Lab Matters 21.06.2017

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NHS Trust





- BCSH guidelines 2016
- 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 Northern Devon Healthcare

MAIN RECOMMENDATIONS

- •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-Fya
- Anti-Jka
- Other antibodies



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

Demonstrated by disproportionately high titres of anti-C

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

• Techniques

CAT

Capture

Tube

- Paternal testing
- Fetal genotyping
- Referral to reference laboratory



- 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
4-15iu/ml
>15iu/ml

HDN Unlikely

Moderate risk of HDN High risk of hydrops fetalis



- Anti-c quantification (NIBSC 2003)
- Test every 4 weeks to 28/40 then
- Test every 2 weeks to delivery
 - <7.5iu/ml 7.5-20iu/ml >20iu/ml

Continue to monitor Risk of moderate HDN Risk of severe HDN



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



- 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



• BCSH guidelines 2013

- Administration of anti-D immunoglobulin for the prevention of HDFN
- NICE guideline 2008
- Routine antenatal anti-D prophylaxis for women who are rhesus D negative
- RCOG guidelines 2011 (Archived)
- The use of Anti-D for Rhesus (D) prophylaxis



- ffDNA testing
- 16/40
- Results dictate issue of RAADP



Potentially sensitising events

- •Amniocentesis, chorionic villus biopsy and cordocentesis
- •Ante-partum haemorrhage/vaginal bleeding in pregnancy
- •External cephalic version
- •Fall or abdominal trauma
- •Ectopic pregnancy
- •Evacuation of molar pregnancy
- Intrauterine death and stillbirth
- •In utero therapeutic interventions (transfusion, surgery, insertion of shunts, laser)
- •Miscarriage, threatened miscarriage
- •Therapeutic termination of pregnancy
- •Delivery normal, instrumental or Caesarean section
- Intraoperative cell salvage



- Miscarriage or painless PV bleeding at <12 weeks, no anti-D required unless surgical intervention
- T.O.P./Ectopic pregnancy/Molar pregnancy need PAD
- 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 but thanks to our "friends" at BPL.....
- 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 use at 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