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Stellingen

behorende bij het proefschrift

Post-transfusion and Maternal Red Blood Cell Alloimmunization in Uganda

1. Given the 6.0% frequency of anti-D alloimmunization in Ugandan pregnant women (comparable to that in Caucasian pregnant women before the introduction of RhIG prophylaxis), there is an urgent need to routinely administer anti-D to all RhD negative mothers within 72 hours of delivering RhD positive babies (this thesis).
2. A relatively low rate of RBC alloimmunization in transfused Ugandans with Sickle Cell Disease can be explained by a low transfusion load and racial homogeneity between the patients and blood donors (this thesis).
3. All hospitals in Uganda should start screening for clinically significant RBC alloantibodies in multiply transfused patients and those with a history of previous transfusion or pregnancy before additional exposure to allogeneic blood to prevent haemolytic transfusion reactions (this thesis).
4. Introduction of RBC alloantibody screening as part of pre-transfusion immunohaematologic testing in Uganda appears to be cost-effective and would contribute to improving blood transfusion safety (this thesis).
5. Pragmatism rather than dogmatism should be applied in order to provide safe blood in Africa in all circumstances [Stephen P Field & Jean-Pierre Allain (2007). *J Clin Pathol.* 60:1073-1075].
6. By virtue of the care they provide at the bedside, nurses function as “first line responders” to any and all adverse events experienced by patients in the peri-transfusion period [Chester Andrzejewski Jr & Joan McGirr (2007). *Evaluation and management of suspected transfusion reactions: nursing perspectives*. In: *Transfusion reactions* by Mark A. Popovsky (ed). 3rd Ed, AABB Press, Bethesda, MD, pp 525-547]. Ugandan health professionals need continuing training and education before appreciating and adopting a “quality culture” in clinical transfusion practice.
7. In sub-Saharan Africa, blood collected from replacement/family and voluntary non-remunerated donors is equally safe with regard to viral infections provided the same quality control criteria are fulfilled. Only repeating donation provides added blood safety. Repeat donations should be promoted and taken as the primary objective of the blood supply [Jean-Pierre Allain, (2010). *ISBT Science Series*, 5:169-175].
8. The recently introduced programs on Universal Primary and Secondary Education in Uganda will lead to significant social transformation and economic development with consequent improved health-seeking behaviour and hence a marked reduction in infant and maternal mortality.
9. By encouraging students in Universities and Colleges to form local blood donor clubs, blood donations in Uganda will be boosted and these voluntary donors will in turn learn how to lead safe, responsible and healthy lifestyles thereafter.
10. To reduce the prevalence of the deadly HIV/AIDS epidemic in Uganda, prevention messages must be disseminated by all civic and political leaders whenever an opportunity arises at each public function attended countrywide.
11. Medical and Biomedical Training Schools in Uganda should introduce a course on ‘Management and Leadership’ on their curricula so as to produce graduates who are more competent, skilled, visionary as well as result-oriented community leaders.
12. The fear of the LORD is the beginning of all wisdom (Proverbs, 9: 10).

Bernard Natukunda,
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