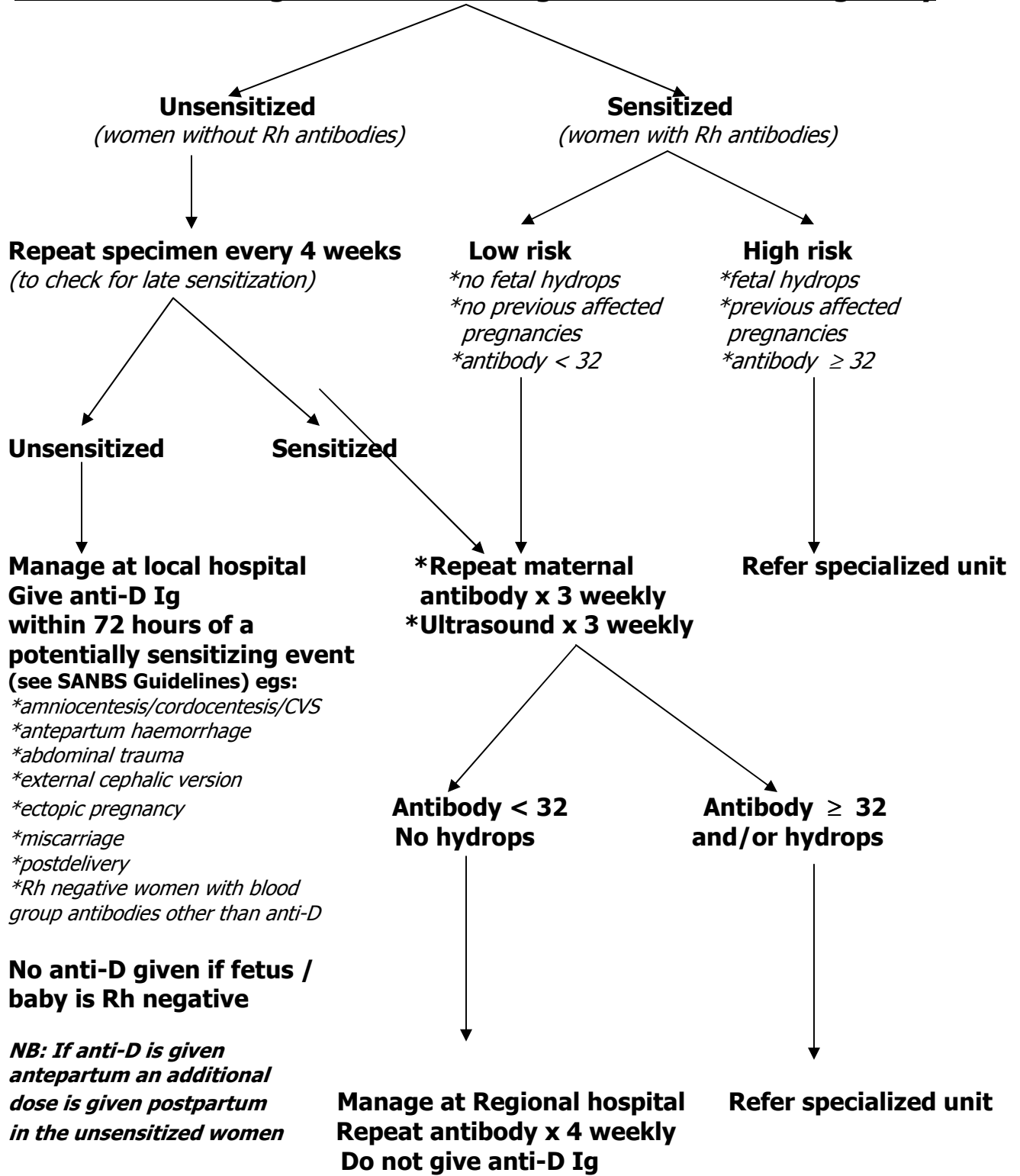


**Protocol for Management of Rh D negative Women in Pregnancy**



**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

Private Bag X03, Mayville, 4058

Tel.: 031 240 2349/50, Fax: 031 260 4427

Email: logiegov @ialch.co.za

## 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"> <li>• Refer Specialised Unit</li> </ul> |
|--|



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#### **Antibody titre $\geq 32$**

- ➔ 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
  - ➔  $\geq 34$  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
  - ➔  $\geq 34$  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%).