Rh D negative woman and pregnancy (including NIPA)

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

- Screen woman for anti-D antibodies
- If anti-D antibodies present confirm if:
  - Passive—due to administration of Rh D in previous 12 weeks
  - Preformed—due to sensitising event
- Review clinical history

From 11 weeks gestation:
- If indicated determine fetal Rh D status by NIPA
  - Previous obstetric history (e.g. severe FMH, IUFD)
  - Non-sensitised with relative contraindication to Rh D Ig (e.g. prior allergic reaction)

Baby predicted Rh D negative?
- If baby predicted Rh D negative, antenatal immunoprophylaxis not required

If baby predicted Rh D positive or test inconclusive results or unavailable/uncertain

At 28 weeks gestation
- Retest for anti-D antibodies
- Administer first dose of Rh (D) Ig 625 IU IM
  - Can be given before results are available

At 34 weeks gestation
- Administer second dose of Rh (D) Ig 625 IU IM

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

Baby (one or more) Rh D positive at birth?
- Rh D Ig not required

Assess for sensitising events throughout pregnancy

First 12 weeks gestation
- Miscarriage
- ToP (medical after 10 weeks or surgical)
- Ectopic pregnancy
- CVS

After 12+6 weeks gestation
- Miscarriage
- 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)

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

Baby 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: 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 Guidelines