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Subject: Cell salvage in obstetrics

REQUEST & RESPONSE

Cell salvage in obstetrics

Dear colleagues

We are looking at the use of autologous cell salvage in obstetric units and would be grateful if you could complete this questionnaire (the questions can be answered either directly within the email or by using the attached document):

1. Does your hospital have an obstetric unit?
- a. Yes
 - b. No

2. What is the number of births per year in your obstetric unit?

>4,000 births average

3. Do you use cell salvage in obstetrics?

- a. Yes
- b. No

4. In what situations is cell salvage used (tick any that apply)

- a. All caesarean sections
- b. category 1 caesarean section,
- c. category 2 caesarean section,
- d. category 3 caesarean section,
- e. category 4 caesarean section,
- f. caesarean section with high risk of haemorrhage,
- g. obstetric patients refusing blood transfusion,

5. What is the availability of cell salvage in your obstetric unit

- a. 24 hour,
- b. day-time only,
- c. depending on staff and/or equipment),

6. How many times per year over the last 5 years have you used cell salvage for collection only in your obstetric unit?

Year	Number of times CS used
2014	152 (3 month data available)
2015	708
2016	356
2017	936
2018	908

7. How many times per year over the last 5 years have you used cell salvage for collection and reinfusion in your obstetric unit?

Year	Number of times CS used
2014	- (Data available for 3 months)
2015	288
2016	432
2017	144
2018	272

8. Does your hospital obstetric unit have any concerns about using cell salvaged blood at caesarean section?

- a. Yes
- b. No

9. If yes to question 6, do your concerns relate to any of the following (tick all that apply)

- a. Infection risk
- b. Haemolytic disease in future pregnancy
- c. Cost
- d. Amniotic fluid embolism
- e. Need for broad spectrum antibiotics
- f. Availability of trained staff
- g. Availability of equipment
- h. Other (please state)