**Cord Blood Specimen Collection**

**Who**  
Registered Midwives  
Medical Staff

**Expected Outcomes**  
A cord blood specimen is collected safely from all babies of Rh (D) negative women, women with known antibodies, and women whose blood group and antibody status is unknown.

The cord blood specimen is labelled with the correct baby details.

The cord blood specimen tube and specimen declaration on the Blood Bank Request are signed by the collector.

**Precautions**  
Take care with babies and mothers who have the same or similar names.

Take care with multiple births.

**Definition**  
Cord blood is a specimen of blood collected from the umbilical cord at the time of birth.

**Why**  
The cord blood specimen is collected to test for blood group and direct antiglobulin test (DAT, Coombs) in order to identify babies who are at risk of haemolytic disease of the newborn (HDN); and for the issue of Rh(D) Immunoglobulin to Rh(D) negative mothers.

**DO NOT** label the cord blood specimen tube with the mother’s Bradma label. Modifications to the mother’s Bradma label are **NOT** acceptable.

A separate Blood Bank Request must be used for cord and maternal blood specimens.

See the ‘Crossmatch Specimen Collection’ protocol for collecting and labelling neonatal and maternal blood specimens.
Clinical Protocols and Guidelines
BC. Blood Components

Cord Blood Specimen Collection

**Equipment**
- Blood Bank Request MRL28
- Gloves, goggles
- Laboratory specimen bag
- Vacutainer system/needle and syringe
- 4ml purple top EDTA tube
- Alcohol skin preparation
- Kidney dish
- Sharps container
- Large Bradma labels (if baby has been issued with a UR number)

**Step 1**
Check that the requesting person has signed the Blood Bank Request and has completed all relevant sections.

**Step 2**
Check that the baby’s details are on the Blood Bank Request under ‘Patient Details’.

1. **Baby with a UR number**
   - The baby’s Bradma label may be used or baby’s details may be handwritten in ‘Patient Details’.

2. **Baby without a UR number** (eg Jessie McPherson babies)
   - Baby’s details must be handwritten in ‘Patient Details’
   - The mother’s Bradma label must be placed in the ‘Clinical Notes’ section of the Blood Bank Request.
   - ‘Baby of’ is written on the mother’s Bradma.

**Step 3**
Explain to the parent/s what you plan to do and gain consent.

**Step 4**
Check that the following baby details exactly match on the Blood Bank Request and on the baby’s identification band.

- Surname
- First name or ‘baby of’, ‘twin 1 of’, ‘twin 2 of’ etc - mother’s first name
- UR number (if issued)
- Date of birth
- Gender

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**DO NOT PRE-LABEL TUBES**
**Step 5**

Collect a cord blood specimen into a 4ml purple top EDTA tube by venipuncture of the umbilical vein or a placental vein (foetal surface) using a vacutainer/needle and syringe under aseptic conditions.

Use of open cord vessels for collection is unacceptable due to the risk of contamination from maternal blood and/or Wharton’s Jelly.

**Step 6**

Dispose of the vacutainer/needle and syringe into the sharps container.

**Step 7**

The specimen tube must be labelled at the bedside immediately after the specimen is collected.

Label with a large Bradma label *(baby with UR number)* or handwrite the details on the specimen tube *(baby without UR number)*.

The following information must be included on the specimen tube label:

- Must be labelled ‘Cord Blood’
- Surname
- First name or ‘baby of’, ‘twin 1 of’, ‘twin 2 of’ etc - mother’s first name
- UR number (if issued)
- Date of birth
- Gender

DO NOT label the cord blood specimen tube with the mother’s Bradma label.

**Step 8**

SIGN the specimen label and write the time and date of collection.

**Step 9**

SIGN the specimen declaration on the Blood Bank Request with your full signature and write the time and date of collection.

**Step 10**

Place the labelled specimen and Blood Bank Request in a laboratory specimen bag and send it to the laboratory.

If an adverse event (actual or ‘near miss’) is associated the collection of a cord blood specimen, document details in the health record and complete an incident report.

*Blood Component Information: An extension of blood component labels*, 2005, Australian Red Cross Blood Service, Fitzroy

The Clinical Use of Blood in Medicine, Obstetrics, Paediatrics, Surgery and Anaesthesia, Trauma & Burns, 2001, World Health Organisation, Blood Transfusion Safety, Malta

*Guide to the preparation, use and quality assurance of blood components*. 2003, 9th edn, Council of Europe Publishing, Germany


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