No KIDDing!

GHEST – Sept 23, 2017
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Picking a topic

• Any suggestions?
• Mom with weird antibody
• Previous anti-Jk3 detected at delivery in 2015
  – Baby’s bili very high, strong DAT +,
  – Sent to CBS
• Looked up patient history and she was a back!
Patient AC

• 37 yo female obstetrical patient

• Referred to High Risk Clinic for gestational diabetes

• Report from private lab:

  *Antibody positive – refer to lab where patient will deliver.*

OB office was about to call us!
WHAT IS - JK3?

• Found in Jka-b- persons.
• Reacts with all Jka+ and Jkb+ cells
• Implicated in HDFNB (mild) and HTR
• Percentage of population 0.01%

• Chances of us finding compatible blood
**Antibody Investigation -July**

**Mom** – due date Aug 25th
- AB Positive, Antibody Screen Positive
- All panel cells positive – referred to CBS (again)
- No underlying antibodies
- Hgb was 109 on June 21st

**Dad** - Phenotype – Jka+b+

Titre – What cells do we use!
Cells for titration

- Homozygous vs Heterozygous JK3?

- New screening cell that was Jka-b+ that would give us consistency in testing.
Options for Blood

BONUS – booked for C/S on Aug 18th
CBS – fresh or frozen

Fresh is best!

Units can be frozen if not used.
Best Laid Plans

Call for OB office on Aug 3

Patient not doing well with insulin levels
Want to move C/S up to next week!
When can blood be ready!

PLAN B
Plan B

- Hgb = 124

Blood

Conservation Team

OB Team still wants 2 units on site.
Happy Ending – except for the donors

Mom: no transfusion
Baby:
DAT Pos, Bili 176
Home in 3 days

Unfortunately those units got wasted!
Our to do list

- Review our current processes for rare antibodies.
- Chart documentation for new antibodies.
- Letters and cards to patient / physicians.
- CBS Rare donor list?