# Guideline for prevention of RhD alloimmunization in RhD negative women

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## Events following which immunoglobulin (Ig) G anti-D should be given to all RhD negative women with no anti-D alloantibodies

| **First trimester indications** | IgG anti-D sufficient dose of **50 µg*** |
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| **termination of pregnancy** | |
| **spontaneous abortion followed by instrumentation** | |
| **ectopic pregnancy** | |
| **chorionic villus sampling** | |
| **partial molar pregnancy** | |

| **Second and third trimester indications** | IgG anti-D sufficient dose of **100 µg*** |
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| **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 28th weeks of gestation** | IgG anti-D sufficient dose of **250 µg*** |
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| **Delivery of an RhD positive infant **** | IgG anti-D sufficient dose of **100 µg*** |
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**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 IgG anti-D within 13 days, and in special cases, administration is still recommended up to a maximum interval of 28 days postpartum.

* administration of a higher dose of IgG anti-D is not a mistake
** also if the D type is not known
*** simultaneous assessment of the volume of fetomaternal hemorrhage (FMH) to specify the dose is suitable

***The FMH volume assessment***
*If the volume of fetal erythrocytes (red bood cells, RBCs) which entered maternal circulation is assessed, intramuscular administration of IgG anti-D in a dose of 10 µg per 0.5 mL of fetal RBCs or 1 mL of whole fetal blood is indicated. IgG anti-D in a dose of 10 µg administered intramuscularly should cover 0.5 mL of fetal RhD positive RBCs or 1mL of whole fetal blood. FMH is fetal RBC volume; fetal blood volume is double (expected fetal hematocrit is 50%).*

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