

# Rhesus Negative Blood Group: Antenatal Management

## Screening

- All antenatal women must be tested for blood group and blood group antibodies at their first antenatal visit.
- All women also have repeat antibody screening at 28 weeks gestation.
- Women who have irregular blood group antibodies detected on screening (except passive anti-D consistent with recent anti-D administration) should be referred promptly to a consultant obstetrician

## Routine Anti-D administration

- The NHMRC recommends routine administration of 625 IU of anti-D at 28 and 34 weeks gestation for all rhesus negative women who do not have pre-existing anti-D antibodies.
- Partner blood group phenotype testing is not recommended prior to anti-D administration
- Blood testing to exclude pre-existing anti-D antibodies must be taken before the first dose of anti-D is administered at 28 weeks. This can be combined with the routine FBC/glucose challenge and should be performed within 5 days of the planned anti-D administration
- Anti-D will usually be administered by the patient's GP who needs to contact the Red Cross Blood Bank on 54597909 and QML or S&N for collection and delivery of the vials of anti-D.
- If the GP is unable to administer the anti-D then the patient can attend the anti-D clinic held any day at Nambour Hospital (contact antenatal reception on 54706701 to arrange an appointment)

## Anti-D administration for Sensitising Events

Anti-D should be given as soon as possible after a sensitising event and ideally within 72 hours. If this does not occur there may still be some benefit in giving anti-D up to 10 days after the event.

A dose of 250 IU of anti-D should be used up to and including 12 weeks gestation. A dose of 625 IU of anti-D should be used after 12 weeks gestation

## Sensitizing events in pregnancy include

- Miscarriage<sup>#</sup>
- Termination of pregnancy;
- Ectopic pregnancy; and
- CVS, amniocentesis or cordocentesis
- Abdominal trauma considered sufficient to cause fetomaternal haemorrhage;
- Revealed or concealed antepartum haemorrhage
- External cephalic version (performed or attempted)

<sup>#</sup> Current evidence does not support the use of anti-D for threatened miscarriage

## ***Anti-D administration Post-partum***

Anti-D should be given post-natally, within 72 hours to all Rh (D) negative women who deliver an Rh (D) positive baby. Kleihauer testing should be performed for quantification of feto-maternal haemorrhage to determine whether additional prophylaxis is required.

## ***References***

Guidelines on the prophylactic use of Rh (D) immunoglobulin (Anti-D) in obstetrics  
[http://www.nba.gov.au/PDF/glines\\_anti\\_d.pdf](http://www.nba.gov.au/PDF/glines_anti_d.pdf).

RANZGOG Statement No. C-Obs 6. Guidelines for the use of Rh (D) Immunoglobulin (Anti-D) in obstetrics in Australia.  
[www.ranzcog.edu.au/publications/statements](http://www.ranzcog.edu.au/publications/statements)