Management Rhesus Negative Mother

Routine blood test

Identification of Rh-negative mother

Check unexpected antibody levels at booking visit, 28,32 and 36 weeks of POA

A titre of >1:4

Non-sensitized mother

Sensitized mother

Already sensitized due to previous event

First sensitized pregnancy. (Previously affected pregnancy)

Initial procedure is determined by past clinical history. Usually performed at least 4-8 weeks earlier than the previous point of Significant morbidity

Documenattion Mandatory

1ST TRIMESTER

- No potentially sensitizing events
- Threatened miscarriage before 12 weeks

20 WEEKS

24 WEEKS

ROUTINE CARE

2ND TRIMESTER

28WEEKS

3RD TRIMESTER

LABOUR

Anti-D Ig-500 IU 28weeks

Anti-D Ig-500 IU 32weeks

Early pregnancy complications

- Suspected termination
- Ectopic pregnancy
- Spontaneous miscarriage
- Threatened miscarriage- After 12 weeks

Before 20 weeks Anti-D Ig-250 IU

After 20 weeks Anti-D Ig-500 IU

TEST FOR FMH

>4ml Red cells

Additional anti-D Ig The dose to be administered should assume that 500iu of anti-D Ig IV will suppress immunization by 8-10 ml of fetal RBC

Potentially sensitizing events

- Antepartum Haemorrhage
- External cephalic version
- Closed abdominal injury
- Intrauterine death
- Invasive perinatal diagnosis

Anti-D Ig-500 IU

Check partners blood

Rh positive

Rh negative

No Further Investigations

IAT titer ≤1:32 → Repeat antibody titers every 2-4 weeks

IAT titer >1:32/ Albumin titer >1:16

IAT titer ≥1:64 → Amniocentesis every 2-3 weeks

FMH-Feto-Maternal Transfusion
IAT-Indirect Antibody Test

POST PARTUM

Post Partum management

Cord blood for,

- 2ml (Plain bottle)-Grouping & Rh.
- 2ml (EDTA bottle)-Fetal Hb.
- 2ml (Plain bottle)-Serum bilirubin
- 2ml (Plain bottle)-Direct Coomb's test.
- 2ml (EDTA bottle)-Reticulocyte count

FMH test in (Kleihauer acid elution test),
Traumatic delivery-LSCS
Manual removal of placenta.
Stillbirth/IUD.
Abdominal trauma in 3rd trimester.
Twin pregnancy (At delivery)
Unexplained Hydrops Fetalis

Anti-D Ig recommended because of silent FMH

No risk

At risk

Investigation

Sri Lanka College of Obstetrics and Gynaecology
Health sector development Project
Guidelines- Management Rhesus Negative Mother