



Guideline for the prophylactic use of Rh D immunoglobulin in pregnancy care 2024

Summary of updates

- Now available on MAGICapp (<https://app.magicapp.org>)
- Changes were made to the layout of the guidance to better reflect the patient journey.
- The format of the table summarising the guidance on the use and timing of Rh D immunoglobulin has been reformatted for enhanced readability.
- Additional research was added to the evidence base underpinning the recommendations. This did not result in any changes to the strength or certainty of the recommendations but did underpin the changes outlined below:

Expert Opinion Point 1 (EOP1) has been updated to:

- harmonise the timing of blood group and antibody screening with RANZCOG's best practice statement on routine antenatal assessment in the absence of pregnancy complications¹
- suggest consultation with a haematopathologist for interpretation of results and management for mothers with a weak or variant Rh D type.

EOP1 All women should have an ABO / Rh D type and antibody screen performed [early in pregnancy no later than 10 weeks' gestation](#).² Rh D positive pregnant women do not require Rh D immunoglobulin*.
* [If the mother has a weak or variant Rh D type, consult a haematopathologist in regard to interpretation of results and management.](#)

Recommendation 3 (R3) and **Recommendation 4 (R4)** have been updated to align with updated guidance from RANZCOG and international guidelines from New Zealand, the UK and WHO.

R3 After the following sensitising events in the first 12 weeks of singleton or multiple pregnancy: miscarriage, termination of pregnancy (~~medical~~ after 10 weeks gestation ~~or surgical~~), ectopic pregnancy, molar pregnancy and chorionic villus sampling, the ERG **recommends** that a dose of Rh D immunoglobulin 250 IU be given to all Rh D negative women with no preformed anti-D antibodies to prevent Rh D alloimmunisation.
(*Strong recommendation, very low certainty of evidence about the size of effect*)

R4 In the setting of ~~medical~~ termination of pregnancy before 10 weeks of gestation there is insufficient evidence to suggest the routine use of Rh D immunoglobulin. ^{3, 4, 147}
(*Discretionary (weak) recommendation, expert consensus*)

Expert Opinion Point 4 (EOP4) was included to complement the updates to **R3** and **R4** on the basis that calculating gestational age is not always accurate.

EOP4 [If there is any uncertainty with gestational age, consider offering Rh D immunoglobulin. Consider ultrasound to confirm gestational age.](#)

² <https://ranzcof.edu.au/wp-content/uploads/2022/05/Routine-antenatal-assessment-in-the-absence-of-pregnancy-complications.pdf>

¹⁴⁷ [Horvath S, Goyal V, Traxler S, Prager S. Society of Family Planning committee consensus on Rh testing in early pregnancy. Contraception 2022;114:1-5](#)