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# GUIDANCE ON RED CELL TRANSFUSION

## For postnatal patients not actively bleeding

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- Transfusion should be dictated by clinical status and not by Hb alone.



**Hb >90 g/L**  
Transfusion is usually inappropriate.



**Hb 70–90 g/L**  
Consider transfusion only if there are signs and symptoms of anaemia. IV iron may be used as an alternative or adjunct to transfusion.



**Hb <70 g/L**  
Transfusion may be appropriate, but is not always required. Consider IV iron as an alternative or adjunct to transfusion.

- Where indicated, **transfuse a single unit** followed by clinical reassessment to determine need for further transfusion or Hb retest.
- In patients with iron deficiency anaemia, **iron therapy** is required to replenish iron stores even after transfusion.

**Refer to CDHB Maternity Guidelines: 233597 Obstetric Intravenous Iron Infusion (C260133)**

**Guidelines on obstetric and maternity transfusion practice can be found at:**

<http://www.blood.gov.au/pbm-module-5>

**NZ Blood Resource webpage [www.clinicaldata.nzblood.co.nz/resourcefolder/selectdhdh.php](http://www.clinicaldata.nzblood.co.nz/resourcefolder/selectdhdh.php)**