Perinatal Statements

Statement #	Neonatal Cord Statements
N1	Samples for pre transfusion testing in the neonate must be collected and labeled in compliance with requirements of the Canadian standards for blood and blood products (CAN/CSA Z902).
N2	Cord blood sample collection and testing is recommended for all neonates when: a. the pregnant person is RhD negative, RhD indeterminate or RhD unknown; or b. the pregnant person has a clinically significant antibody; c. there is a history of HDFN mediated hyperbilirubinemia requiring transfusion (intrauterine or postnatal) or IVIG therapy for a prior fetus or neonate; d. there are known risk factors for nonimmune neonatal jaundice or anemia (such as G6PD deficiency).
N3	Neonatal RhD typing on a cord or peripheral blood sample is required for all RhD negative or indeterminate pregnancies.
N4	A weak D test is required on a cord or neonatal peripheral sample when the mother and neonate are RhD negative or indeterminate.
N5	For alloimmunized pregnancies, cord phenotyping for the implicated antigen and DAT are recommended.
N6	For neonates with hyperbilirubinemia, investigations, and management according to the Guidelines of the Canadian Paediatric Society are recommended.
N7	A neonatal DAT is not recommended as a single test to screen for an alloimmune cause of hyperbilirubinemia.
N8	If neonatal transfusion is required, a neonatal peripheral blood or maternal blood sample should be used for antibody screen.