

Department:	Obstetrics and Gynecology (L&D)		
Document:	Departmental Policy and Procedure		
Title:	Collection of Cord Blood Sample		
Applies To:	All Obstetrics and Gynecology Staff		
Preparation Date:	January 08, 2025	Index No:	L&D-DPP-031
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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 3rd 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



KINGDOM OF SAUDI ARABIA

Hospital: _____ مستشفى: _____
Region: _____ لمنطقة/المحافظة: _____
Dept/Unit: _____ القسم/الوحدة: _____

رقم الملف الطبي: _____ MRN: _____

Name: _____ الاسم: _____

Nationality: _____ الجنسية: _____

Age: _____ سنه _____ شهور _____ يوم _____
Years Months Days العمر _____ شهور _____ يوم _____

Date of Birth: _____ / _____ / 14 _____ H _____ / _____ / 20_____ تاريخ الميلاد: _____ / _____ / 14 _____ H _____ / _____ / 20_____

Gender: Male Female الجنس:

نموذج قدم من متعدد الأغراض **LABORATORY MULTIPURPOSE**

Routine Urgent Pre-operative

Clinical Comments:

Requested by: _____ Stamp & Signature: _____ Date: _____ / _____ / _____

Requested Test:

Results:

Pathologist: _____ Stamp & Signature: _____ Date: _____

Examiner Name: _____ Stamp & Signature: _____ Date: _____

5.3 EDTA and plain tube
 5.4 Syringe 10 cc

6. RESPONSIBILITIES:

6.1 Physician
 6.2 Nurses
 6.3 Midwives

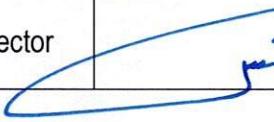
7. APPENDICES:

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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