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NEW STRATEGIES OF PATIENT BLOOD MANAGEMENT FOR BEST ANESTHESIA PRACTICE IN ANEMIC PARTURIENTS

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Patient Blood Management (PBM) is a multidisciplinary, evidence-based approach focused on optimizing and preserving a patient's own blood to improve outcomes. Initially used in cardiac surgery to accommodate patients opting not to receive allogeneic blood transfusions. PBM has since expanded to broader at-risk populations due to increased awareness of transfusion-associated risks, such as adverse events, uncertain efficacy, cost and limited supply and access. The central aim in PBM is to conserve patients' own blood using timely medical and surgical interventions, tailored to patient-specific needs and guided by the three pillars of PBM.

PBM with restrictive transfusion strategies yields similar or improved mortality rates compared with liberal strategies. PBM implementation has significantly reduced hospital mortality, morbidity, length of stay, infection rates, and healthcare costs. The World Health Organization (WHO) recognizes PBM for anemic parturients in obstetrics as standard care and advocates national PBM policies to prevent anemia, coagulopathy, bleeding, and thrombosis.

There is an urgent need for PBM implementation in obstetrics for postpartum hemorrhage; its application is associated with improvements in patient outcomes. Despite increasing awareness of postpartum hemorrhage risk factors and the availability of risk assessment tools, it can be difficult to identify women at risk of developing postpartum hemorrhage. About 40% of women who experience postpartum hemorrhage are underestimated as "low risk" during pregnancy. To aid the uptake of PBM strategies in obstetrics, we developed an algorithm for management of anemia in pregnancy and created a quick reference chart for PBM strategies that can be employed in postpartum hemorrhage scenarios.

Keywords: Patient Blood Management (PBM), anemia in pregnancy, postpartum hemorrhage, restrictive transfusion strategies, obstetric anesthesia, blood transfusion.