



# Guideline for prevention of RhD alloimmunization in RhD negative women

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## Events following which anti-D immunoglobulin should be given to all RhD negative women with no anti-D antibodies

### First trimester indications

dose of anti-D

50 µg

termination of pregnancy

spontaneous abortion followed by instrumentation

ectopic pregnancy

chorionic villus sampling

partial molar pregnancy

### Second and third trimester indications

100 µg

amniocentesis

cordocentesis

other invasive prenatal diagnostic or therapeutic procedures

spontaneous or induced abortion

intrauterine fetal death

attempt at external cephalic version of a breech presentation

abdominal trauma

obstetric haemorrhage

### Antenatal prophylaxis at 28<sup>th</sup> weeks of gestation

250 µg

### Delivery of an RhD positive infant \*

100 µg

**Minimal dose:** before 20 weeks gestation 50 µg (250 IU)  
after 20 weeks gestation \*\* 100 µg (500 IU)

**Timing:** as soon as possible, but no later than **72 hours** after the event.

In cases where prevention of RhD alloimmunization is not performed within 72 hours of a potentially sensitising event, it is still reasonable to administer anti-D immunoglobulin (IgG anti-D) within 13 days, and in special cases, administration is still recommended up to a maximum interval of 28 days postpartum.

**FMH** (fetomaternal haemorrhage)

If the amount of fetal erythrocytes which entered the maternal circulation is quantitatively determined, administration of 10 µg IgG anti-D per 0.5 ml of fetal erythrocytes or 1 ml of whole blood is indicated.

\* also if the RhD type of the infant has not been determined or is in doubt

\*\* in conjunction with a test to assess the volume of any fetomaternal hemorrhage