



To bleed or not to bleed?

Reducing unnecessary postpartum full blood counts to optimise patient flow & rationalise costs

Objective

RCOG recommends investigating primary postpartum haemorrhages (PPH) if the estimated blood loss (EBL) is > 500ml, unless the patient has antenatal anaemia¹.

National guidance estimates inpatient full blood counts (FBCs), when including staff and equipment costs, **total £6 per patient**².

Unnecessary postpartum FBCs may:

- Delay discharge from hospital
- Negatively impact patient experience
- Be of significant cost to trusts

We aimed to assess whether patients in our unit were receiving necessary postpartum FBCs.

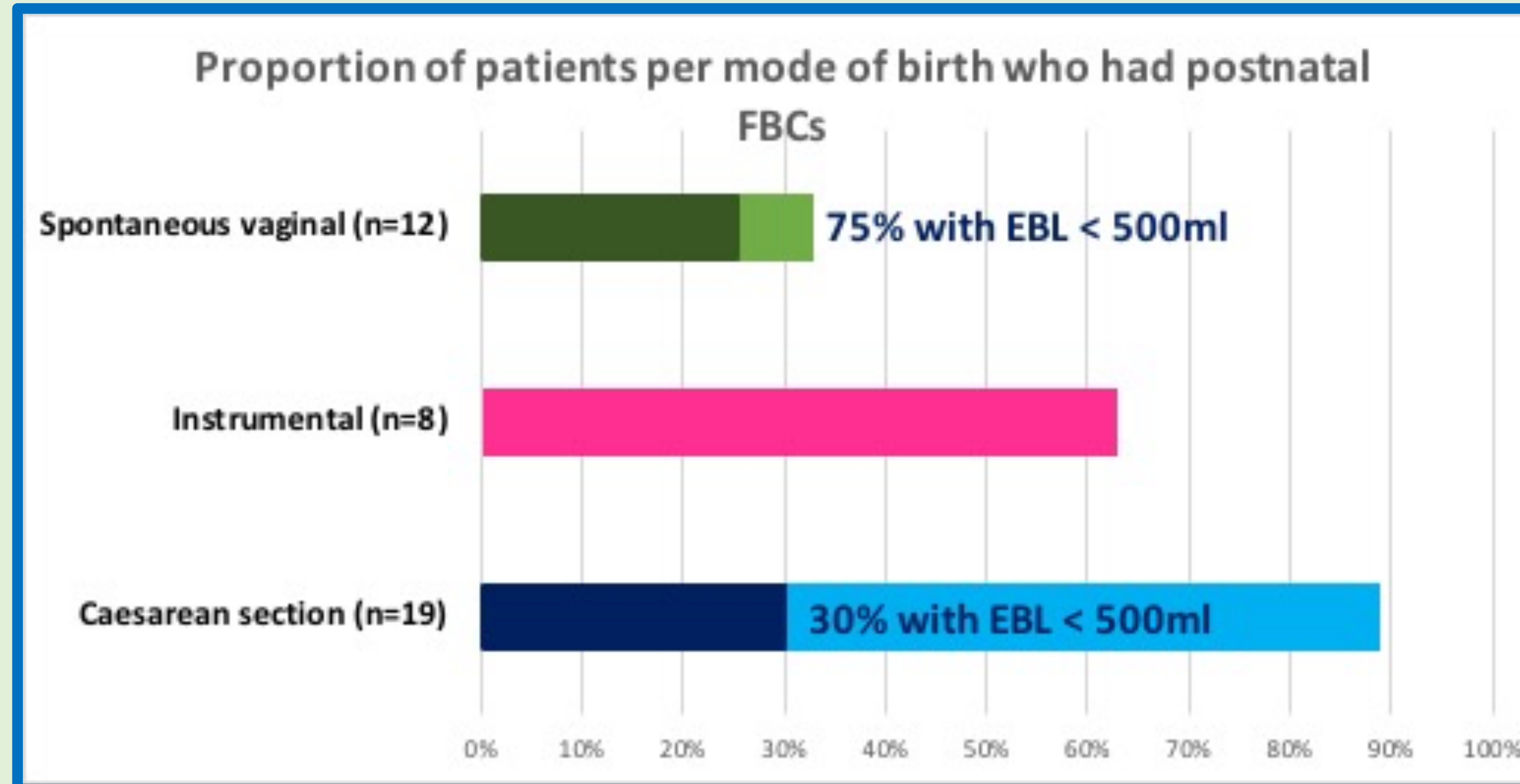
Design

A quality improvement project focused on reducing unnecessary FBC testing thus **optimising patient flow and rationalising costs**.

Methods

- Snapshot data collection analysing 39 of 244 postnatal inpatient health records (paper and electronic) from January 2023
- Data collection on antenatal risk factors, mode of delivery and EBL, postnatal plans made at the time of birth, length of postnatal inpatient stay and events over admission

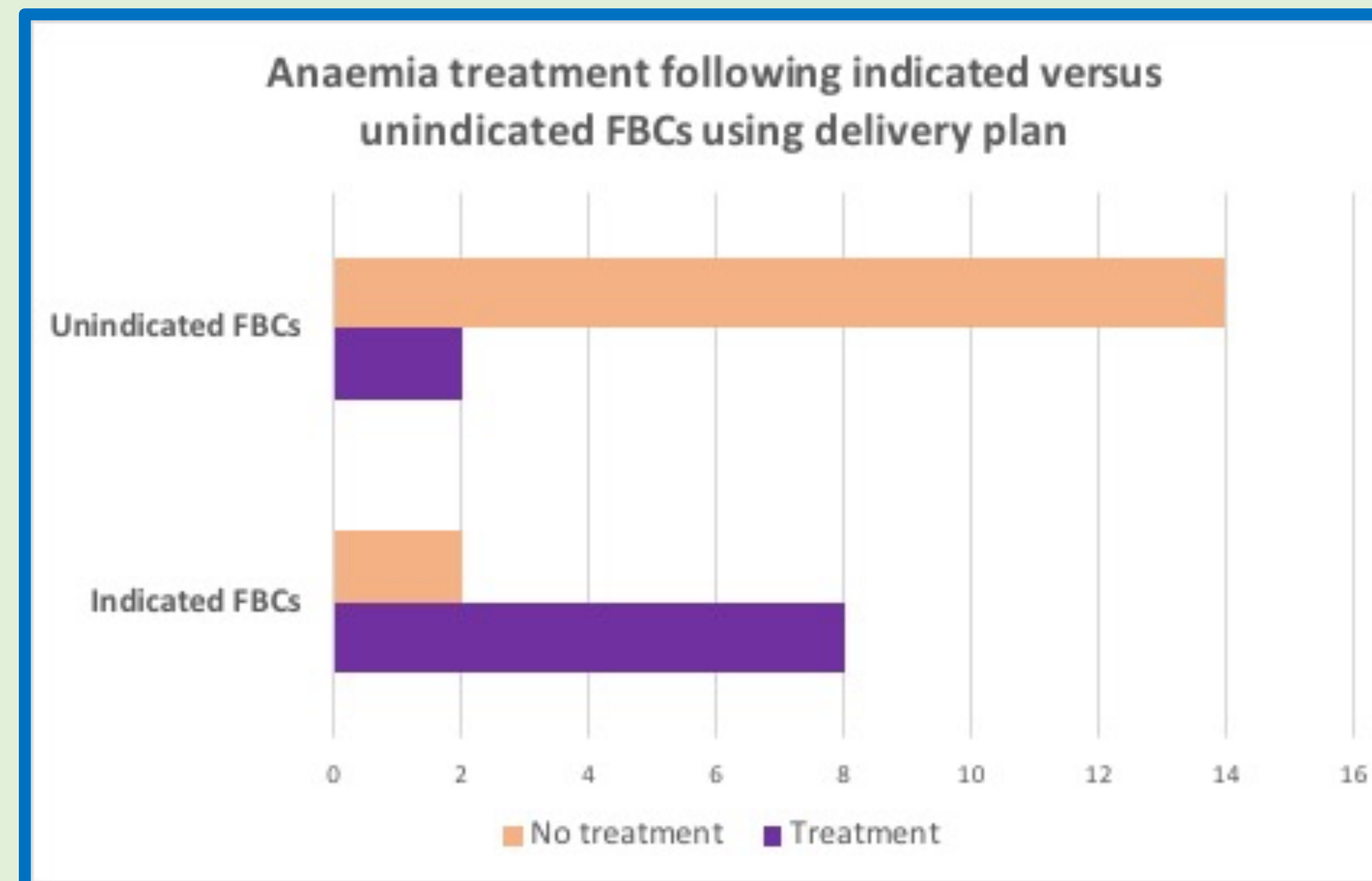
Dr Isla Monaghan, Dr Tamara Kubba & Ms Sangeeta Khinder
Whittington Health NHS Trust, London, UK



67% of patients had a postpartum FBC

31% of FBCs were taken following EBLs of <500ml

62% of FBCs were not indicated in the labour ward plan



Results

16% of our unit's deliveries were analysed.

Postpartum FBCs were proportionally higher following caesarean sections (89%) compared to instrumental births (63%) and spontaneous vaginal births (33%).

31% of postpartum FBCs were taken following EBLs of < 500mls and could thus be considered unnecessary.

Patients were more likely to require treatment for anaemia with an indicated FBC in the postnatal plan (80%) versus unindicated (13%).

Reasons for delayed discharge were multifactorial and cross-disciplinary & commonly involved neonatal review.

Conclusion

Postpartum FBCs occurred following minimal EBLs despite RCOG recommendation.

Postpartum FBCs may not delay discharge yet indicating their necessity at birth can improve patient experience and reduce trusts' costs.

Extrapolating data from our unit's delivery figures, **annual costs of £7070** could be saved made by eliminating unnecessary FBC testing.

A cost-benefit analysis could inform whether routinely collected postpartum FBCs would improve the treatment of postnatal anaemia.