

# ANTI-D QUICK FACTS

## Routine Antenatal Anti-D Prophylaxis (RAADP)

- Maternal blood sample for antibody check should always be taken at 28 weeks before giving Anti-D.
- If a woman has a Potentially Sensitising Event (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 a D 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	12-20 weeks	20+ weeks
<p>At least 250iu given if:</p> <ul style="list-style-type: none"><li>Surgical intervention, ectopic pregnancy and molar pregnancy</li></ul> <p>Termination of pregnancy (medical or surgical)</p> <ul style="list-style-type: none"><li>Heavy bleeding</li><li>Severe pain</li><li>Unsure of gestation</li></ul>	<p>At least 250iu given, no Kleihauer test required</p>	<p>Maternal blood sample taken for Kleihauer testing</p> <p>At least 500iu Anti-D given</p> <p>Further Anti-D if indicated by Kleihauer results</p>

PSEs include: Any PV bleeding; abdominal trauma (eg seatbelt injury); invasive antenatal testing (amnio,CVS); external cephalic version (attempted and successful); miscarriage; TOP; ERPC; diagnosis of intra-uterine death; stillbirth; ectopic pregnancy; molar pregnancy; in-utero therapeutic interventions (transfusion, surgery, insertion of shunts, laser); Intra-operative cell salvage; delivery.

To be effective, Anti-D should always be given within 72 hours of PSE, however it may have some effect if given within 10 days. D negative women presenting after 12 weeks with continual uterine bleeding should be given anti-D at a minimum of 6 weekly intervals

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

Originally developed by Rh HDN Awareness working group for National Pathology Week 2010.