfusion rate is so low. We plan to CM our patients with Hgb < 9 and discontinue routine CMs for VBAC or tubal ligation patients.