ANAEMIA

What is anaemia?
Anaemia is not having enough red blood cells. Red blood cells carry oxygen around the baby's body.

Why do premature babies get anaemia?

They become anaemic because:
- Their red blood cells have a shorter life span than an adult. This can be accelerated if the baby's blood group is different to mum's
- They make fewer red blood cells, in the first few weeks of life.
- Blood is taken from the baby to do necessary blood tests. This is the most common reason for anaemia in very preterm babies.

How do you know my baby is anaemic?

The baby may appear pale in colour and if needing oxygen, his/her requirements may increase. The baby may have a faster heart rate than usual and his/her blood pressure may be low.
A blood test can be taken to determine what the baby's red blood cell count is. (Haemoglobin H.b) Generally an H.b of 12.0g/dl or 120g/l or above is acceptable but levels as low as 70-80g/l may be tolerated in well babies not requiring oxygen and who are growing well.

How is anaemia treated?

1) Anaemia does not always need to be treated with a blood transfusion. Eventually the baby will make more of its own red blood cells. A routine blood test called a RETICULOCYTE count will be taken. This shows the percentage of newly made red blood cells. As the baby grows, the baby may require additional iron supplements. This commences at 48 days of age or when the baby is on 4 hourly sucking feeds.

2) Giving a transfusion of red blood cells, from the blood bank, generally treats anaemia in the very preterm baby. This blood is screened for common viruses and is specific for neonatal use. Blood will be taken from the baby, so that the correct blood group is given. O negative blood can be given in an emergency, as this blood group is compatible with all blood groups. The blood given is checked very carefully with the baby’s notes and documentation sent with the blood from the blood bank.

- The blood is given via a cannula sited in a vein.
- The blood is generally given over 3 hours via an infusion pump.
- The baby will not be fed during the transfusion, if requiring intensive care, but may not if they are more mature and are in special care.
- The baby’s temperature, pulse, BP and respirations will be monitored throughout. Blood sugars will be checked if the feeds are stopped.
- Feeds, if stopped will resume 1 hour after the blood transfusion is completed.
How many transfusions will my baby need?

This is very dependent on how sick and small the baby is. Over the course of their intensive care treatment, they may require several.

This leaflet is intended to give you information and answer some of your questions. Please feel free to discuss any further questions and concerns with a member of staff.

Written by Lisa Leppard, Family care sister, NNU. 
Princess Anne Hospital. 2004. 
Review Date 2006. 

Neonatal Unit. 
Princess Anne Hospital. 
Coxford Road. 
Southampton. 
SO16 5YA. 
02380796001