## Rh D negative woman and pregnancy (including NIPA)

## Management of woman with Rh D negative blood group (including NIPA) · Screen woman for anti-D From 11 weeks gestation: Assess for sensitising events antibodies · If indicated determine fetal throughout pregnancy · If anti-D antibodies present Rh D status by NIPA First 12 weeks gestation confirm if: Previous obstetric history Miscarriage o Passive-due to (e.g. severe FMH, IUFD) ToP (medical after 10 weeks or administration of Rh D in Non-sensitised with relative surgical) previous 12 weeks contraindication to Rh D Ig Ectopic pregnancy o Preformed-due to (e.g. prior allergic reaction) · Molar pregnancy sensitising event CVS Review clinical history After 12+6 weeks gestation Miscarriage ToP If baby predicted to be · CVS, amniocentesis, No Yes Baby predicted Rh D negative, antenatal cordocentesis Rh D negative? immunoprophylaxis not required · Abdominal trauma • APH (revealed, concealed, unexplained uterine pain) ECV No Likely preformed If baby predicted Rh D positive anti-D antibodies? or test inconclusive results or unavailable/uncertain Sensitising events · If indicated administer Rh D Ig as soon as practical within 72 hours of event At 28 weeks gestation $_{\circ}\;$ Do not wait for FMH result Retest for anti-D antibodies. (when measured) Administer first dose of o Give up to 10 days from the Rh (D) Ig 625 IU IM§ sensitising event (may have o Can be given before results lower efficacy) are available First 12 weeks gestation Yes Dose: Rh D lg 250 IU IM<sup>§</sup> 13+0 weeks gestation Dose: Rh D lg 625 IU IM<sup>§</sup> · Rh D Ig not required Seek specialist obstetric After 20 weeks gestation Yes Likely preformed Maternal blood sample for advice anti-D antibodies? Manage as Rh D sensitised volume of FMH Dose: Rh (D) Ig 625 IU IM<sup>§</sup> Consider NIPA If confirmed FMH ≥ 6 mL of fetal red cells (12mL of whole blood), No administer additional Rh D Ig as advised\* After birth o If Rh D Ig volume > 5 mL-At 34 weeks gestation Administer second dose of Determine baby's Rh D type administer Rhophylac® 1500 IU IV as advised\* Rh (D) Ig 625 IU IM§ from cord or neonatal blood Maternal care Blood sample for volume of FMH Administer Rh (D) Ig 625 IU IM<sup>§</sup> Baby Do not wait for FMH result (one or more) Yes No o Give up to 10 days from birth · Rh D Ig not required Rh D positive at birth? Baby care · Blood sample for DAT

\*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: feto-maternal haemorrhage; Ig: immunoglobulin IM: intramuscular IV intravenous, NIPA: non-invasive prenatal analysis Rh D Ig: Rh (D) immunoglobulin-VF; ToP: termination of pregnancy; ≥: greater than or equal to

Queensland Clinical Guideline. Rh D negative women and pregnancy. Flowchart: F23.74-2-V1-R28



 Refer to QCG Neonatal jaundice and Newborn assessment