

BloodNotes

Staying Connected. Keeping you informed.



Tracking unexpected passive anti-D in donors

As part of our routine screening, donors are asked whether they have been pregnant in the last six months and whether they have received a blood product in the past. Their response to these questions could determine whether they can donate blood products in the future. Also, because anti-D from Rh immune globulin administration is considered transient and not clinically significant, it's important to know whether a detected anti-D in that donor is passive or immune.

However, some donors unintentionally provide incorrect answers to their pre-screening questions. For example, Canadian Blood Services have seen donors who received Rh immune globulin; yet, not all of them understand that an Rh immune globulin injection constitutes receipt of a blood product. Also, when asked the donor screening questions, not all donors consider a miscarriage or spontaneous abortion to be a pregnancy.

Providing accurate answers to these questions is important because an immune anti-D or a passive anti-D that is not “recognized” as passive, will lead to permanently denying the donor the opportunity to donate plasma for fractionation or transfusion. Hence, we will never be able to use that donor's plasma or platelets. That's why making the distinction and identifying a passive anti-D has a significant impact on the subsequent use of blood products from the donor.

We often detect and suspect passive anti-D when we identify new anti-D antibodies in donors who are young women, and these antibodies are usually weakly reactive — 2+ or weaker. In these cases, the donor information is sent to our medical office nursing team, who follows up with the donor to determine whether they may have lost a pregnancy or needed to receive Rh immune globulin. In many cases, they have, and so we know that this was an omission at the time of donor screening.

We cannot easily follow up with physicians, as these are donors, not patients. Also, we don't contact physicians without first discussing with the donor. However, Canadian Blood Services is exploring process changes that would help prevent this omission in the future. We are also exploring potential changes to the questions in the donor questionnaire to help women donors understand those questions and ensure that they answer them correctly.

How can you help? We hope that by highlighting this challenge, patient consent and notification processes could be enhanced to state that Rh immune globulin is a blood product. This might improve the accuracy of our donors' questionnaire responses.

To read more articles, please visit the [BloodNotes](#) section of [blood.ca](#)