Rh D negative woman and pregnancy (excluding NIPA)

Management of woman with Rh D negative blood group (excluding NIPA)

- Confirm if anti-D antibodies:
  ○ Passive—due to administration of Rh D in previous 12 weeks
  ○ Preformed—due to sensitising event
  ○ Review clinical history

Antibody screen negative for anti-D antibodies?

- Yes
  - At 28 weeks gestation
    • Retest for anti-D antibodies prior to Rh (D) Ig administration
    • Administer first dose of Rh (D) Ig 625 IU IM
      ○ Can be given before results are available
      ○ In addition to any doses for sensitising events

- No
  - Preformed anti-D antibodies?
    ○ Yes
      • Rh D Ig not required
      • Seek specialist obstetric advice
      • Manage as Rh D sensitised
    ○ No
      • Rh D Ig not required

At 34 weeks gestation

- Administer second dose of Rh (D) Ig 625 IU IM
  ○ In addition to any doses for sensitising events

After birth

- Determine baby’s Rh D type from cord or neonatal blood

Baby (one or more) Rh D positive?

- Yes
  - Assess for sensitising events throughout pregnancy

First 12 weeks gestation

- Miscarriage
- ToP (medical after 10 weeks or surgical)
- Ectopic pregnancy
- Molar pregnancy
- CVS

After 12+6 weeks gestation

- Miscarriage
- ToP
- CVS, amniocentesis, cordocentesis
- Abdominal trauma
- APH (revealed, concealed, unexplained uterine pain)
- ECV

- Sensitising events
  - If indicated administer Rh D Ig as soon as practical within 72 hours of event
    ○ Do not wait for FMH result (when measured)
    ○ Give up to 10 days from the sensitising event (may have lower efficacy)
    ○ Doses in addition to prophylaxis

First 12 weeks gestation

- Dose: Rh D Ig 250 IU IM

13+0 weeks gestation

- Dose: Rh D Ig 625 IU IM

After 20 weeks gestation

- Maternal blood sample for volume of FMH
- Dose: Rh (D) Ig 625 IU IM
- If confirmed FMH ≥ 6 mL of fetal red cells (12mL of whole blood), administer additional Rh D Ig as advised
  ○ If Rh D Ig volume > 5 mL—administer Rhophylac® 1500 IU IV as advised

Maternal care

- Blood sample for volume of FMH
- Administer Rh (D) Ig 625 IU IM
  ○ Do not wait for FMH result
  ○ Give up to 10 days from birth
  ○ In addition to doses for sensitising events or prophylaxis
  ○ If FMH ≥ 6 mL, dose as per expert advice

Neonatal care

- Blood sample for DAT
- Refer to QCG Neonatal jaundice and Newborn assessment

* as advised by laboratory or specialist obstetrician/feto-maternal specialist.
§ draw back on plunger of syringe before injection to ensure the needle is not in a blood vessel and administer by deep IM injection

APH: antepartum haemorrhage; CVS: chorionic villus sampling; ECV: external cephalic version; FMH: fetomaternal haemorrhage; Ig: immunoglobulin; IM: intramuscular; ToP: termination of pregnancy; ≥: greater than or equal to

Queensland Clinical Guideline. Rh D negative women in pregnancy Flowchart: F23.74-1-V1-R28