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PBM A PATIENT CENTRIC APPROACH FOR OBSTETRICS AND GYNAECOLOGICAL PATIENT AT TERTIARY CARE HOSPITAL, JAMNAGAR

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Introduction

- The timely application of evidence-based medical and surgical concepts designed to maintain haemoglobin concentration,optimize haemostasis and minimize blood loss to improve patient outcome.
- WHO in 2011 that supported and encouraged the implementation of PBM programs.
- Total six PBM bundles to help the implementation of PBM.
- The first bundle deals with PBM project management and the sixth bundle deals with the evaluation of PBM related metrics.
- Second, third, fourth, and fifth bundles comprise four PBM strategies.
- Patient blood management [PBM] is a multimodal, multidisciplinary approach, adopted to hemoglobin concentration,optimize hemostasis and minimize blood loss to imrove patient outcome.
- It improves the red cell mass,conserving the patient's own blood and improving anaemia.
- It minimize the use of alloganic transfusion in obstetric and gynaecological practice.

Aims and Objective

- The aim of this study was to implementnation of guidelines for transfusion of blood and blood components in obstetrics and gynaecological patients.
- Objective is to,

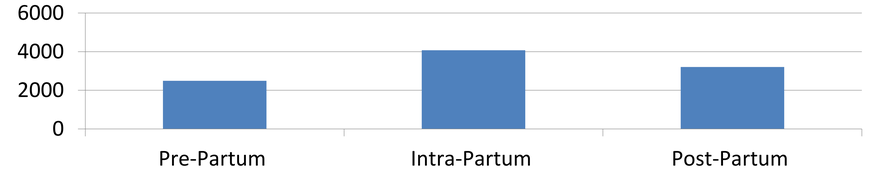
1.Study the indications of blood transfusion.
2.Analyse the frequency and utilization of blood and blood components.
3.Minimize the requirements of blood transfusions.

Materials and Method

- A retrospective analysis was conducted to determine the frequency and kind of components used in various obstetric and gynecological cases at G.G.G. Hospital,Jamnagar.
- Study included patient admitted in obstetric and gynecological ward between January 2023 to December 2023.

Results

- Total number of blood transfusions between 01/01/2023 to 31/12/2023 – 24739
- Patients admitted in obstetrics & gynaecology ward- 10833 (43.79%)
- Obstetrics cases-10507, Gynaecological cases-326
- Out of them patient needed blood transfusion- 9783
- Due to anemia in females higher rate of blood transfusion need in obstetrics females.



Transfusion Need During

Royal College of Obs. and Gyn. Guidelines for PBM

1.Optimisation of Hb in Antenatal period to prevent avoidable anemia.
2.Oral iron should be preferred as the first line of management in case of iron deficiency anaemia in antenatal and gynaecological conditions.
3.IV/IM form of iron injection is indicated when oral iron is not tolerated or in case of ineffective oral iron supplementation.
4.Promotion of dietary iron supplementary products along with oral iron and folic acid therapy will improve iron content of the blood rapidly.
5.Avoid prolonging the third stage of labour.
6.Advise to follow protocol on how to manage major obstetric haemorrhage.
7.Strongly advise to follow Massive Transfusion protocol (MTP) which includes i)Access to RBC's first rather than other blood components. ii)Maintain the doses and timing of usage of blood products and the ratio of blood component therapy to be used.
8.In case of increased maternity population, activate MTP's as early as possible.
9.Early diagnosing & starting medical management immediately for fibroid uterus & DUB will decrease the blood transfusion frequencies.

Conclusion

PBM in obstetrics is based on three main pillars: diagnostic and therapeutic interventions during pregnancy, during delivery and in the postpartum phase.Transfusion shouldn't be the first choice if blood components are anticipated to be necessary.