Aims Clear guidelines exist for the management of major haemorrhage in adults. These include a strong emphasis on early transfusion of Fresh Frozen Plasma (FFP) in conjunction with Packed Red Cells (PRC) in order to avoid/treat possible accompanying coagulopathy. Current practice within the local neonatal population is to await clotting profiles and administer FFP if coagulation is found to be abnormal. This practice may lead to a significant delay in treatment. The aim of this service evaluation was to identify whether term neonates with major haemorrhage around the time of delivery required support with coagulation factors. This may support the use of prophylactic FFP alongside RBC transfusion prior to results becoming available helping to stabilise the infant sooner.

Methods Data was requested from our local blood transfusion laboratory for all requests for blood products made for patients on the neonatal unit between April 2011 to December 2013. Further details regarding antenatal and neonatal course were then taken from the Badger database on all babies that were identified to have received blood products on their date of birth or following day. Babies born at less than 37 weeks were excluded.

Results We identified 7 term babies with a clear history of major perinatal blood loss. 5/7 (71%) required transfusion of FFP in addition to PRC on the basis of abnormal clotting profile. All babies receiving FFP needed extensive resuscitation at birth followed by intensive care support, whereas the 2 babies that were not transfused were clinically stable. One of the babies not receiving FFP did not have their clotting profile checked. All babies received Vitamin K post delivery as standard.

Conclusion Term infants with a clear history of perinatal blood loss who are compromised at delivery and require packed red cell transfusion should be considered for early transfusion of FFP without awaiting coagulation profiles.