

## **Trends in Blood Transfusion in Obstetrics.**

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### **AIM:**

To review the trends in obstetric blood transfusion and the relationship to method of delivery and to ascertain the obstetric conditions leading to major blood transfusion.

### **METHODS:**

Using the Nova Scotia provincial database, all cases of blood transfusion in a tertiary obstetric hospital from 1981–2002 and a population-based study of the whole province from 1988–2002 were reviewed. The relationship of blood transfusion to the method of delivery (spontaneous, assisted vaginal, cesarean delivery labor, cesarean delivery no labor) was ascertained. For women receiving major blood transfusion (> 5 units) in the tertiary unit, the causes leading to transfusion were reviewed.

### **RESULTS:**

During the 22 years covered by the review the rate of blood transfusion dropped 8-fold, from 1.82% to 0.25% of all deliveries. A similar trend was seen in the provincial population over the past 15 years: 0.98% to 0.33% of all deliveries. Compared with spontaneous vaginal delivery, both elective caesarean (risk ratio [RR] 4.15 [2.26–7.64]) and caesarean in labor (RR 5.53 [3.36–9.10]) had a higher risk of blood transfusion. The obstetric conditions leading to major blood transfusion (> 5 units) were uterine atony plus retained placenta (45.6%), abruptio placentae (17.3%), placenta praevia plus accreta (14.2%), genital tract lacerations (7.9%), unclassified antepartum hemorrhage (4.7%), and others (10.3%). There was no significant difference in transfusion rates with age (< 35 years; > 35 years) or parity (0; > 1).

### **CONCLUSION:**

Blood transfusion in obstetrics is now rare, unrelated to age or parity, but significantly higher in cesarean delivery.