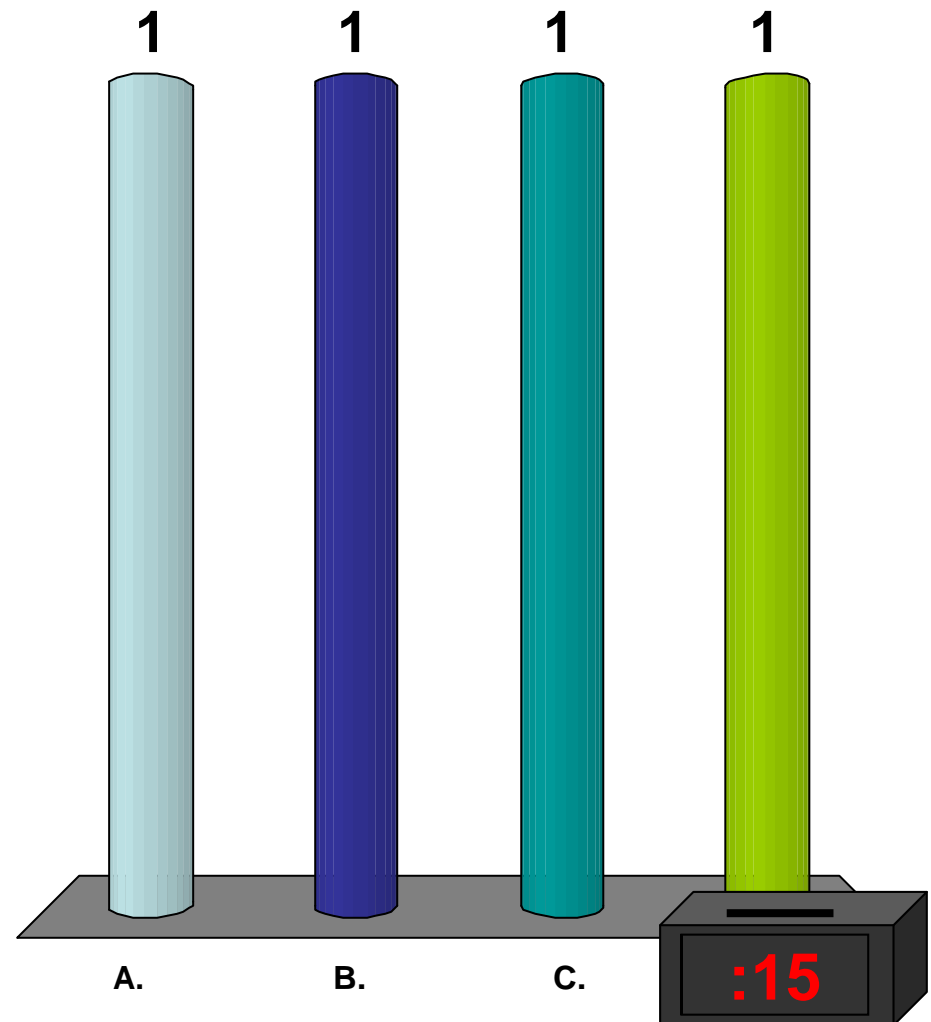


Mums, Babies and Blood

Interactive quiz!

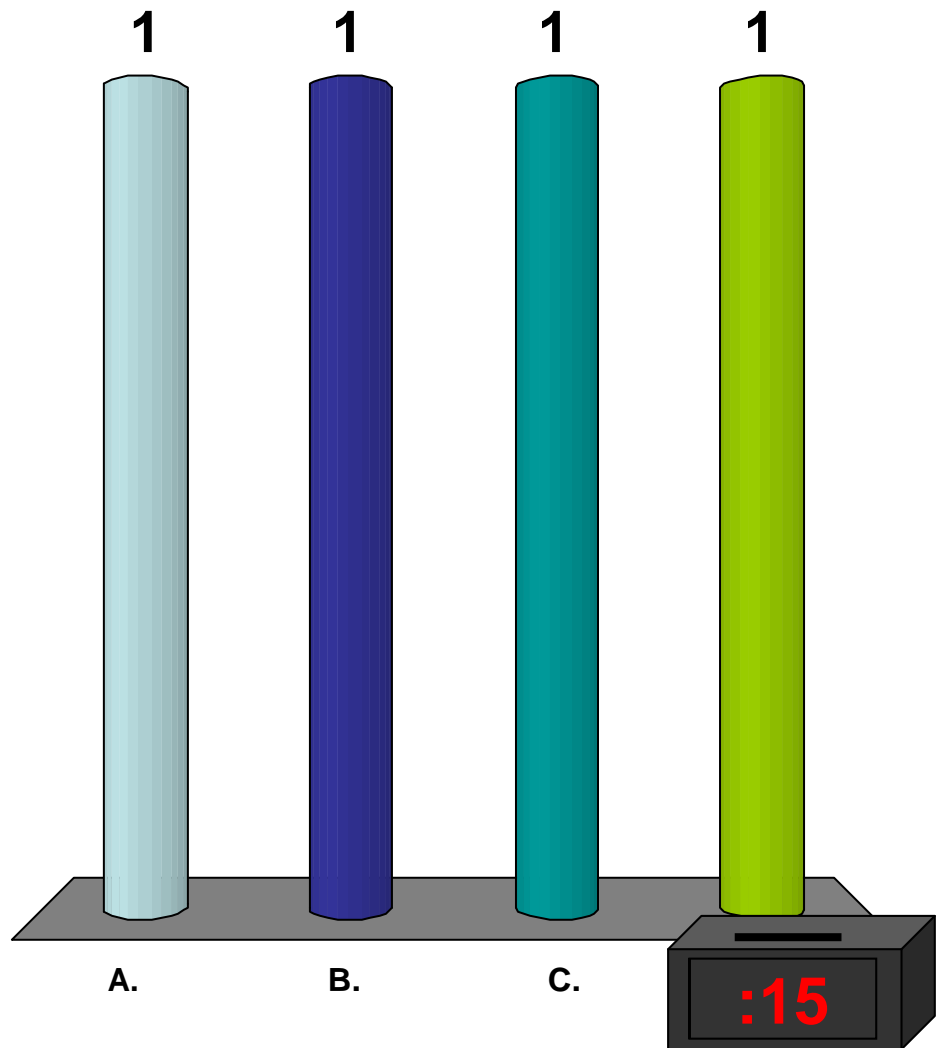
National guidelines state that Anti-D should be given after a PSE within how many hours?

- A. 36 hours
- B. 48 hours
- 😊 C. 72 hours
- D. 96 hours




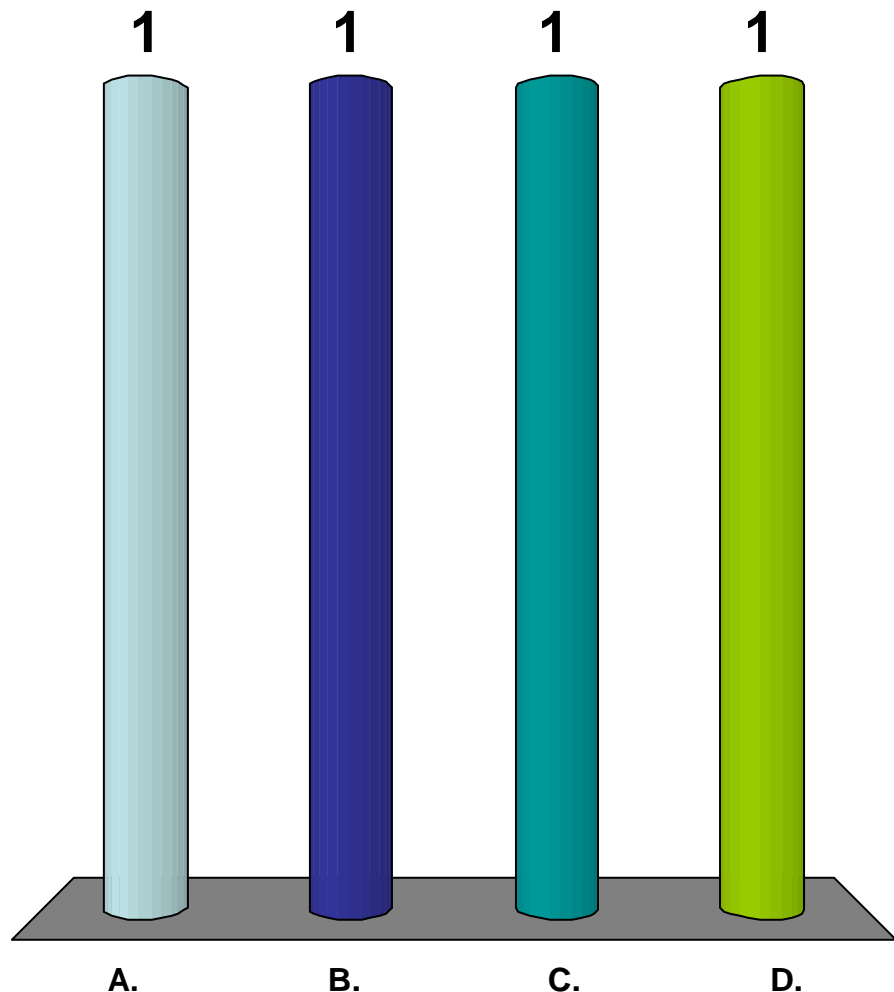
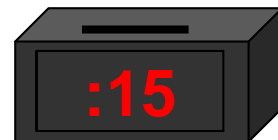
A 18 wk Rh D negative woman presents with PV bleeding.
What is the management regarding this PSE and
Anti-D?

- A. Nothing- she is too early in pregnancy
- 😊 B. Give 250iu anti-D
- C. Give 500iu anti-D
- D. Give 250iu and take sample for Kleihauer



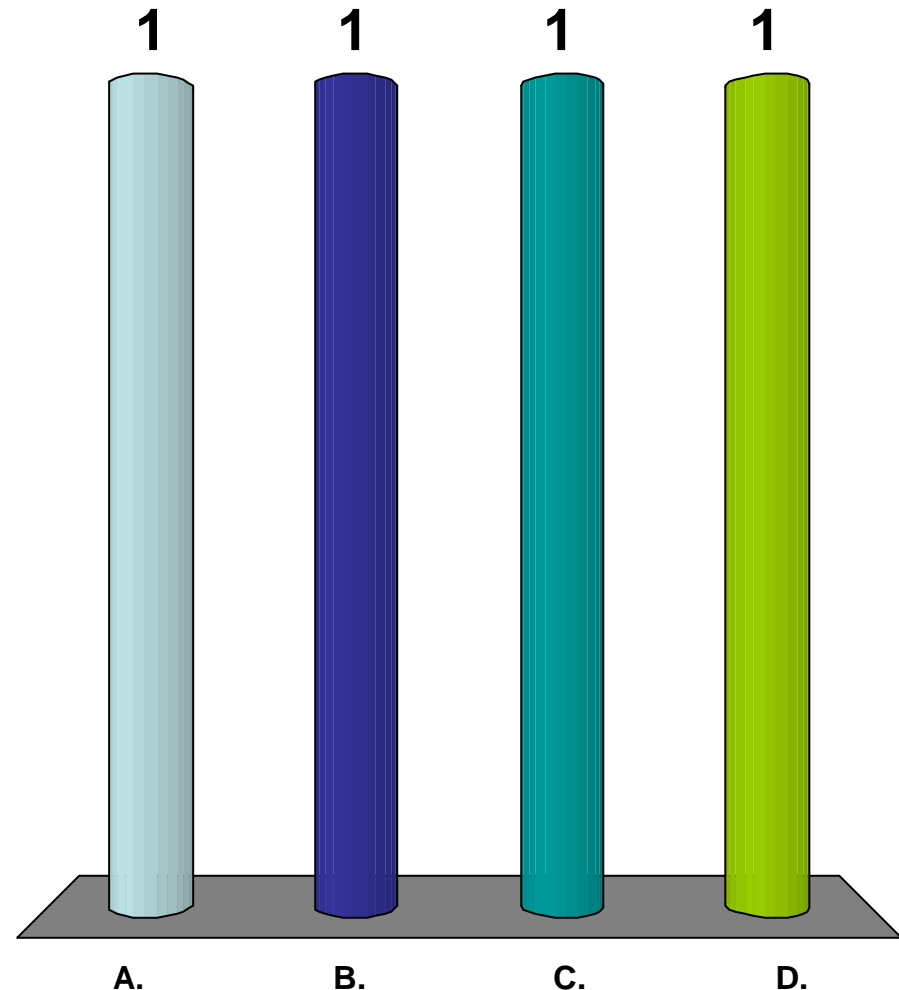
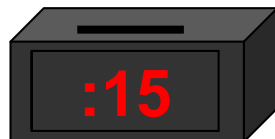
A 16 wk Rh D negative woman presents for TOP due to fetal abnormality at 16 weeks. What is the management regarding this PSE and Anti-D?

- A. Take Kleihauer. If negative give no Anti-D
- B. Take Kleihauer. If positive give 250iu Anti-D
-  C. Give 250iu Anti-D
- D. Give 250iu Anti-D and await Kleihauer result



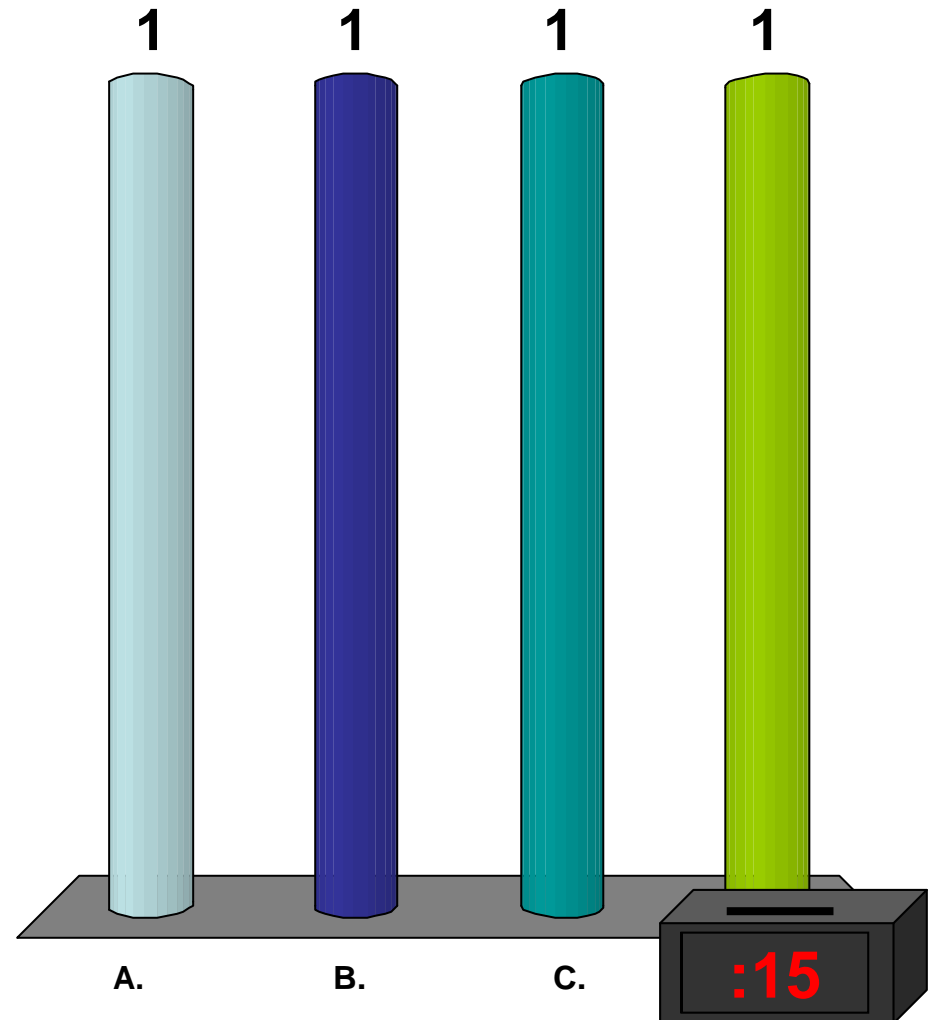
A 27 wk Rh D negative woman presents with a heavy fall onto stomach. What is the management regarding this PSE and Anti-D?

- A. Nothing as booked to have routine Anti-D next week
- B. Give 250iu Anti-D
- C. Give 500iu Anti-D
- D. Give 500iu Anti-D and take Kleihauer




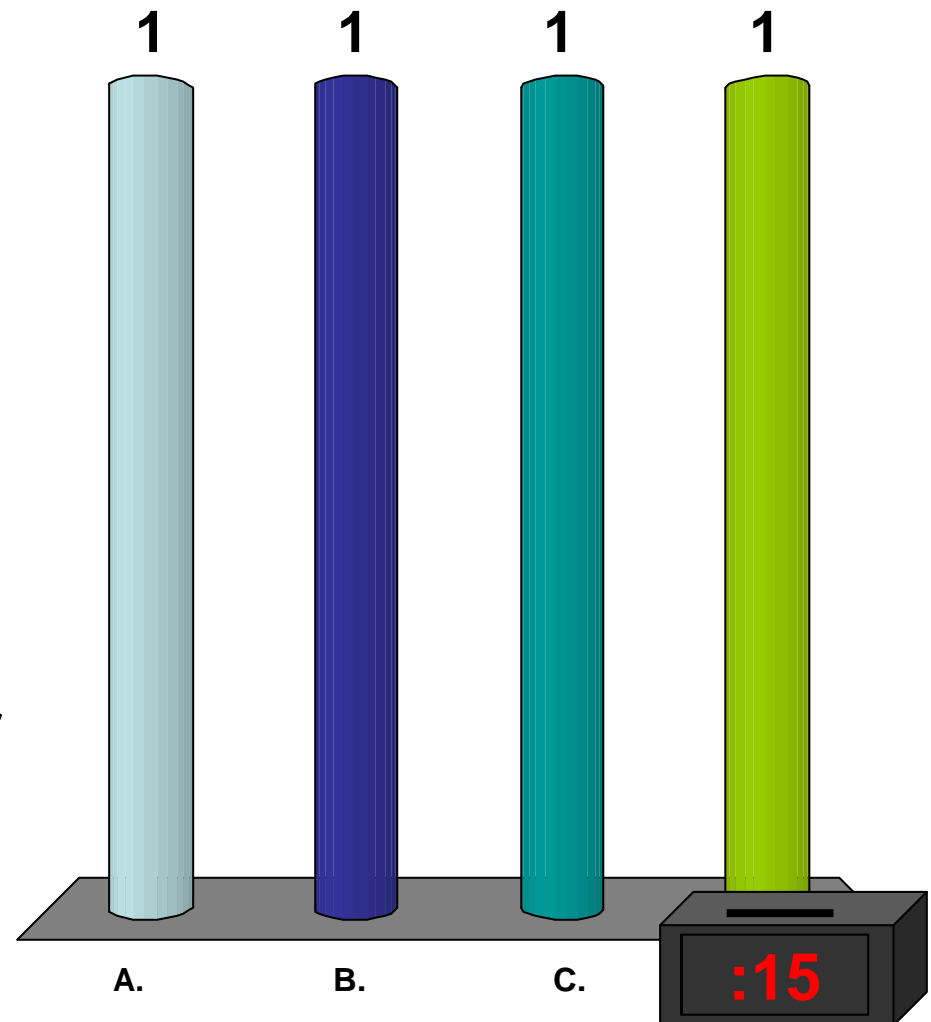
On a Friday a 36 wk Rh D negative woman has an IUD.
She will come back in on Monday for induction of labour.
What is the management regarding this PSE and Anti-D?

- A. Nothing until after delivery
- B. Give 500iu anti-D
- C. Give 500iu anti-D and take Kleihauer
- D. Give 500iu anti-D and take Kleihauer. Then treat delivery as a separate PSE




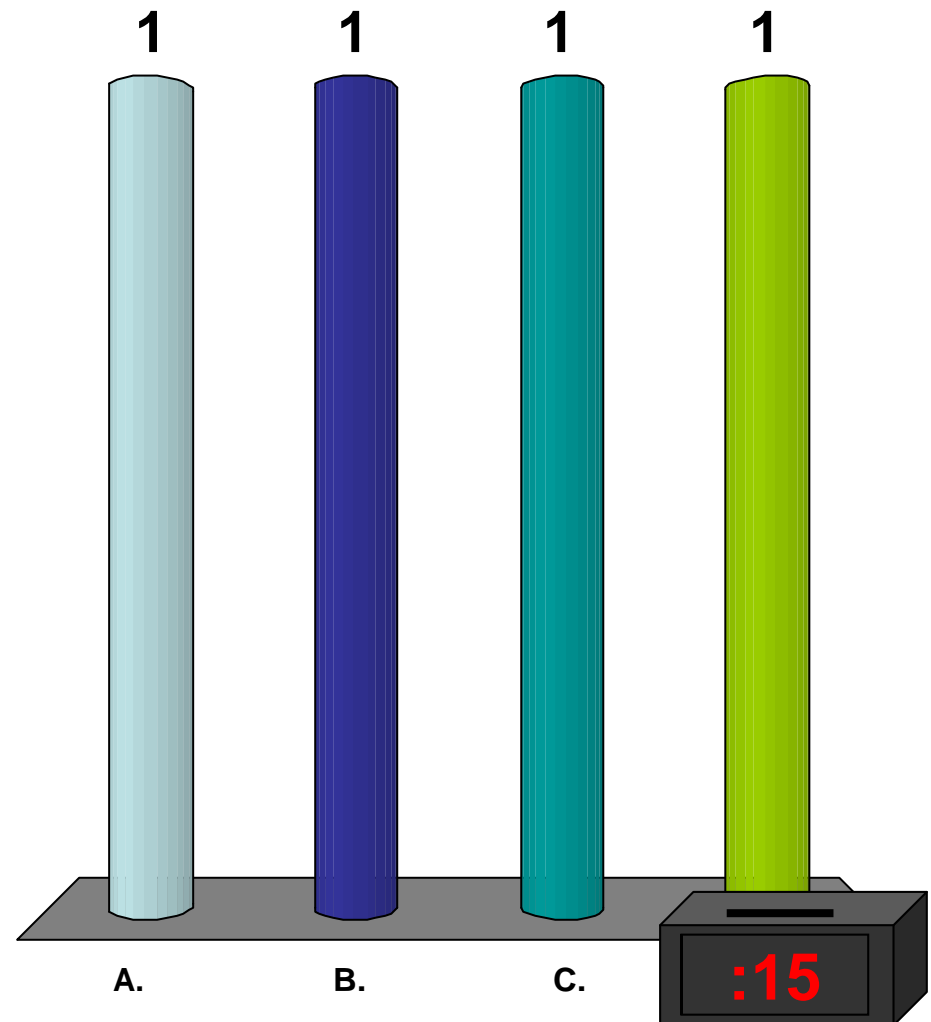
A Rh D negative woman is discharged within 12 hours of delivery. 500iu anti-D, with her name, is found 4 days later in the postnatal ward fridge. What should be done?

- A. Return it to transfusion lab, the 72 hour window has passed
- B. Leave it in fridge, it can be used on another patient
-  C. Get the anti-D given as soon as possible
- D. Get the woman to come into get the Anti-D at her convenience




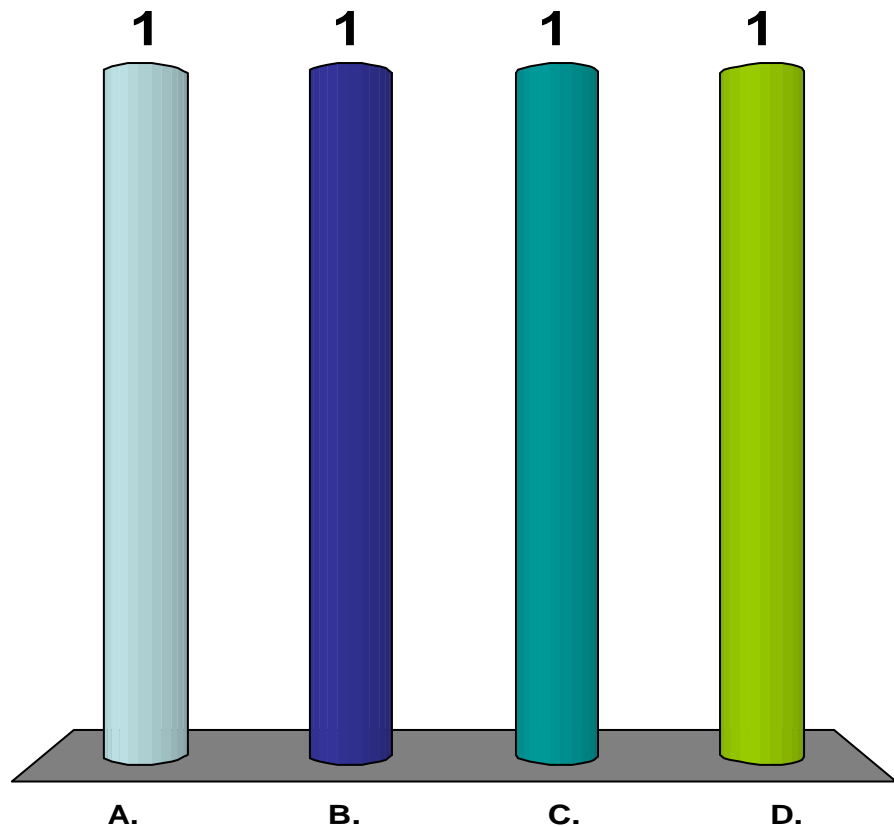
A 1/7 P/N woman has an Hb of 76g/dl. She feels tired but manages to get to & from shower without any complications. Vital signs are OK. What is the management for her anaemia?

- A. Re check Hb level tomorrow
- B. Give 1 unit of red cells
- C. Give 2 units of red cells
-  D. Nothing but monitor her symptoms



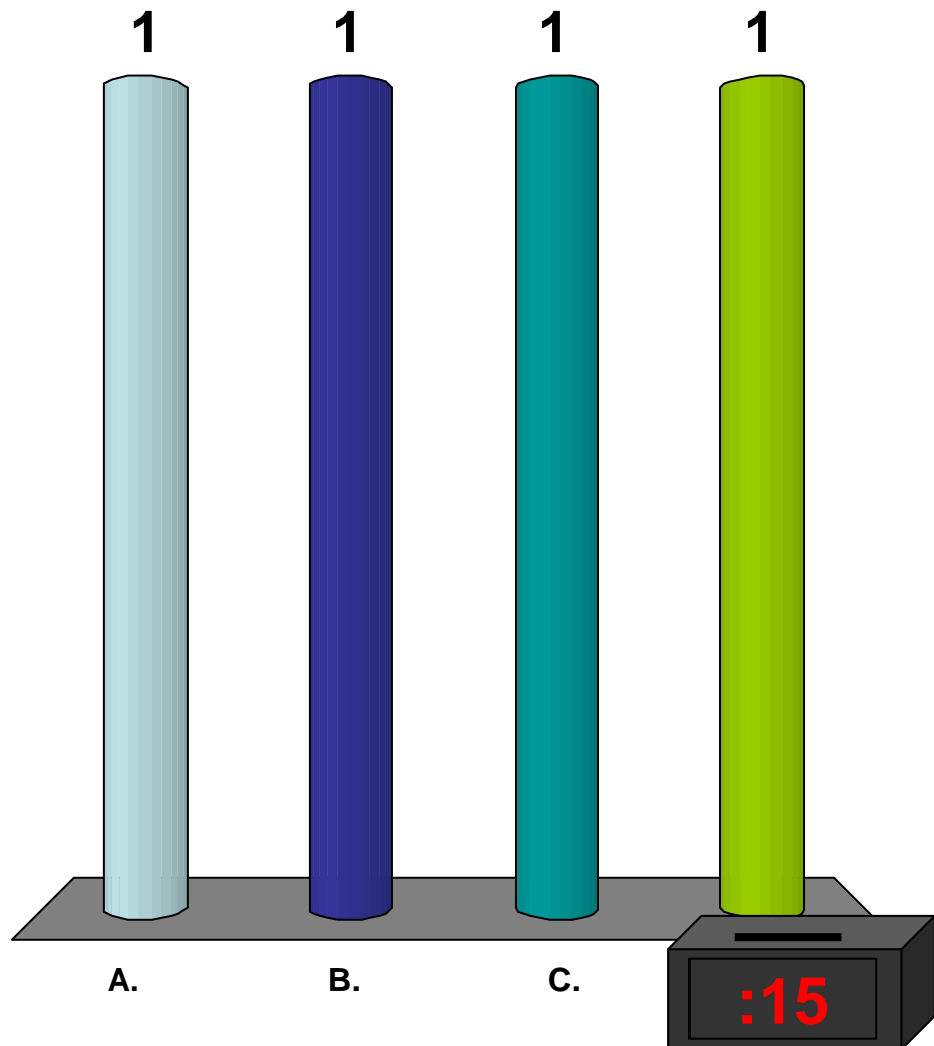
A 38/40 woman having an elective CS is known to have anti-c antibodies. What is her blood management for her CS?

- A. Send a G&S. If she bleeds crossmatch units will be available quickly
- B. Send a G&S. If she bleeds an emergency O neg unit can be used
- C. Request 2 units of red cells to cover the CS
-  D. Nothing – she had a sample taken at 28 weeks.



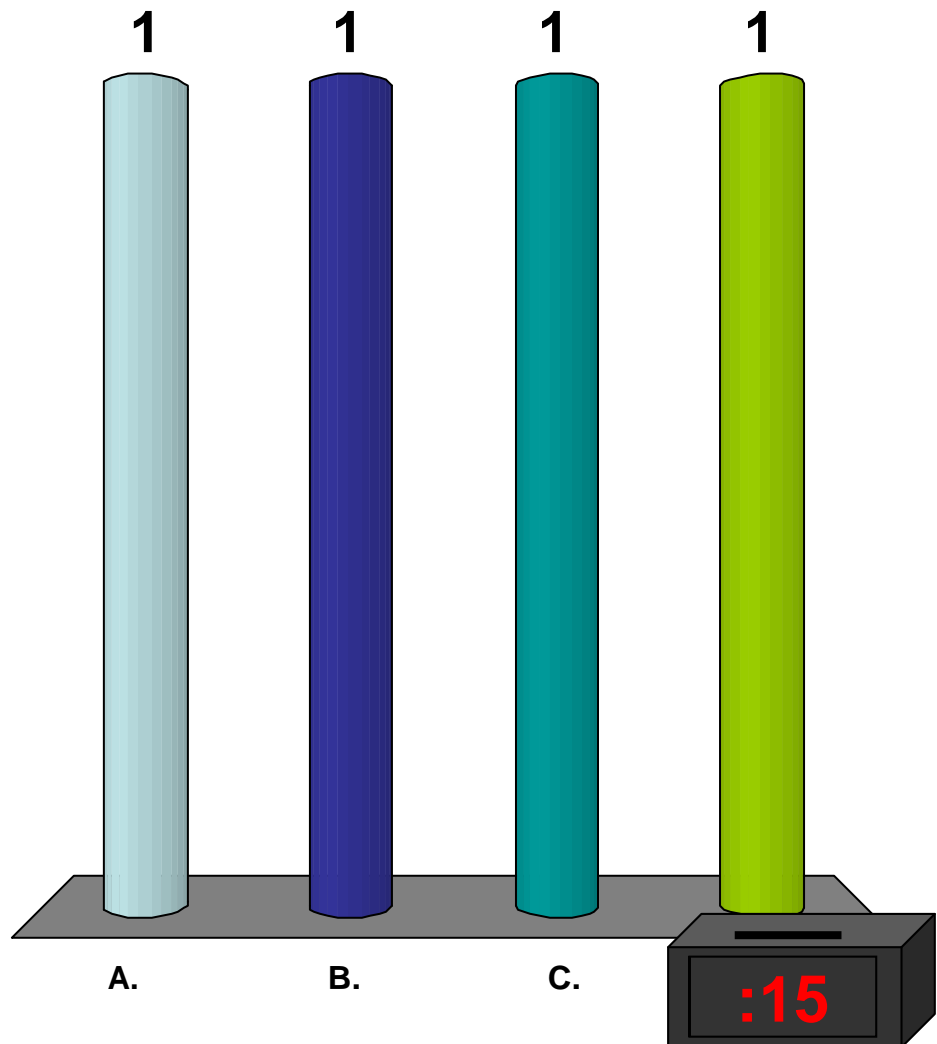
A unit of red cells states Lyndsay Cummins on the label.
The patient's ID band and prescription states Lindsay
Cummins. What should you do?

- A. Give the unit, the DOB and HN is the same on ID band and unit
- B. Ask patient how she spells her name, if states Lyndsay then give unit
- C. Do not give the unit, contact the transfusion laboratory
- D. Do not give the unit, get an emergency unit from fridge



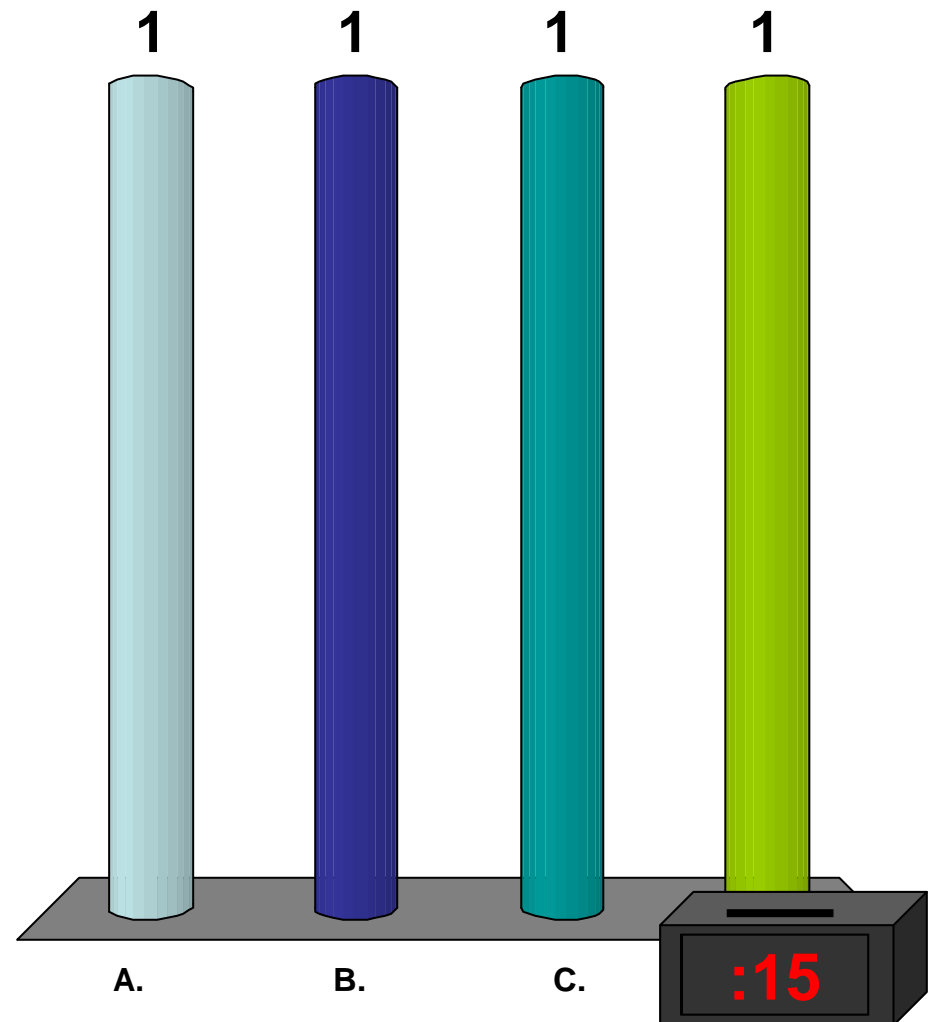
A woman admitted in labour informs you that her name has changed from Jones to Browne recently. All documentation states Jones. What action should you take regarding transfusion management?

- A. Take G&S immediately, labelled with Browne
- B. Take a G&S only if she bleeds, labelled with Browne
- C. Take a G&S immediately, labelled with Browne and with "previously surname Jones" on request card
- D. Take G&S only if she bleeds, labelled with Browne and with "previously surname Jones" on request card



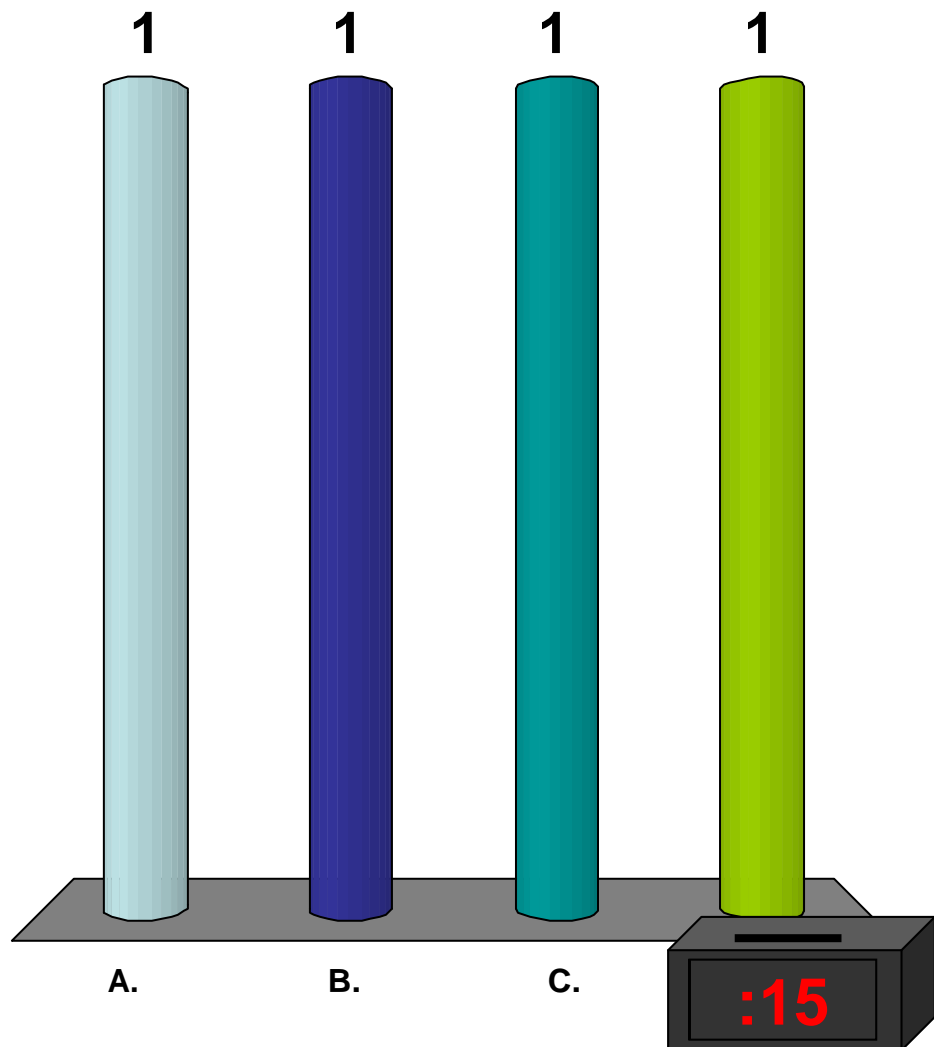
An 32/40 antenatal woman needs a red cell transfusion as her Hb is 68 g/dl despite iron therapy. She is symptomatic. What special requirements should her red cells fulfil?

- A. None
- 😊 B. Be CMV negative
- C. Be Irradiated
- D. Be CMV negative and irradiated



A woman with high titre anti-K is being admitted for induction in 2 days. What would you do both today and on her day of admission to facilitate her transfusion management?

- 😊
- A. Inform the transfusion lab today. Take a G&S sample today
 - B. Inform the transfusion lab today. Take a G&S sample on day of admission.
 - C. Inform the transfusion lab on day of admission and take G&S sample on day of admission
 - D. No need to inform the transfusion lab. This is a common antibody



A woman with high titre anti-K is being admitted for induction in 2 days and the baby at risk of HDN.
What is the transfusion management of the baby?

- A. Inform the transfusion lab of the date of induction
- B. Request paediatric packs for baby from the transfusion lab today
- C. Request paediatric pack for baby from the transfusion on day of induction
- D. No need to inform the transfusion laboratory

