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[Read the full article](#)

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Digital update

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The greatest team in the world

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Doing the right thing

For patients with severe blood or bone marrow disorders such as leukemia or aplastic anaemia, having a blood stem cell transplant (often referred to as a bone marrow transplant) from a matching donor is their best chance of making a recovery.

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Taylor’s transplant miracle

Born with a life-threatening heart condition, Taylor has needed years of open heart surgery and blood transfusions. Read his story and find out why your blood donations are so important.

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Ask the Doctor – Donating during the summer months

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CELEBRITY INTERVIEW

“They couldn’t get blood into me fast enough”

Amanda Holden almost died after the birth of her daughter Hollie in 2012. She only survived thanks to the skill of medical staff and a great deal of donated blood



You had a traumatic time after you gave birth to your daughter Hollie. Can you tell us what happened?

Yes. Unbeknown to everyone, my placenta had attached itself to my bladder, and when the surgeons lifted it out during the caesarean operation, it snagged a large artery and ruptured it. I had haemorrhaged and was basically bleeding to death. As I lay unconscious, they couldn't get blood into me fast enough – as much blood as they were putting into me was going out.

All of a sudden, my heart stopped beating. For 40 seconds I flatlined. At one point there were more than 30 medical staff trying to save my life. My blood still wouldn't clot and the doctors weren't sure I was going to survive. They had emergency blood stocks arriving at the hospital for me and I had 26 pints in three transfusions as they practically threw it into me.

But when they realised that wasn't working, as a last resort to clot my blood they tried using vials of 'Factor VII'. In the end, that is what saved me. Nine hours after they'd first started operating, they finally stitched me up and took me to the high dependency unit where I remained in a coma under general anaesthetic for another three days.

It must have been hard being in the spotlight after your son Theo was stillborn in 2011 and the traumatic birth of Hollie. Did family and friends help pull you through?

Family and friends have always been at the centre of my life, in good and bad times. So yes absolutely, they were amazing and I can't be more grateful that they were there for me. Not everyone is as lucky.

You're now settled into life with your husband and daughters. Any plans to extend your family?

After everything that has happened I have been advised not to have any more babies. I am very lucky. I have a wonderful husband and I am more than happy with my two beautiful girls. Our family is now complete.

Your book 'No Holding Back' was a Sunday Times bestseller. What prompted you to get writing and will there be any more books?

I have been asked in the past to write a book but I have always said no. But when I nearly died, I wanted to put something down in black and white for my daughters. I knew that if I was dead, someone else painting a picture of me wouldn't be the real me – and so it made me want to tell my stories for my daughters. It's all a bit of a legacy for them. Also, I wanted to include the awful stuff I went through. Going over it all, you exorcise a lot of stuff. I definitely did. I've been able to put a lot of it to bed now.

I had so many lovely letters of support at the time from women who had gone through what I was going through - there are 17 stillbirths every day - and then when 'No Holding Back' came out I had so many letters from women saying how much reading my story had helped them. That was really lovely and made it all worthwhile.

If you had a message for people who donate blood or are thinking of becoming a donor what would you say to them?

I always knew how important it was to give blood, but until something like this happens you don't take on board how vital it is. I would say to anyone who is able to give blood to at least look into it. It's painless, takes very little time and yet can literally save a life. I can't thank donors enough for playing their part in saving my life.

Have any of your family or friends taken up donating blood after your ordeal?

I'm sure it made a lot of people think more seriously about it. Not just friends and family but hopefully anyone who read my story and was reminded that giving blood can literally

make the difference between life and death. It is an altruistic deed in that you give with no real thought of getting anything back. But also one day you or a loved one may be in desperate need and be reliant on the kindness of strangers .

You have your hands full with *Britain's Got Talent* at the moment, but what are your plans after that?

I'm lucky enough to have a number of projects in the pipeline which I can't really talk about at the moment, but I think immediately after BGT I will take some time off and have a rest as it's pretty hectic!

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SCIENCE

Right blood, right patient

Antibodies, antigens and immunoglobulin... We explore why blood is not always as simple as A, B and O



As a donor, your blood type is identified according to the ABO (A, B, AB or O) and Rh group (negative or positive) systems. Together they give you your blood group, for example O Rh positive or A Rh negative. But did you know there are more than 30 major blood group systems and getting the type wrong could potentially cause a life threatening reaction in a patient?

Making sure someone gets the right blood starts with the samples taken from you with your donation. These go to our testing laboratories where they are screened by a computerised machine to determine the ABO and Rh group. That is why matching blood phenotype is so important.

So many variations

Sometimes it's not so straightforward. Human blood is typed by certain markers, called antigens, which sit on the surface of red blood cells. There are more than 600 antigens, so with this many variations, how do we make certain that the patient gets the right blood for them?

According to Dr Therese Callaghan, consultant haematologist for NHS Blood and Transplant, the presence or absence of these antigens in an individual's blood is important. "If the antigens in a donor's blood do not match the antigens in the patient receiving the transfusion then they may form antibodies - a plasma protein (or immunoglobulin).

"As well as these forming from a transfusion, they can also form in response to pregnancy as the baby may have a different blood type to the mother."

So what are the different antibodies and why could they cause problems? Anti-A and anti-B are the only naturally occurring antibodies and these are formed in plasma. These are opposite to the antigen on your red blood cell so if you are blood type A then you will normally have anti-B antibodies in your plasma but if you are blood type AB then you have no antibodies in your plasma.

Unexpected antibodies

Dr Therese Callaghan said, "All other antibodies are unexpected and are of two distinct types, alloantibodies (which target an antigen that is not present on your own red blood cells) and autoantibodies (which target an antigen that is present on your own cells).

"Patients receiving a transfusion for the first time do not normally have problems with matching blood types and antigens. However it is during subsequent transfusions when more care needs to be taken. If, during a later transfusion, the blood contains the same antigens as an earlier one, the patient's immune system recognises the transfused blood cells as 'foreign' and the antibodies (formed after the first transfusion) will destroy the blood cells the patient has been given. This is called a transfusion reaction and can cause serious illness or even death if not treated quickly. That is why matching the blood phenotype is so important."

The blood group phenotype refers to the antigens which are detectable on the red blood cell. Those patients who have had their blood more fully typed can have an extensive series of letters in addition to their 'AB Rh negative' type designation e.g. D+ C+c- E-e+S+ s- K-k+ Jk(a) + Jk(b) -.

For patients who receive regular blood transfusions, knowing their blood phenotype is crucial. People who have sickle cell anaemia need regular blood transfusions which

can cause them to produce multiple antibodies, putting them at risk of a potentially life threatening reaction.

So how difficult is it to find the right blood? The presence of a particular antigen can vary dramatically between different ethnic groups and even between males and females.

Some antigens are present in more than 90 per cent of the population so if someone produces an antibody against this common antigen finding compatible blood for future transfusions can be a serious challenge because fewer than 1 in 10 people will have compatible blood.

Rare blood types

“The search is further complicated by the more than 200 minor blood groups that can make blood transfusions even more difficult. These are known as rare blood types,” said Dr Callaghan. “Not all these antigens will cause problems for patients, but it’s important to know which antigens are present. Knowing the patient’s phenotype means that blood can be perfectly matched and can be given to them safely. When a patient has a very rare phenotype, we have a rare blood donor panel which can supply the life-saving blood needed. We also have a frozen blood bank to help ensure the blood is available when they need it.”

Our specialist services are available round the clock, making sure that the right blood is available for the right patient, at the right time.

Treating sickle cell disease

Sickle cell disease is a genetically inherited blood disorder in which the red blood cells, which carry oxygen around the body, develop abnormally. It is commonly seen in black, Asian and minority ethnic (BAME) communities.

Six-year-old Alexis was diagnosed with sickle cell anaemia when she was just three months old. She had her first blood transfusion when she was two and is now treated with daily antibiotics. Her condition means that she has a high risk of a stroke and blood transfusions are needed to prevent this happening. Every four weeks her mother Clare takes her to the Evelina London Children’s Hospital in London where she receives a blood transfusion.



Clare said, “You never know when someone you love might need blood. My daughter, and other sick children like her, need blood to stay alive or to be well enough to enjoy their childhood. We are grateful to all those blood donors who give blood for the benefit of children like Alexis.”

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DEVELOPMENT

Meeting the NHS need for blood

Around the world, blood is being used more and more efficiently. We explore what this means for our blood donors



Here at NHS Blood and Transplant we have always worked hard to ensure your precious blood is used in the right way (see below).

Thanks to better clinical practice such as the rise in less invasive surgical techniques, the amount of blood needed for patients has reduced by 125,000 units in the last two years. The change in the amount of blood needed by hospitals is a global trend and services such as ours must be flexible in the way we respond.

What does this mean for blood donors?

Despite the overall demand for blood being less than it was, blood and donors like you are always needed. But the reality is that we need less of some blood groups and more of others in order to meet the needs of patients. By working together, we can provide what’s needed at the right time and continue to save thousands of people’s lives every year.

“We know time is valuable to donors so the more effectively hospitals can use blood the better. For some donors this may mean donating less often. This will also help to save

the NHS money – essential given the financial pressures being faced by all public sector services,” said Clive Ronaldson, director of blood supply.

“So with hospitals still in need of blood, but less than before, it means we need to be careful not to collect too much. If all of our donors, irrespective of blood group, were to continue to donate as they do at the moment, it is likely that we would collect too much, wasting some donors’ time and NHS resources. Consequently, we would run an inefficient service. However, with donors’ help we can keep a careful balance between supply and demand.”

Demand for rarer blood groups

Donors with some of the rarer blood groups will still be asked to donate as frequently as they can. This is particularly true of donors who are Rh negative, especially those who are B Rh negative. This is because these blood donations are required more often for patients with particular illnesses such as sickle cell anaemia.

Similarly donations from male donors who are AB Rh negative can be used to make other products such as plasma for trauma patients with severe bleeding.

We are always in need of new donors with these blood types and would like to encourage them to donate as often as they can. Occasionally we also need blood from donors with very rare blood types. This blood may be frozen to keep for special emergencies.

Please keep donating

We would like all donors to keep donating, but for some donors it might not be as frequently as in the past. So please do not be concerned if you notice you are not being invited to donate as often.

“As always, we will be keeping an extremely close eye on stock levels of each blood group and ensuring we also closely monitor hospital demand for blood to meet patient need. It is thanks to donors’ support and understanding that we will be able to continue to meet the need of patients,” said Jon Latham, assistant director of marketing and donor services.

He added, “One question we are being asked is whether we will still need new donors. The simple answer is ‘yes’. Every year we have thousands of donors who can no longer donate for reasons such as ill health, pregnancy or foreign travel. We estimate that we need to recruit around 200,000 new blood donors every year to replace these donors, so encouraging more people to donate is essential.

“It is through campaigns such as National Blood Week that we highlight the need for new donors but it is also through donors themselves. So many of you share your experiences of blood donation with colleagues, friends and family, and this inspires them to save lives too. On behalf of the patients whose lives you have saved, I would like to say a heartfelt thank you.”

Patient Blood Management

We carry out a number of initiatives with hospitals to help ensure blood is used in the most effective way possible. A key one is the Patient Blood Management project, run with the Department of Health and the National Blood Transfusion Committee. This gives advice on when blood transfusions can be avoided. The previous initiative, Better Blood Transfusion, which ran until 2012, helped to reduce the inappropriate use of red cell transfusions.



Hundreds of hospitals across the UK have received new guidance this year about the use of red cell blood transfusions in emergencies. It includes recommendations on the use of the universal blood type O Rh negative blood in emergency situations when a patient’s blood group is not known. Hospitals have to juggle how much of this blood type they stock to ensure they have a sufficient supply whilst making sure they don’t order too much. A delicate balance but essential in making sure donated blood is given the special treatment it deserves.

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DIGITAL UPDATE

Is it working for you?

Over 230,000 donors are benefitting from our new website



In the last issue we gave you an overview of our new, revamped website blood.co.uk (right) and according to our donor data, it looks like the new website is working for you. The new site launched in November 2013 and quickly gained interest as thousands of you paid a visit.

The new online account, where donors can make and amend appointments, has also proved popular. In fact, so many of you have now registered that the number of sign ups we expected in a year was reached within 12 weeks of launch. There are currently over 230,000 online account users and this is steadily growing. Thank you to everyone who has joined so far.

Benefits all round

Our research suggests that you are taking full advantage of the facility to manage your appointments online, in your own time and around your other busy commitments.

This has resulted in a benefit to us too. Appointments booked online have a five per cent higher attendance rate than appointments booked by phone or at the donor centre. In addition, more and more of you are going online to make changes to your appointment ahead of time.

This has freed up a number of slots for other donors and has made a huge difference to the smooth running of our blood donation sessions.

If you are not yet registered and would like to know more about having an online donor account, please visit our section www.blood.co.uk/donor-information/how-to-use-this-site. We have created an easy to follow video showing how to set up an account, confirm your email address and complete your registration.

New guide for organ donation Facebook friends

We have created a toe-tapping, animated video that offers a step-by-step guide to adding a Life Event to your Facebook profile. Life Events allow users to declare key moments like marriages and births on their timeline.

Being registered to become an organ donor is also on the event list thanks to the vision of Dr. Andrew Cameron, a transplant surgeon at the Johns Hopkins Hospital in Maryland, USA, and classmate of Facebook's chief operating officer, Sheryl Sandberg.

If you are registered on the NHS Organ Donor Register and a Facebook user, why not try adding a Life Event to your profile? You can watch the video (and get your toes tapping) online via our YouTube account or on the Organ Donation website by visiting www.organdonation.nhs.uk/campaigns/partners/partners_facebook.asp

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NATIONAL BLOOD WEEK

'The Greatest Team in the World'

It's National Blood Week and we're busy with activities to encourage people to join the team and become a blood donor

Now in its fourth year, National Blood Week is officially upon us. We've got events happening across the country to mark National Blood Week from June 9th to 15th, including World Blood Donor Day on Saturday June 14th.

This year we are encouraging people to join 'The Greatest Team in the World' by signing up as donors during National Blood Week. And with a summer of sport to come, we have been asking people to donate ahead of the football World Cup, Wimbledon tennis tournament and other events expected to have an impact on the number of people attending sessions.

National Blood Week activities will take place across



the country, but keep an eye on our Twitter and Facebook pages (www.facebook.com/NHSBlood; @GiveBloodNHS) for online activities. World Blood Donor Day, internationally recognised by the World Health Organisation, aims to raise awareness of the need for safe blood and blood products across the world.

Huge achievement

Last year's National Blood Week proved as successful as ever with more than 11,000 new donors registering to give blood for the first time - a huge achievement and one which helps us to replace the 200,000 donors that are no longer able to give blood each year for reasons such as ill health or change in lifestyle.

Of course, finding new donors is something we strive for all year round, not simply in National Blood Week, and thousands of you have supported the awareness events already held this year. Did you see our knitted blood drops? Hundreds of volunteers got knitting for our 'yarnbombing' blood donor recruitment campaign in March.

Inspired by the 'guerrilla knitting' trend, our staff hung woolly red blood drops from trees in busy public places. Town centres, rail stations and shopping arcades across England and North Wales were yarnbombed with eye-catching knitted blood drops. We spread the message that blood doesn't grow on trees and in particular reached out to young people at sixth forms and colleges. Currently only about 15 per cent of our current active donors are aged between 17 and 24.

If you have been inspired to find out more about activities in and around National Blood Week, visit our website www.blood.co.uk.

'Do It For Us'

Last November we joined forces with the Teenage Cancer Trust to launch the 'Do It For Us' campaign. According to the Trust, every day in the UK around seven young people aged 13 to 24 are diagnosed with cancer. Of these around 30 per cent are diagnosed with blood cancer and may need blood or blood products as part of their treatment.

Our staff, along with university ambassadors, cancer patients and Teenage Cancer Trust representatives, met up at universities across the country to share stories and encourage students and staff to register as blood donors. We had an overwhelming response with more than 7,000 people signing up. To find out more about the Teenage Cancer Trust visit www.teenagecancertrust.org

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STEM CELL TREATMENT

Doing the right thing

Two blood donors explain what made them decide to donate stem cells for two seriously ill patients



For patients with severe blood or bone marrow disorders such as leukemia or aplastic anaemia, having a blood stem cell transplant (often referred to as a bone marrow transplant) from a matching donor is their best chance of making a recovery.

Bone marrow is the spongy tissue found in the hollow centres of some bones. The tissue contains specialist stem cells which produce blood cells. A transplant involves taking healthy blood stem cells from the bone marrow of one person and transferring them to another person.

There are two methods of donation. For around 80 per cent of donations a process very similar to platelet donation is used. Blood is drawn from one arm, centrifuged to extract the blood stem cells, and returned to the other arm. The donation typically lasts a few hours.

For about 20 per cent of donations, bone marrow is extracted from the pelvic bone whilst the donor is under general anaesthetic.

Asian donor shortage

For a successful transplant to happen, patients need donors of the same blood and tissue type, so it is likely they will share a similar ethnic background. Currently the chances of a patient of Asian heritage finding a matching donor can be as low as 40 per cent compared to a Caucasian patient where the chances are closer to 90 per cent.

Also, according to our medical experts, stem cells from younger, male donors increase the chance of success for the patient.

Such a donor is 31-year-old Tony Blood who had only been on the register for six months when he was found to be a match for a boy with leukaemia. Tony, who lives in Peterborough, said, "I received a letter from the British Bone Marrow Registry stating that I was a potential match for somebody and could I please go for additional tests.

"This young boy, whoever he was, with my donation could potentially have another chance of life and be able to do all the things that young children should be doing, so there was no doubt I was doing the right thing."

Last December Tony received a letter from the family of Carl Hillis, the young man who received his stem cells, which thanked Tony for saving Carl's life. The two families have since become good friends and Tony even spent time with Carl to help him celebrate his 15th birthday in February.

Stories like this show why it's so important to increase the number of Caucasian donors aged between 17 and 30 and Asian donors on the British Bone Marrow Registry (BBMR) who are willing to donate some of their blood stem cells to save someone's life.

Life-saving opportunity

Guy Parkes, head of stem cell donation and transplantation at NHS Blood and Transplant, said, "We are looking to recruit 1,500 blood donors of South Asian or mixed Asian heritage and 7,500 young Caucasian male donors to our register as potential donors. Joining the register is really easy, all we need to do is take an extra sample when someone gives blood, as long as they let staff know before they donate that they want to sign up.

"It will then be sent to our lab to establish tissue type. This will then be held anonymously on the British Bone Marrow Registry database, which is routinely searched to try and match patients to life-saving donors. The more people we have on the register, the more of a chance we have at finding a match."

Registering may be as far as it goes for some people as many donors never come up as a potential match. However, if you are lucky enough to be the match for a patient, you may have the opportunity to give the ultimate gift of saving someone's life.

Anyone willing to consider joining the stem cell register needs to tell staff at the start of their next blood donation session.

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PATIENT STORY

Taylor's transplant miracle

Born with a life-threatening heart condition, Taylor has needed years of open heart surgery and blood transfusions



Taylor Turner had a dramatic start to his life after he was born two weeks early by emergency caesarean section. He was Donna Turner's second child and during her labour Taylor's heart rate rose dangerously high to more than 200 beats per minute.

Something was seriously wrong and at four days old, Taylor was transferred to the Royal Brompton Hospital in London where he was diagnosed with anatomically corrected Transposition of the Great Arteries. This meant that Taylor's arteries were back to front and not pumping blood around his body in the way they should. He also had a long list of other heart related issues which meant he spent the first seven years of his life in and out of hospital undergoing surgery.

"Taylor was always poorly when he was small. He constantly had to be admitted to the Royal Brompton Hospital and he had his first open heart surgery when he was just two years old," said Donna.

The operation required Taylor to have the first of many blood transfusions and all seemed to go well. A band was fitted around his pulmonary artery to help his heart pump blood around his body. But just a year and a half later Taylor suffered a life-threatening pulmonary embolism – a blockage in the artery that transports blood to the lungs – which led to more surgery and blood transfusions.

But that wasn't the end of Taylor's problems. By the time he was six, he needed another operation, but this was to be a mammoth 15 hours in theatre.

Donna said, "At the time, it was so scary. He was on by-pass for hours during the operation and needed lots and lots of donated blood. But he'd been operated on by the same surgeon twice before and I trusted him to bring Taylor back to me again."

Taylor stayed in hospital for three weeks after the operation and came home feeling well and fitted with a new pacemaker. Taylor and single mother Donna thought this was finally the road

to recovery. But just three weeks later, Taylor began to look unwell again.

By this stage, the Royal Brompton Hospital felt there was nothing more that could be done for Taylor and a palliative care team began to help Donna and her family. This was to ensure that Taylor could have the best quality of life possible. His heart was not up to the keeping him alive.

Donna said that the palliative care team did a great job. "They supported us so much but I wasn't prepared to give up on Taylor, it wasn't the help I wanted for him."

In a last ditch attempt to save him, Taylor was referred to Great Ormond Street Hospital and, following much discussion, he was added to the waiting list for a heart transplant.

"The doctors told us it's a big decision. There are no guarantees that you will get a transplant or that it will work, but for me there was no decision. I asked for him to be put on the list," said Donna.

Taylor waited three months before having his heart transplant at Great Ormond Street Hospital at the end of 2006. During the 12-hour op, he again needed blood transfusions to keep him alive as surgeons removed his damaged heart and replaced it with one from a donor.

Donna said, "This was the worst experience I'd ever had to see him through. It felt like it was touch and go, I was so worried. But when they brought him out of theatre, I didn't recognise him! For the first time in his seven years, my son was pink! He looked so well!"

"Taylor understands now that he has someone else's heart. He's so grateful to his donor and their family for the last seven years. And so am I. Whilst we're alive, we can't donate our heart to someone else, but we can give blood as a way to say thanks."

Taylor, now 14, has lived life to the full since his transplant. He's competed in the Transplant Games, won a raft of medals and enjoys playing with his friends like any other teenager. Sadly, he needs another heart transplant and will once again be reliant on the generosity of donors to provide the life-saving blood to see him through surgery.

Donna said, "Taylor knows that he needs people to keep donating blood so that when a donor heart becomes available he can have another transplant. He does understand that and is very grateful."

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ASK THE DOCTOR

Donating during the summer months

Dr Gail Mifflin answers questions about donating during the summer months



Q I am planning a trip abroad and have been told that I can't give blood for six months after I return. Why is this?

In some cases you are not able to donate blood for six months after a trip abroad, for example if you have been to an area affected by malaria.

For other regions there are no restrictions. You can check if you will be eligible to donate blood after your holiday on our website or you can ring the donor helpline on 0300 123 23 23.

Our guidelines are designed to ensure that donated blood is as safe as possible. We need to be very careful that donations from travellers returning from certain countries don't pose a risk to patients so we may require additional tests to be performed.

We need to ensure we have adequate blood stocks to meet patient demand, but we have to balance this out carefully with safeguarding the recipient, in this case by adhering to our guidelines.

Q Should I give blood before I travel?

A constant supply of blood is needed all year round and, as there are some restrictions on donating after travelling to certain parts of the world, we encourage you to donate before you go off and enjoy your summer holiday.

If this is not possible and you would like to donate blood when you come back from holiday, then please give us a call before you book an appointment. We may need to defer your donation for a short while depending on where you travelled on holiday. This could save you an unnecessary journey.

Q Are haemoglobin levels affected by the heat?

In the summertime the body's haemoglobin levels are known to be about three per cent lower than they are in the winter. This is nothing to worry about but it does mean that in the summer months we often see a higher number of deferrals. This is thought to be related to our sampling procedures. The finger-prick test we use samples blood from your

capillaries rather than your veins and hot weather can affect the results. Despite this, the finger-prick test is still accurate enough to ensure it is safe for our blood donors to donate.

Q Would hayfever or allergies affect donation?

If you have hayfever or an allergy we would need to speak to you to find out more information. Please call the helpline on 0300 123 23 23.

Please also call us if you are taking medicines for your allergy whether from your doctor or over the counter from your pharmacist, internet or health shop. Most people taking medicines can donate but there are some that can affect your blood which may mean you cannot make a donation.

Q It's too hot to eat large meals – is this a problem when donating?

As long as you eat a healthy, balanced diet and eat something a few hours before your appointment you should be fine. Please keep well hydrated and do not donate on an empty stomach.

Q Why is it important to be hydrated before coming to donate?

About 55 per cent of blood is comprised of plasma, of which 90 per cent is water. So although you donate less than a pint of blood each time, almost half of this is water. In hot weather you need to drink more fluid to keep hydrated so that your body can adjust itself after the donation and stop you from feeling faint. It's important to replace fluids after you've donated to help bring your blood volume levels back to normal.

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