Standard operating procedure (SOP) · OBS-SOP-002 · Version 1.0 · Approved by the ASF Expert Committee

Supports: 12.4

At a glance

- A defined route to a blood bank or transfusion service is in place for obstetric emergencies.
- The route is tested each year, with the time to blood recorded.
- Emergency release follows BLD-SOP-006 when full compatibility testing cannot wait.
- A woman who may need blood is typed and screened on admission.
- Stop and get help straight away if: a haemorrhage occurs with no defined route to blood.

1. Purpose

To make sure blood is available within minutes for obstetric haemorrhage (12.4).

2. Scope

Applies to	Clinical and support staff in the hospital
Locations	All wards, clinics and departments of the facility
When	Whenever the activity described is carried out
Does not apply to	Activities covered by another document listed in section 15

3. Definitions

Term	Meaning
Clinical lead	The doctor or nurse in charge of the area at the time

4. Background

Bleeding after birth can need blood within minutes. The route to blood must be defined and known, so the team does not spend the time searching.

5. Responsibilities

Role	Responsibility	Competence
Lead obstetrician	Owns the route and the test	Clinician
Blood bank or transfusion lead	Confirms supply and tests the route	Scientist

6. Materials and equipment

Item	Requirement	Condition
Records and forms named in this document	Current version	Checked before use

7. Safety

- Stop and call for help if a patient is at immediate risk. Do not delay urgent care to complete paperwork.

8. Before you start

- Confirm the forms and equipment named in this document are available and current.

9. Procedure

Step 1. Define the route.

- Write the route to the blood bank, with the contact and the time to blood.

Key point: Route written.

Step 2. Type and screen.

- Type and screen each woman at risk on admission.

Key point: Typed on admission.

Step 3. Test.

- Test the route each year and record the time to blood.

Key point: Tested, timed.

10. Decision points

- No decision points in this procedure.

11. Special situations

Situation	Action
Out of hours	Follow the same steps. Use the on-call contact on the wall of the area.

12. Escalation

- Any serious problem goes to the duty clinical lead at once and to the clinical director the same day.

13. Monitoring

Measure	Target	Frequency	Owner	If not met
Route tests done each year	100%	Yearly	Blood bank or transfusion lead	Escalate to medical director

14. Records

Record	Kept in	Retention
Record named in this document	Patient record or the area file	the period set by the facility’s records policy years

15. Training

- Staff are trained in this document at induction and refreshed each year, with a recorded competency check.

16. Related documents

ID	Title	Use
BLD-SOP-006	Emergency release of blood (existing, reused)	Procedure
BLD-FRM-002	Blood request and issue record (existing, reused)	Record

17. Evidence

Reference	Note
E-009	Based on the WHO recommendations for the prevention and treatment of postpartum haemorrhage (2012).
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

18. Change history

Version	Date	What changed	Approval
1.0	the date of approval	First version	set Expert Committee approval

E-learning for this document

- **Medication Safety: Operating SOP-MED-01 End to End** (T-08)
- **Care & Treatment: Clinical Standards for Accreditation** (H-04)

References

- Accréditation Sans Frontières (2026). ASF Policy Framework v1.2. (E-006)
- Accréditation Sans Frontières (2026). ASF Expert Committee consensus on Standard 1. (E-009)

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