



HEALTH HOLDING  
HAFER ALBATIN HEALTH  
CLUSTER  
MATERNITY AND CHILDREN  
HOSPITAL

<b>Department:</b>	Obstetrics and Gynecology (L&D)		
<b>Document:</b>	Departmental Policy and Procedure		
<b>Title:</b>	Collection of Cord Blood Sample		
<b>Applies To:</b>	All Obstetrics and Gynecology Staff		
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## 1. PURPOSE:

- 1.1 To obtain fetal's ABO Rh result as soon as possible.
- 1.2 To be aware of possible danger of blood incompatibility between the mother and the fetal to prevent hemolytic disease.
- 1.3 To obtain the values of blood components in the neonates and appropriate intervention could be done for any abnormalities like anemia.

## 2. DEFINITIONS:

- 2.1 **Cord Blood Sample** – is a sterile procedure of collecting blood sample from the umbilical cord of newborn for laboratory examination (e.g. to obtain the blood group, to screen hypothyroidism, for complete blood count studies).

## 3. POLICY:

- 3.1 Collection of blood sample via cord of the fetal is a must and should be by a staff nurse/ midwife.
- 3.2 Specimen bottle must be labelled with fetal's name, the mother's 4 names for the Saudi and complete name for the Non - Saudi, Medical Record Number, time and date.
- 3.3 Samples must be transported to laboratory immediately by the staff.

## 4. PROCEDURE:

- 4.1 Following the completion of the 3<sup>rd</sup> stage of labor, withdraw 10 ml of blood via sterile syringes from the cord vessel.
- 4.2 Remove needle with forceps prior to injecting 5 ml of blood into each bottle.
- 4.3 Invert EDTA tubes several times gently.
- 4.4 Label both bottles with "Cord Blood" with the following:
  - 4.4.1 Fetal's and mother's 4 names for the Saudi and complete name for the Non – Saudi.
  - 4.4.2 Medical Record Number.
  - 4.4.3 Date and time blood collected.
- 4.5 Complete investigation forms.
- 4.6 Send blood to laboratory.
- 4.7 Documentation:
  - 4.7.1 Document neonatal blood via cord sample obtained.
  - 4.7.2 For RH negative mother DCT, Retic and TSB should be taken as routine.
  - 4.7.3 Newborn's weighing below 2.5 kgs or above 4 kgs, if mother is diabetes cord blood for RBS should be taken routinely.

## 5. MATERIALS AND EQUIPMENT:

- 5.1 Tray
- 5.2 Gloves





5.3 EDTA and plain tube

5.4 Syringe 10 cc

## 6. RESPONSIBILITIES:

6.1 Physician

6.2 Nurses

6.3 Midwives








## 7. APPENDICES:

7.1 Laboratory Multipurpose Form

## 8. REFERENCES:

8.1 Ministry of Health, General Nursing Administration, Functions and Duties Policies and Procedure

## 9. APPROVALS:

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