



HDN AWARE

National Pathology Week, Nov 2010

# QUICK FACTS

## **RAADP (Routine Antenatal Anti-D)**

Maternal blood sample for antibody check should always be taken at 28 weeks before giving Anti-D. If a woman has a PSE close to the date of her RAADP, both RAADP and Anti-D to treat the PSE should still be given.

## **Postnatal Care**

Only women who have an RhD positive baby will require Anti-D - Do not wait for the Kleihauer Test result before giving the standard dose.

Some women may require more than one postnatal Anti-D injection.

This depends on the results of the Kleihauer Test done on maternal samples taken at delivery.

## **Women who are already sensitised (have anti-D antibodies)**

Women who have already made anti-D or other antibodies must be referred to a Consultant Obstetrician as they may need specialised care.

The Neonatal Team should be informed when any woman with anti-D or other antibodies is admitted in labour.

# If there is a potentially sensitising event (PSE) at:

**<12 weeks**

At least **250iu** given if:

**Surgical intervention**

**Termination of pregnancy**

**(medical or surgical)**

**Unusually heavy bleeding**

**Unusually severe pain**

**Unsure of gestation**

**12-20 weeks**

At least **250iu** given,  
no Kleihauer  
test required

**20+ weeks**

**Maternal blood sample taken for Kleihauer testing**

At least **500iu** anti-D given

**Further anti-D if indicated by Kleihauer results**

PSEs include: Any PV bleeding; blunt abdominal trauma (eg seatbelt injury); invasive antenatal testing (amnio, CVS); external cephalic version (attempted & successful); miscarriage; TOP; ERPC; diagnosis of intra-uterine death; stillbirth; ectopic pregnancy.

To be effective, Anti-D should always be given within 72hours of PSE, however it may have some effect if given within 10 days.

If you are unsure of gestation, always assume higher gestation when planning care.