

Joint UKBTS / NIBSC Professional Advisory  
Committee <sup>(1)</sup>  
Summary Sheet

<b>1. Paper for the JPAC meeting on:</b>	20/3/2011
<b>2. Date submitted:</b>	21/1/2011
<b>3. Title (including version no.):</b>	Recommendations on a change to the Donor Selection Guidance for Pregnancy
<b>4. Author(s):</b>	SAC Care and Selection of Donors Dr Sue Barnes
<b>5. Brief summary:</b>	The attached paper makes recommendations for the revised donor selection guidance as current long standing guidance is not in line with BSQR 2005 these were endorsed by the SAC CSD on 9/12/10
<b>6. Action required by the Joint Professional Advisory Committee:</b>  (What do you want JPAC to do in response to this paper?) e.g. <ul style="list-style-type: none"> <li>• endorse a specific recommendation</li> <li>• advise where there is a choice of possible actions</li> <li>• advise on priorities within the work plan</li> <li>• provide a steer on policy</li> </ul>	Endorse recommendations
<b>7. Any other relevant information:</b>	

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<sup>(1)</sup> **Joint United Kingdom Blood Transfusion Services and National Institute for Biological Standards and Control Professional Advisory Committee**

# Recommendations on a change to the Donor Selection Guidance for Pregnancy

Prepared by Dr S M Barnes Chair SAC CSD

## 1 Remit

The remit of this paper was to review the current guidance on Pregnancy in light of the view expressed by the MHRA that it is not in line with the requirements of BSQR 2005.

## 2 Summary of recommendations

New guidance is recommended:

### **Obligatory**

#### **Must not donate if:**

- a) Pregnant.
- b) Less than 6 months have passed since delivery or termination.
- c) Resulted in a malignant (invasive) hydatidiform mole.
- d) Resulted in a non-malignant (non-invasive) hydatidiform mole and treatment and follow up is ongoing.

### **Discretionary**

If the pregnancy ended before the 12<sup>th</sup> week of pregnancy without significant blood loss and it is agreed by a Physician member of the designated clinical support, accept.

#### **See if Relevant**

Anaemia - Discretionary 1. Iron deficiency

Malignancy

Surgery

Transfusion

Trying to Conceive

During pregnancy, particularly in the later part, a woman loses a considerable amount of iron to the baby. It is important to allow time for this lost iron to be replaced through the mother's diet. Donating during pregnancy will make it very likely that the pregnant woman will become short of iron and this may lead to anaemia and even threaten the pregnancy. Iron usage in pregnancy occurs between mostly 12 and 35 weeks either to increase the number of red cell of that the mother, or for growth of the baby (after 30 weeks). Pregnancies of less than 12 weeks have little impact on the mother's iron stores. However if there was significant bleeding due to a miscarriage or ectopic pregnancy a full 6 months from the date of this event is advisable before the lady donates.

A mother can donate if she is still breast-feeding, provided that a longer period than 6 months from delivery has passed.

If a woman is trying to become pregnant they can donate if they have not missed a period and are not under investigation or on infertility treatment. If they are on treatment or under investigation for infertility see the link for 'Trying to Conceive'.

Hydatidiform moles may be malignant. If they are, the woman will not be able to donate. In other cases it

is important for treatment and follow up to be completed so that the possibility of malignancy is excluded.

### **3 Background**

The current guidance in DSG 203 allows a woman to donate after one week has passed for every completed week of a recent pregnancy. However the BSQR 2005 states in Part 3 of the Schedule:

#### **2.2.4. Other temporary deferrals**

Pregnancy 6 months after delivery or termination, except in exceptional circumstances and at the discretion of a physician

This is not in line with the current guidance. Review of the available literature suggests that iron usage in pregnancy occurs between mostly 12 and 35 weeks either to increase the number of red cell of that the mother , or for growth of the baby (after 30 weeks). Pregnancies of less than 12 weeks have little impact on the mother's irons stores. (Allen 2000). Thus if a pregnancy is terminated before 12 weeks, (without significant blood loss) it would seem reasonable for this to be reviewed by a physician and consideration given to allowing the lady to donate should she wish, and of course satisfy the predonation haemoglobin acceptance screening.

However if there was significant bleeding due to a miscarriage or ectopic pregnancy a full 6 months from the date of this event is advisable before the lady donates, to allow her iron stores to return to normal.

### **Reference**

Allen L H. Anaemia and iron deficiency: effects on pregnancy outcome. Am J of Clin Nutrition; 2000. 71: 1280-84.

S M Barnes 10/11/10

Date of publication:

Implementation:

## **Change Notification UK National Blood Services No. - 2011**

### **Applies to Whole Blood and Component Donor Selection Guidelines only.**

## Pregnancy (applies to female donors only)

### **Obligatory**

#### **Must not donate if:**

- a) Pregnant.
- b) Less than 6 months have passed since delivery or termination.
- c) Resulted in a malignant (invasive) hydatidiform mole.
- d) Resulted in a non-malignant (non-invasive) hydatidiform mole and treatment and follow up is ongoing.

### **Discretionary**

If the pregnancy ended before the 12<sup>th</sup> week of pregnancy without significant blood loss and it is agreed by a Physician member of the designated clinical support, accept.

### **See if Relevant**

Anaemia - Discretionary 1. Iron deficiency

Malignancy

Surgery

Transfusion

Trying to Conceive

### **Additional Information**

During pregnancy, particularly in the later part, a woman loses a considerable amount of iron to the baby. It is important to allow time for this lost iron to be replaced through the mother's diet. Donating during pregnancy will make it very likely that the pregnant woman will become short of iron and this may lead to anaemia and even threaten the pregnancy. Iron usage in pregnancy occurs mostly between 12 and 35 weeks either to increase the number of red cell of the mother, or for the growth of the baby (after 30 weeks). Pregnancies of less than 12 weeks have little impact on the mother's iron stores. However if there was significant bleeding due to a miscarriage or ectopic pregnancy a full 6 months from the date of this event is advisable before the lady donates.

A mother can donate if she is still breast-feeding, provided that a longer period than 6 months from delivery has passed.

If a woman is trying to become pregnant they can donate if they have not missed a period and are not under investigation or on infertility treatment. If they are on treatment or under investigation for infertility see the link for 'Trying to Conceive'.

Hydatidiform moles may be malignant. If they are, the woman will not be able to donate. In other cases it is important for treatment and follow up to be completed so that the possibility of malignancy is excluded.

*Part of this entry is a requirement of the Blood Safety and Quality Regulations (BSQR) 2005.*

**Update Information**

This entry was last updated in:  
DSG-WB Edition 203, Release [?????](#).

**Reason for Change**

*[Guidance on pregnancy has been reviewed in line with requirements of BSQR 2005](#)*

**Donor Information**

If you wish to obtain more information regarding a personal medical issue please contact your [National Help Line](#).

Please do not contact this web site for personal medical queries, as we are not in a position to provide individual answers.