

Haemolytic disease

This can occur in a normal pregnancy when mum and baby have different blood groups. Blood cells from baby can enter Mum's circulation and her immune system reacts by making antibodies. In later pregnancies if baby and mum's blood groups are different this means that further antibodies will be produced against baby's blood cells and can cause problems. In any delivery some amniotic cells and fetal cells enter the

Mum's blood stream so antibodies can develop after delivery. However salvaged blood may contain baby's cells so the risk of developing some antibodies to these can be higher.

This means that mum may require a special blood test in future pregnancies.

What next?

This leaflet is to ensure that you feel informed about the decision to have cell salvage. If you have any further questions please do not hesitate to ask your obstetric anaesthetist and obstetrician should be able to provide further information.

Ultimately responsibility for your health and that of your baby is down to you, healthcare professionals are here to help you make a plan you are comfortable with.

This leaflet is available in other languages and formats.
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Date: March 2015
Review: March 2017
Ref: B-187/ED/Why use Cell Salvage
for your Delivery v2 KT, D T-J,

Patient Information

Information for pregnant women regarding cell salvage

Why use cell salvage for your delivery?

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What is cell salvage?

It is a process which collects your own blood from the operating site and then filters and washes it before returning it to you if it is felt that you need it.

The use of cell salvage means that you as the patient will receive your own blood back, reducing the risk of needing donated blood with its associated risks.

Why use the cell saver?

NICE (National Institute for Health and Clinical Excellence), is an independent organisation which provides national guidance to promote better health care, produced a Guideline in 2005 suggesting that Intra-operative Cell Salvage (ICS) should be used in caesarean sections to help reduce the use of donated blood.

Evidence for this statement came from research studies. One compared women who received cell salvaged blood with women who received a donated blood transfusion. There was no difference in recovery of the two groups. Clear benefit was shown in another study which suggested that women with cell salvaged blood stayed in hospital a significantly shorter time than women who had had a donor blood transfusion.

Advantages of cell salvage:

- It may help to reduce the risk of adverse events from receiving a blood transfusion (see below for risks of donated blood).
- It can be used for anyone with objections to donated blood transfusions.

There is no evidence to date of any serious complications to Mum after cell salvage use in obstetrics.

Sometimes cell salvage is not suitable in specific circumstances and cannot be used. This will be discussed with you if applicable.

Why minimise donated blood transfusions?

Despite careful screening there can be problems with receiving a blood transfusion.

The biggest risk is being given the wrong blood, however, we have several careful checks which try to reduce this.

Compared to everyday risks, the chance of getting an infection from a donated blood transfusion is very low as it is thoroughly screened.

The likelihood of getting hepatitis from a blood transfusion is currently about 1 in 500,000 for hepatitis B and 1 in 30 million for hepatitis C. The chance of getting HIV or HTLV infection is about 1 in 5 million. Although the risk of getting variant Creutzfeldt-Jakob Disease (vCJD) from a blood transfusion is probably low with a single blood transfusion, the risk of any infection will increase with additional blood transfusions.

Other problems include allergy and transfusion related lung injury (TRALI). These are uncommon.

Potential problems with cell salvage:

Amniotic fluid embolism

There is a theoretical concern that any amniotic fluid (The fluid which surrounds baby in the womb) could be sucked into the machine may be re-infused and so lead to amniotic fluid embolism which is a very serious allergic reaction. This problem has been addressed by adding in filters which aim to reduce the collection of the amniotic fluid responsible for triggering this serious condition.

To date, despite several years of use, there have been **no reports** of this complication occurring.