

Let's Talk About...

Blood Transfusion in a Newborn

What is a blood transfusion?

A **blood transfusion** is a procedure where donated blood is put into your baby's vein.

Before it can be transfused, the donated blood is tested and prepared in a blood bank. It is tested for hepatitis, HIV, and other diseases that can be carried in the blood. Only blood that is safe and is a good match for your baby can be used for transfusion.

Usually only certain components of the donor blood — not whole blood — are transfused. The components used in a transfusion could include **red blood cells**, **platelets**, or **plasma**. Red blood cells deliver oxygen throughout the body. Platelets help to control bleeding. Plasma is the liquid part of blood that contains water, nutrients, and other important chemicals for the body.

Why does my baby need it?

A blood transfusion is given because of either of these things:

- **Anemia.** A baby with anemia does not have enough red blood cells to deliver oxygen throughout the body.
- **Bleeding.** A baby who is bleeding may have blood replaced in order to maintain a safe blood pressure and to deliver enough oxygen.

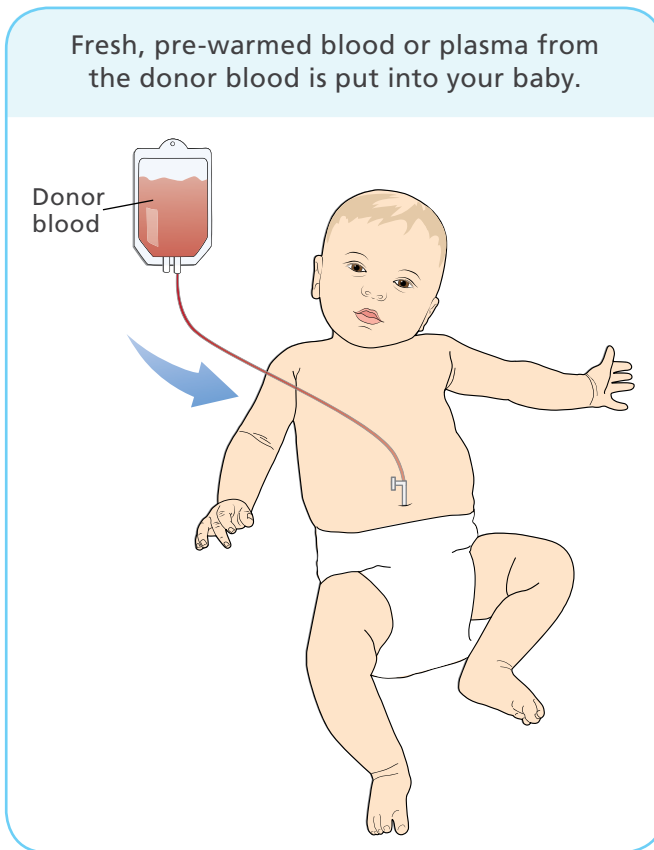
Intermountain Healthcare has guidelines for when transfusions are needed for newborns.

How is a blood transfusion done?

Blood is given to your baby through an **IV (intravenous)** line. This is a tiny tube that is inserted into your baby's vein. Your baby might already have an IV line. If not, one will be placed by a doctor or nurse for the transfusion. The vein used for the transfusion might be in your baby's arm, leg, head, or umbilical cord.

Usually only a small amount of blood is needed for each transfusion. Generally, about a tablespoon of blood is transfused for each pound of your baby's weight. For example, a 3-pound baby might receive a transfusion of about 3 tablespoons of blood.

A transfusion of platelets or plasma usually takes about 1 hour. It takes about 3 to 4 hours for a red blood cell transfusion.



Talking with your doctor about this treatment

The following table lists the common possible benefits, risks, problems, and alternatives for this treatment. Other benefits and risks may apply in your child’s unique medical situation. The conversation you have with your child’s healthcare provider is the most important part of learning about these risks and benefits. Be sure to ask questions. It’s important to have all your questions answered before you agree to a recommended treatment.

Possible benefits	Risks and possible problems	Alternatives
<p>Benefits may include:</p> <ul style="list-style-type: none"> • Better oxygen delivery throughout the body • Control of bleeding • Saving life, in cases of severe anemia or bleeding 	<p>Most problems with transfusions are rare, but any transfusion can have these risks and possible problems:</p> <ul style="list-style-type: none"> • Too much fluid in the blood vessels. This can usually be prevented by giving the transfusion slowly. • Infection. This can occur from a germ introduced through the IV or from a germ that wasn’t detected in the donor blood. • Hemolytic reaction (very rare). This can be a life-threatening problem that happens when the donor blood, or the baby’s own blood, breaks down too fast. It causes the contents of blood cells to be released directly into the bloodstream. • Allergic reaction to the donated blood (extremely rare). Symptoms include fever, rash, and drop in blood pressure. These symptoms can be treated by certain medicines. 	<p>Alternatives depend on the reason a transfusion is needed.</p> <ul style="list-style-type: none"> • In some cases, there is no alternative treatment to blood transfusion. • In other cases, drugs can be used to stimulate blood cell growth, or reduce bleeding.

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