Lab Matters 18.05.2016

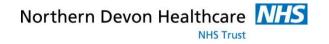
Mrs Maggi Webb Blood Transfusion Manager North Devon District Hospital







- BCSH guidelines 2006
- ABO and D typing
- Red cell antibody screening/identification
 Screening cells C,c,D,E,e,K,k,Fy^a,Fy^b,Jk^a,Jk^b,M,N,S,s,Le^a
 Homozygous expression of Rh, Fy, Jk, S antigens
- Follow up tests
- Main recommendations



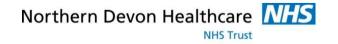
- Sample labelling
- ABO and D grouping
- Antibody screens
- Timing of tests

(early in pregnancy and again at 28/40)

- Labs to keep records of anti-D administration
- FMU referrals



- Antibody card
- Post delivery testing of babies
- Regular audit of practice



- Clinically significant antibodies (IgG)
- Anti-D
- Anti-c
- Anti-K
- Anti-C
- Anti-E
- Anti-Fy^a
- Anti-Jk^a
- Other antibodies



- Anti-D+C specificity
- Possible anti-G

demonstrated by disproportionately high titres of anti-C

• ALWAYS refer to reference lab as patients with anti-G are still eligible for RAADP and post delivery anti-D Ig



- Anti-D quantification (NIBSC 2003)
- Differentiation between immune and prophylactic anti-D
- Test every 4 weeks to 28/40 then
- Test every 2 weeks to delivery
 - <4iu/ml HDN unlikely Moderate risk of HDN 4-15iu/ml High risk of hydrops fetalis >15iu/ml

Northern Devon Healthcare **NHS Trust**



• Techniques

CAT

Capture

Tube

- Paternal Testing
- Fetal genotyping
- Referral to NHSBT



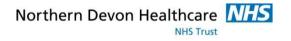
- Anti-c quantification (NIBSC 2003)
- Test every 4 weeks to 28/40 then
- Test every 2 weeks to delivery
 - <7.5iu/ml Continue to monitor 7.5-20iu/ml Risk of moderate HDN >20iu/ml Risk of severe HDN



- Anti-K titration
- Anti-K often present as a result of previous transfusion
- If paternal sample K Negative
- Severity not correlated with antibody titre
- Affected pregnancies usually titre of 32 +



- Other antibodies
- Many other specificities
- Repeat testing at 28/40
- No further testing recommended
- Medical decision regarding women with hx of HDN



Prophylactic anti-D

- Routine ante-natal Anti-D prophylaxis (RAADP)
- 1500iu at 28/40 gestation

OR

• 500iu at 28/40 and again at 34/40

- Any sensitising event after 12/40 gestation regardless of whether RAADP has been given or is due to be given
- Guidelines say at least 250iu
- <12 weeks no anti-D is required unless surgical intervention
- Between 12-20 weeks give 500iu
- >20 weeks perform Kleihauer (or flow) and give at least 500iu

A CAUTIONARY TALE



- Result at booking
- PAD issued for 28/40
- Result at 28/40
- rr test
- Delivery
- Changes made



- Always check with midwives
- rr screening cells
- BMS band 6 or above to check results
- General paranoia



THANK YOU ANY QUESTIONS??

