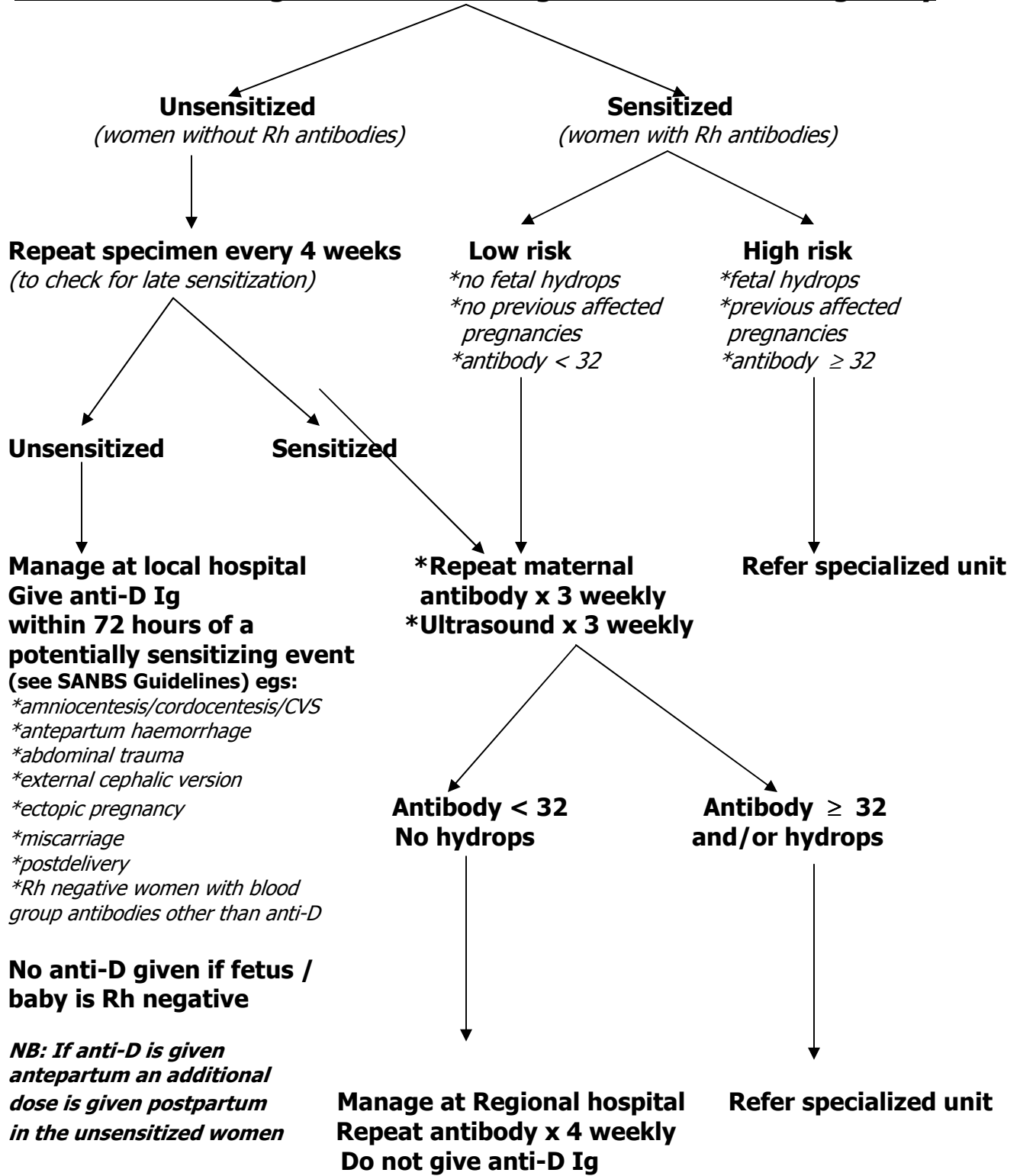


Protocol for Management of Rh D negative Women in Pregnancy



In all cases submit cord and maternal bloods at delivery to blood bank



DEPARTMENT OF HEALTH

PROVINCE OF KWAZULU-NATAL

INKOSI ALBERT LUTHULI CENTRAL HOSPITAL

Obstetrics Prenatal Diagnostic Clinic

DEPARTMENT: Obstetrics & Gynaecology

800 Bellair Road, Mayville, 4058

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Recommended Guidelines for the Management of Rh Alloimmunisation in Pregnancy

UNSENSITIZED Rh D NEGATIVE WOMAN

- Repeat maternal specimen every 4 weeks → to check for late sensitization
- If sensitized – manage as below:-

SENSITIZED (LOW RISK)

- ➔ *No Fetal Hydrops*
- ➔ *No previous affected pregnancies*

<u>Maternal Antibody Titre</u>	<u>Management</u>
• < 32	Manage at Regional Hospital Repeat antibody titre x 4 weekly Ultrasound examination x 4 weekly
• ≥ 32	Refer Specialised Unit

SENSITIZED (HIGH RISK)

- ➔ *Rapid increase in antibody level (> two fold increase in titre)*
- ➔ *Previous affected pregnancies*
- ➔ *Fetal Hydrops*
- ➔ *Antibodies other than Anti-D e.g: Kell, Anti-c*

- | |
|--|
| <ul style="list-style-type: none"> • Refer Specialised Unit |
|--|



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Antibody titre ≥ 32

- ➔ No amniocentesis
- ➔ Monitor antibody levels 2 weekly
- ➔ Check Doppler MCA-PSV

MCA-PSV normal (< 1.5 MoM for gestation) and no Hydrops

- ➔ 2 weekly scans
- ➔ Delivery at 37-38 weeks

Hydrops and Antibodies (irrespective of antibody level / MCA-PSV and GA 20-34 weeks)

- ➔ Check fetal Hb and transfusion
- ➔ Deliver if > 34 weeks

MCA-PSV raised (> 1.5 MoM for GA)

- **High Risk (Hydrops and/or previous affected pregnancy)**
 - ➔ < 34 weeks - check fetal Hb and transfusion
 - ➔ ≥ 34 weeks – consider delivery
- **Low Risk (No Hydrops)**
 - ➔ Repeat Doppler MCA-PSV in 2-3 days
 - ➔ If still high and no Hydrops, repeat Doppler MCA-PSV 2-3 days later
 - ➔ Persistently high – check fetal Hb and \pm transfusion
 - ➔ ≥ 34 weeks – consider delivery

Once transfusion commenced

- ➔ No need to monitor maternal antibody levels
 - ➔ Weekly Doppler MCA-PSV
 - ➔ Serial transfusions 2- 4 weekly
 - ➔ Gestational age range for transfusion
 - >20 weeks - < 36 weeks (Depending on accessibility of cord)
-
- If HIV +ve, ideally CD4 count should be > 200 for intrauterine transfusion
 - Transfuse to Hb just $> 95^{\text{th}}$ centile for that gestation (or Hct 45% - 50%).