



We need blood...

And we need it now!



Case history

- 40 year old woman
- One previous pregnancy 2009
- Group B R1R1 (CDe/CDe), K neg
 - No transfusions
 - Booking and 28 weeks: no antibodies
 - About 1.5% of the population
- Due to have elective LSCS
- Bloods taken 2 weeks before op
 - Group confirmed
 - Antibody detected: probable anti-c 1+
 - Repeat group and save 1 week before: antibody not detectable

Delivery

- 1 week later, LSCS
- MO wants 4 units
 - Large haematoma
 - 2L of blood in abdomen
 - Shocked
- Lab advise need full crossmatch as historical antibody (anti c)
- Obstetricians ask: why not emergency O neg (aka “flying squad” blood?)
- She is likely to need more than those initial 4 units



Why not?



Possible options

- Await result of crossmatch with R1R1, K neg blood (2 units of B, 3 units of O)
 - This will take 45 minutes to crossmatch
 - This is proceeding and one of the units is incompatible
- What else is there?
 - 2 units of group O, R1R1, K **positive**
 - 1 of B R1**r**1 and 2 of O R1**r** K neg
 - This will take 45 minutes to crossmatch
- 12 units of group O, high titre anti A and B neg, CMV neg **rr** blood available (Flying squad blood)
 - Instantly available

What will you choose?

- Go for one of the R1R1 options, proceed with crossmatch, not worry that they are **K pos**
- Hold off transfusion whilst NHSBT search for B or O R1R1, K neg somewhere in the country
- Go for O **rr** (flying squad): The anti c was undetectable on the last antibody screen

What they did

- A sample was taken for further investigation by NHSBT
- Meanwhile, a decision was made to use O rr blood, and proceed without crossmatch
- Patient had no problem and went home with babe 1 week later
- NHSBT find no irregular antibodies

Good choice!