

POSTPARTUM ANAEMIA

CASE REPORT

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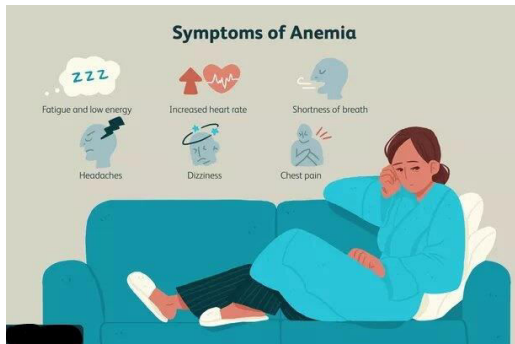
1 OBJECTIVE

Patient was discharged from Maternity Ward with HB of 69 after declining a blood transfusion but was later symptomatic and needed a blood transfusion in another hospital

2 CASE REPORT

24 years old G2P2, BMI 27, A +ve, previous EMCS in 2015 for placenta abruption.

Consultant led care in this pregnancy for previous EMLSCS, wished for VBAC this time, had successful VBAC by ventouse, went into major PPH and became anemic. Postnatal Hb was 69. She refused blood transfusion, later became symptomatic and ended up in having blood transfusion in another hospital.



4 CONCLUSIONS

Patient was discharged from Maternity Ward with HB of 69 after declining a blood transfusion but was later symptomatic and needed a blood transfusion in another hospital.

5 CATEGORIES

MATERNAL MEDICINE

3 CASE DISCUSSION

She went into spontaneous labour at 40+4w, had successful delivery by ventouse in theatre under spinal anesthesia. Manual removal of placenta done. EBL was 1.1lt. Postnatal Hb was 69. During admission she was asymptomatic of anaemia and clinically stable. She was offered blood transfusion, considering Hb less than 7. She was counselled about pros and cons of blood transfusion but she declined, as she did not want to stay in hospital for blood transfusion. Eventually, she agreed for oral iron and was discharged home with oral iron prescription with plan to repeat FBC for next day. Next day telephone call received from community midwife, stating patient was symptomatic of anaemia and breathless. She requested for admission and blood transfusion for patient. Due to work load delivery suite co-coordinator recommended phoning an alternative hospital as no beds available. She was admitted to another hospital and had blood transfusion. Incidence was raised by that community midwife due to which case was investigated in detail from antenatal booking and few other short comings were also identified in the care pathway, which were addressed accordingly. Registrar who discharged the patient postnatally presented the case to education and Audit meeting and it was recommended that all staff to be informed of importance of escalation to consultant if patient declines medical advice. Prioritization for women to ensure re-admittance as clinical need when women have received their care in our hospital. Review of Anaemia pathway through policy and guideline group as soon as possible to update escalation of process.



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