

## A pilot study on near-miss audit in a tertiary centre in Malaysia

**JS Teoh, NS Nisa M Nasir, Gaayathri N, SN Ain Kamarudin, Hielmi SN, GN Tan, LY Hii, Michael FW Hoong, Ruey Soon**

Department of Obstetrics and Gynaecology, Sabah Women and Children's Hospital, Kota Kinabalu, Sabah

### ABSTRACT

**Introduction:** Improving maternal and child healthcare have always been a priority in the field of obstetrics and gynaecology. Apart from the traditionally focused maternal and child mortality, there has been an increasing interest internationally in life-threatening conditions during pregnancy-related situations, in other words, near-miss cases, to complement the mortality audit. **Objectives:** To analyse the care given to the patients and identify deficiencies in the provision of care, ultimately to aid in improving healthcare for both mother and child. **Methods:** Data collection forms, which contained a pre-determined list of trigger events along with evaluation form, were handed out to all obstetric units to capture near-miss cases. An audit committee met regularly to follow-up, review cases and produce reports to stakeholders. **Results:** A total of 87 cases were captured over the first 3 months of the audit, which is from February till April 2021 with the breakdown of number of cases per month are 33, 32 and 22, respectively. Out of the 87 cases, 72 of them are Malaysians whereas 15 of them are non-Malaysians with 10 of them are without any documents. In overall, up to 95.8% of mothers were discharged well without any morbidity. **Conclusions:** The audit helped to enhance awareness among fellow doctors in identifying near-miss cases and improving the quality of care. However, there were some teething issues such as inclusion criteria was too broad leading to over-reporting, and staff resistance in completing the audit.

## Acute transfusion reaction in pregnancy due to anti-M antibodies – A case study

**G Nadarajan, SN Ain Kamarudin, NS Nisa, Teoh JS, Hoong FWM**

Department of Obstetrics and Gynaecology, Sabah Women and Children's Hospital, Kota Kinabalu, Sabah

### ABSTRACT

**Introduction:** Acute hemolytic transfusion reaction (AHTR) causes significant morbidity and mortality, usually results from recipient plasma antibodies reacting to donor RBC antigens. ABO incompatibility is the most common cause of AHTR. Less commonly heard of is anti-M transfusion reaction. **Case Description:** We present a case of a 26-year-old primigravida with post-partum hemorrhage due to uterine atony and extended perineal tear, requiring blood transfusion. In her pre-transfusion serum screening, she was found to have anti-M and anti-Leb antibodies thus was transfused with standard group-compatible packed-cell. However, she developed acute transfusion reaction and transfusion was halted immediately. She was then supplied with M-antigen negative blood, which was transfused uneventfully. Her baby had mild physiological jaundice but was otherwise well. **Discussion:** We report a rare occurrence of M-antibody immune-mediated acute transfusion reaction. M-antibody is a naturally occurring (non-transfusion-induced) and clinically insignificant antibody. For transfusion purposes, reaction testing at 37°C is generally used to select safe blood for supply to recipients. However, this patient developed an unusual reaction, thus she would require M-antibody negative blood products in her future transfusions. Her neonate also required surveillance for neonatal jaundice which could result from hemolysis attributed to transplacental transfer of M-antibody IgG in-utero.