



# Perinatal Manual of Southwestern Ontario

Southwestern Ontario Maternal, Newborn, Child & Youth Network  
(MNCYN)

Perinatal Outreach Program

## Chapter 25

### CARE OF THE RH NEGATIVE WOMAN WITHOUT ANTIBODIES

To provide guidelines on use of anti-D prophylaxis to optimize prevention of rhesus (Rh) alloimmunization in Canadian women.

#### 1<sup>ST</sup> TRIMESTER

1. At the first visit, blood is sent for group, Rh, and total antibody screen. (Assume that the fetus is Rh positive).
2. Rh negative women without antibodies who undergo chorionic villus sampling or amniocentesis receive 300 ug of Rh immune globulin **IM or IV** at the time of testing and then every 12 weeks until the birth.
3. In the event of spontaneous pregnancy loss, therapeutic abortion, or ectopic pregnancy, the Rh negative woman without antibodies receives **a minimum of 120 ug of Rh immune globulin before 12 weeks or 300 ug after 12 weeks.**
4. In the event of threatened pregnancy loss after 10 weeks, the Rh negative woman receives 300 ug Rh immune globulin to be repeated every 12 weeks until birth.

#### 2<sup>ND</sup> TRIMESTER (28-32 WEEKS)

1. Blood for group, Rh and total antibody screen.
2. The Rh negative women without antibodies receive 300 ug of Rh immune globulin.
3. If antenatal RhIg is missed at 28-32 weeks, it may be given any time before the birth.

### **ANTENATAL ABDOMINAL TRAUMA, VAGINAL BLEEDING OR STILLBIRTH**

1. A quantitative test for fetal red cells (Kleihauer) is done to determine the size of fetal-maternal bleed and 300 ug of Rh immune globulin is given.
2. Based on the amount of fetal red cells detected, additional Rh immune globulin may be given if the bleed is estimated to be greater than 30 ml.

### **POSTPARTUM**

1. 5-10 ml cord blood is sent for blood group, Rh, and direct antiglobulin test.
2. If the infant is Rh positive or weak D (Du positive)
  - maternal blood is drawn for Kleihauer
  - **300** ug of Rh immune globulin is administered IM
3. Additional Rh immune globulin may be required for fetomaternal hemorrhage greater than 15 mL of fetal red cells present.
4. If Rh immune globulin is not given within 72 hours of delivery or other potentially sensitizing event, it should be given as soon as the need is recognized, for up to 28 days after delivery or other potentially sensitizing event.

### **REFERENCE**

1. Fung K, Eason E. SOGC Clinical Practice Guidelines: Prevention of Rh Alloimmunization, No. 133, September 2003, JOGC.