# Young RBC Subpopulation Reduce the Hb-Oxygen Affinity of Cord **Blood from Preterm Neonates**

Mahsa Yazdanbakhsh<sup>1,2</sup>, Haytham Eid<sup>3,4</sup>, Jack Rabi<sup>3,4</sup>, Po-Yin Cheung<sup>3,5</sup>, Jason P. Acker<sup>1,2</sup>



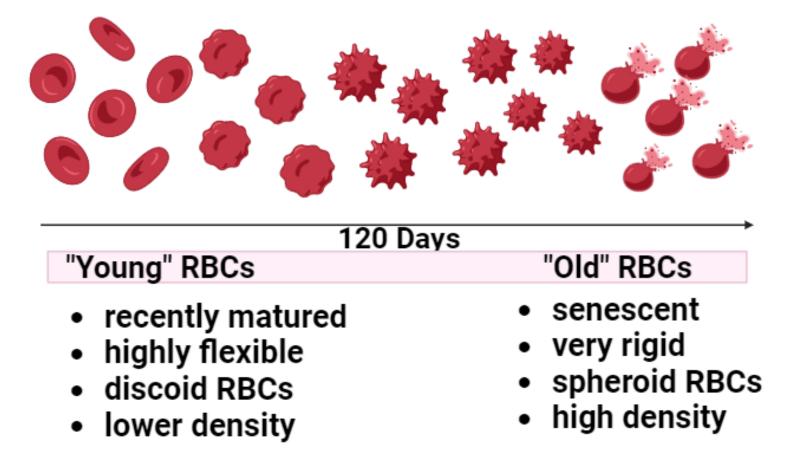
<sup>1</sup> Innovation and Portfolio Management, Canadian Blood Services, Edmonton, AB, Canada, <sup>2</sup> Department of Laboratory Medicine and Pathology, University of Alberta, Edmonton, AB, Canada, <sup>3</sup> Neonatal Research Unit, Royal Alexandra Hospital, Alberta Health Services, Edmonton, AB, Canada, <sup>4</sup> Section of Neonatology, Department of Pediatrics, University of Calgary, Calgary, AB, Canada,





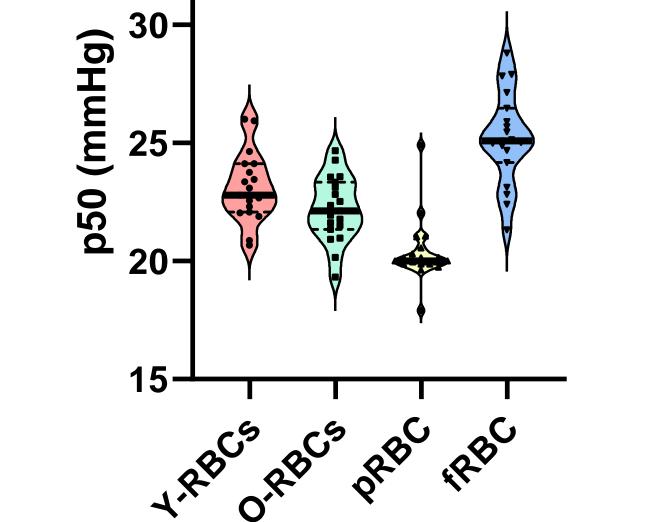
### INTRODUCTION RESULTS Adult packed RBCs (pRBC) bind oxygen differently than that from premature infants. 35-(B) (A) **0.8**

- The p50 measures the oxygen pressure at which hemoglobin is 50% saturated with oxygen.
- Hb-O<sub>2</sub> affinity of young (Y-RBCs) and old RBCs (O-RBCs) is different.



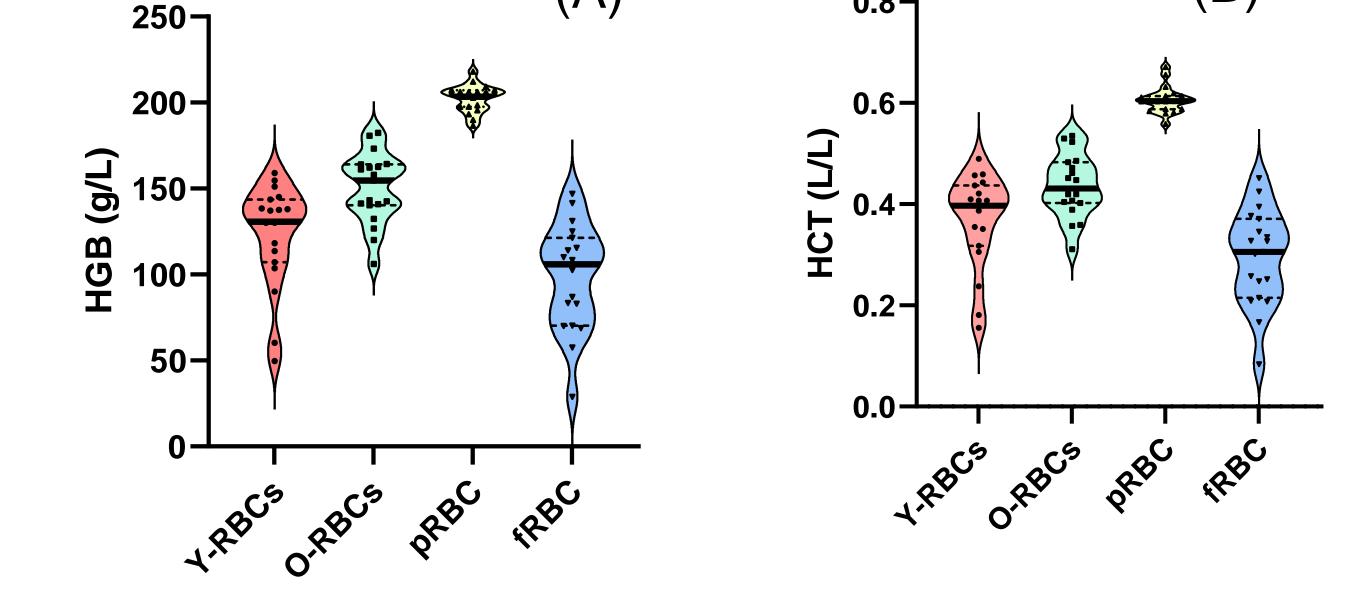
### **Objective:**

**To characterize changes in fetal RBCs (fRBCs)** hemoglobin-oxygen affinity following mixing with "young" RBCs and "old" RBCs.



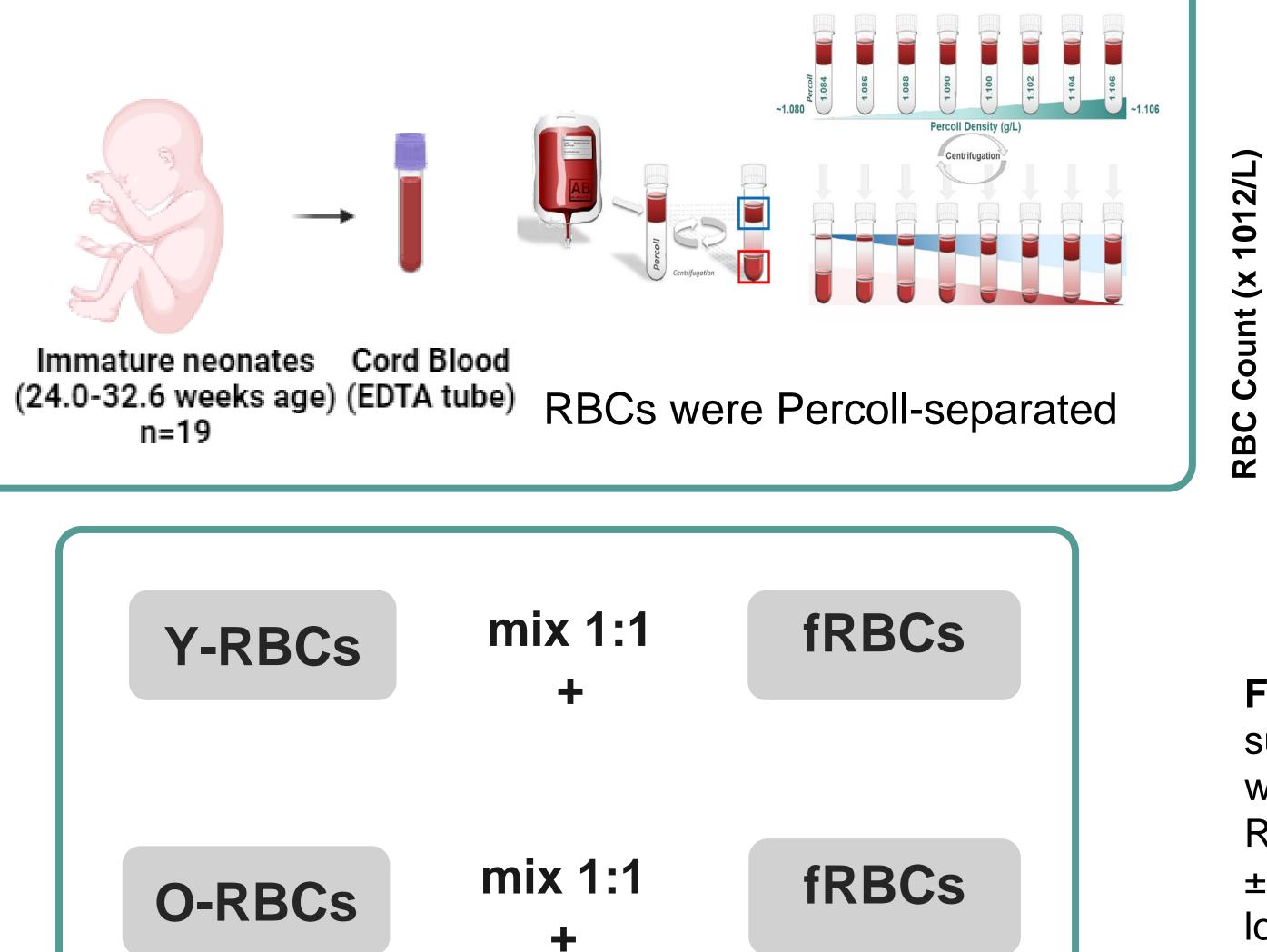
**Figure 1** p50 comparison in packed RBC (pRBC) and fRBC shows a significant difference. p50 in fRBC is significantly higher compared to pRBC. (p < p0.0001). There was also a difference in p50 between fRBC mixed with Y-RBC (23.34  $\pm$  1.17 mmHg), and fRBC mixed with O-RBC (22.36  $\pm$  1.21 mmHg) (p < 0.0001)

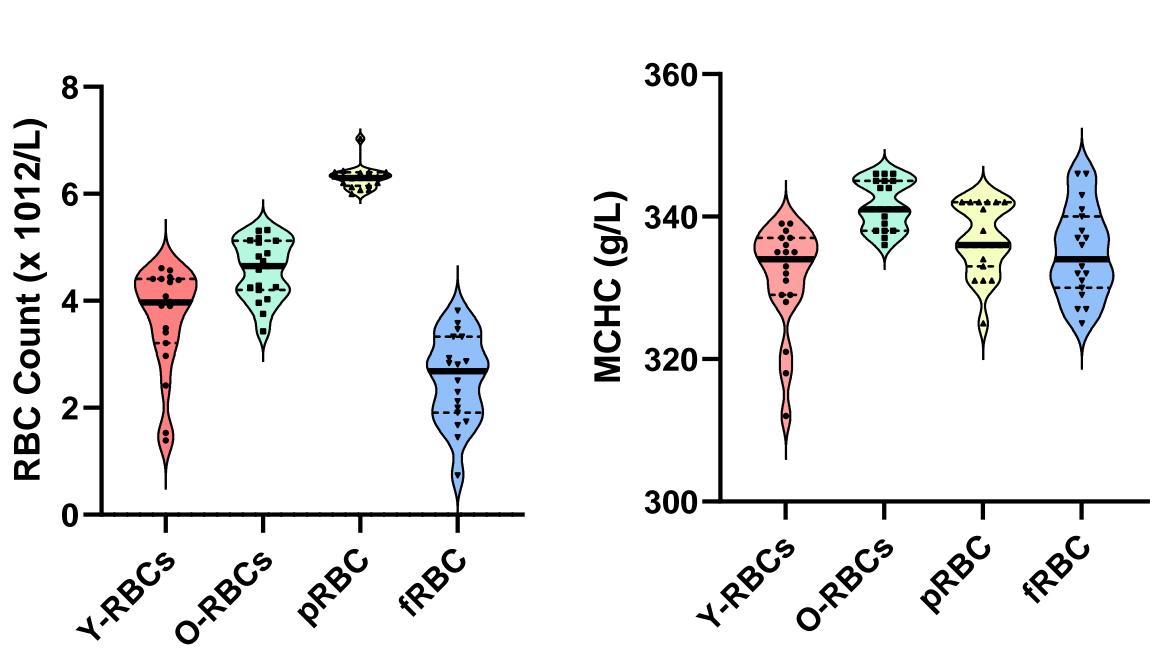
(A)



**Figure 3** HGB and HCT comparisons in different subpopulations showed significant differences. The fRBC group had a lower HGB count compared to pRBC. Additionally, fRBC mixed with Y-RBCs had a lower RBC count than O-RBCs (P<0.0001) (Figure 3A). The fRBC group had a lower HCT to pRBC. Additionally, fRBC mixed with Y-RBCs had a lower HCT than O-RBCs (P<0.0001) (Figure 3B).

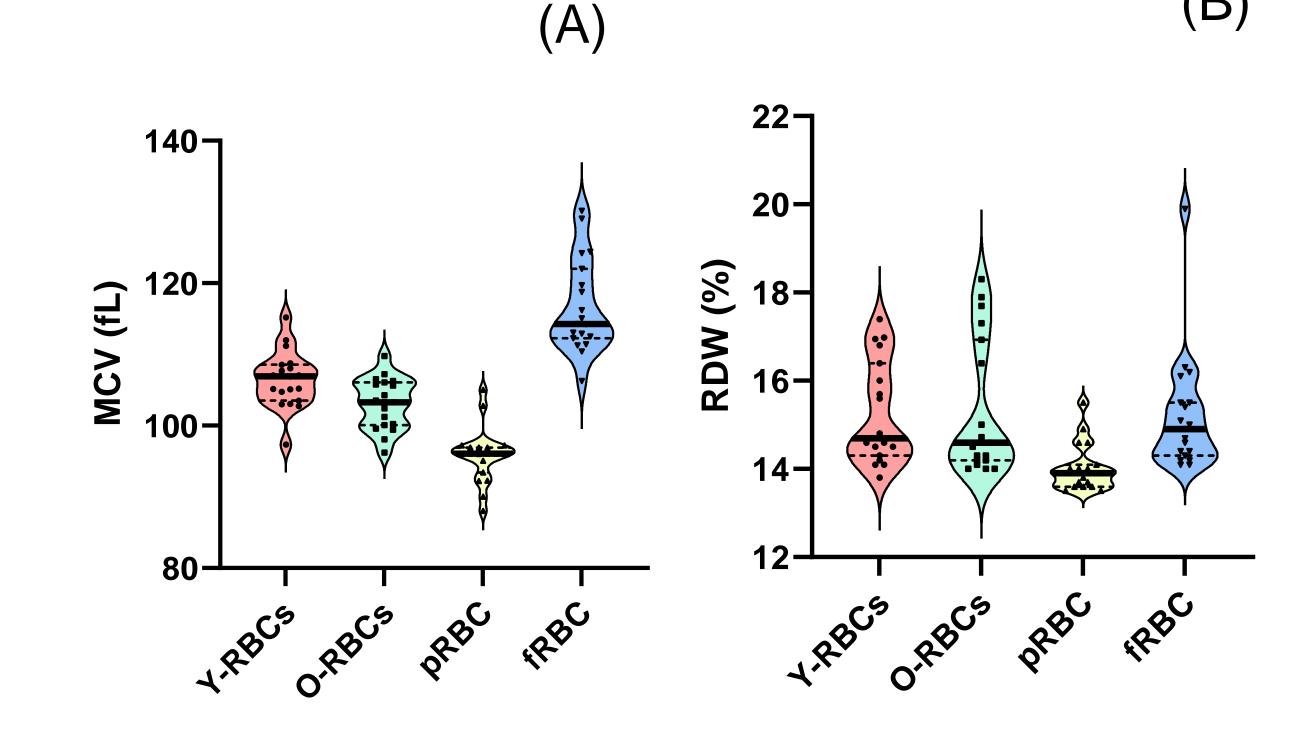
**METHODS** 





**Figure 2** MCHC and RBC Count comparisons in different subpopulations showed significant differences. MCHC values were as follows: fRBC (334.94  $\pm$  6.29 g/L), fRBC mixed with Y-RBC ( $331.47 \pm 7.37 \text{ g/L}$ ), and fRBC mixed with O-RBC (341.63 $\pm$  3.38 g/L) (P < 0.0001) (Figure 2A). The fRBC group had a lower RBC count compared to pRBC. Additionally, fRBC mixed with Y-RBCs had a lower RBC count than O-RBCs (P<0.0001) (Figure 2B).

**Figure 4** MCV and RDW difference between fRBC, pRBC, Y-RBC and O-RBC mixing with fRBC. The fRBC group exhibited, significantly lower MCV than pRBC. Also, fRBC mixing with Y-RBCs had a lower RBC count compared to O-RBCs (P<0.0001) (Figure 4A). There was no significant difference in the RDW between fetal red blood cells (fRBC), fRBC mixed with Y-RBC, and fRBC mixed with O-RBC. (Figure 4B)





Hemox Analyzer (p50)

## Coulter (RBC indices)

### CONCLUSIONS

**(B)** 



(B)

Addition of O-RBCs to cord blood from preterm infants significantly increases hemoglobin-oxygen affinity. **O-RBCs** may briefly reduce tissue oxygen delivery, as they shift the ODC curve leftward, increasing oxygen affinity and decreasing oxygen release.

Y-RBCs share closer physiological properties (p50, HGB, HCT, MCHC, MCV) with fRBCs.

**Implication:** Y-RBCs could offer significant advantages for precision transfusions for premature babies.

This research received funding support from Canadian Blood Services Graduate Fellowship. We are grateful to CBS donors who made this research possible. The authors have no conflicts of interest to declare.