
Abstract 19

Cleveland Cord Blood Center (CCBC) Best Practices Throughout the COVID-19 Pandemic and How It Impacted Collection of Cord Blood Units

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Introduction: Our commitment to provide quality cord blood units (CBUs) to patients in need was challenged with the outbreak of COVID-19 and the pandemics continued impact through early 2022. We continually monitored the ever-evolving COVID-19 public health threat to make adjustments to our practices to achieve optimal collections while maintaining the safety and quality of our CBUs.

Objective: The CCBC continued collections at all five collection sites with a brief mandated pause at our California site due to hospital restrictions. We maintained minimal staffing at the cord blood center to reduce the number of employees impacted should an exposure occur. Donors were screened upon admission for symptoms, exposure, positive testing, and recent vaccination, and donors with identified risks were excluded from collection.

Methods: Our study design takes a retrospective look at data collected from the onset of the COVID-19 pandemic through December 2021 compared to data from 2018-2019. Factors included were birth numbers, number of patients testing positive for COVID-19, and staffing shortages due to coordinator illness with COVID-19.

Results: We saw limited impact to our collection staff at the hospital or on site at the CCBC. Our biggest reduction of donors consented was between 2019 and 2020, which we attribute to the COVID peak and introduction of vaccinations. Most sites were trending downward for consenting on a yearly basis before COVID-19 at a rate of 6%-10% per year; during 2019-2020 we saw 19%, but the trend has returned to 8% from 2020-2021. This same trending occurred during the ZIKA outbreak. There was no further data review to determine if these mothers would have been excluded for other reasons. We collected a total of 15,561 units between 2018 and 2019 and a total of 10,121 units between 2020 and 2021.

Discussion: Overall productivity of the collections was not dramatically affected by our response to the COVID-19 pandemic. Further research at time of pre-consent, to determine if the mother would have been ineligible to donate for reasons other than COVID-19, would have given us a more accurate count of donors lost for reasons related to the COVID-19 pandemic.