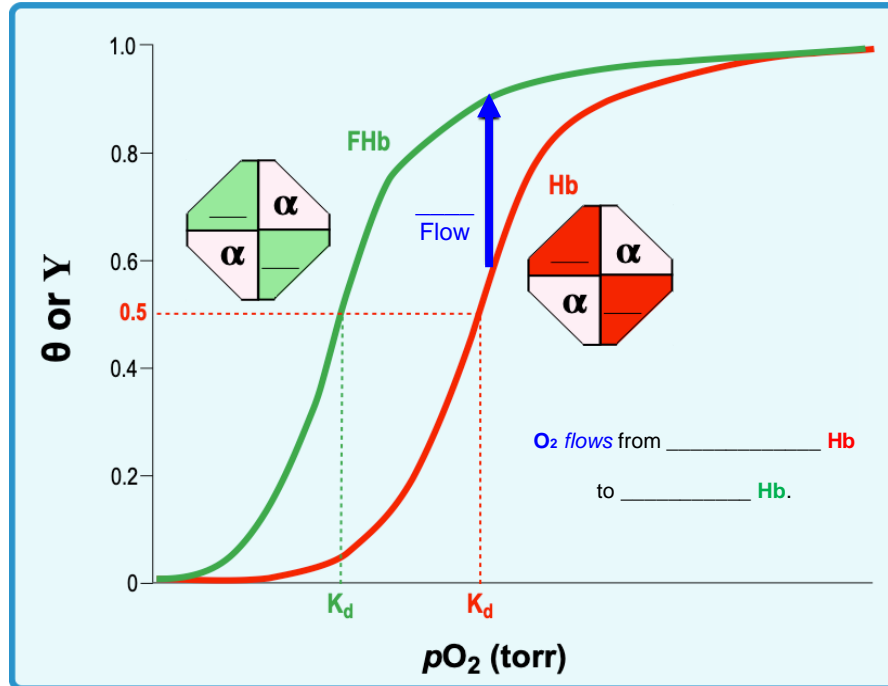


## CONCEPT: FETAL HEMOGLOBIN

- A fetus has structurally *different* Hb because it must be able to \_\_\_\_\_ O<sub>2</sub> from its mother's blood.
  - Fetal hemoglobin (FHb) has two \_\_\_\_\_ (γ) subunits rather than two β subunits (Fetal hemoglobin: α<sub>2</sub>γ<sub>2</sub>).
- FHb therefore has a *low* affinity for BPG, which correlates with \_\_\_\_\_ O<sub>2</sub> affinity.
  - This allows \_\_\_\_\_ flow from the maternal oxyhemoglobin (HbO<sub>2</sub>) to the fetal deoxyhemoglobin (FHb).

**EXAMPLE:** According to the dissociation constants ( $K_d$ ) in the plot below, which hemoglobin has a stronger affinity for O<sub>2</sub>?

- Adult Hb.
- Fetal Hb.



**PRACTICE:** Fetal hemoglobin binds oxygen with a \_\_\_\_\_ affinity than adult hemoglobin, because it lacks the binding site for \_\_\_\_\_, which is an allosteric \_\_\_\_\_ of oxygen binding to adult hemoglobin.

- Lower ; BPG ; inhibitor.
- Higher ; H<sup>+</sup> ; inhibitor.
- Higher ; BPG ; activator.
- Higher ; BPG ; inhibitor.
- Lower ; CO ; inhibitor.

**PRACTICE:** Why is the decreased affinity of fetal hemoglobin for BPG advantageous?

- With more BPG molecules bound, there are less heme groups available for O<sub>2</sub> binding.
- Decreased BPG binding biases FHb toward the R state.
- More free BPG is available to bind adult hemoglobin, resulting in its shift to the R state.
- BPG is available to bind to fetal myoglobin, helping to release O<sub>2</sub> in fetal muscle tissue.