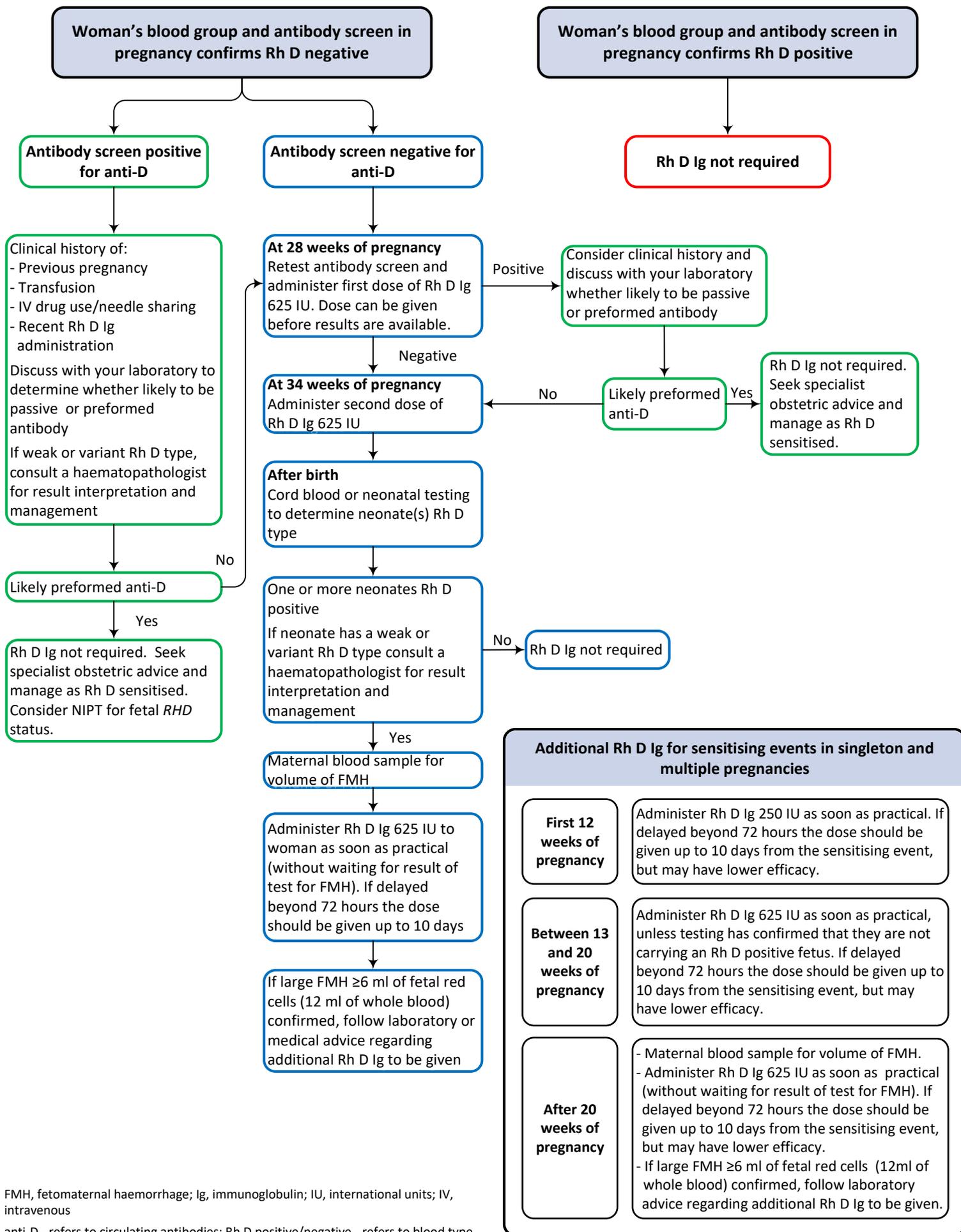


Care pathway for the prophylactic use of Rh D immunoglobulin in pregnancy care (excluding non-invasive prenatal testing (NIPT))



Additional Rh D Ig for sensitising events in singleton and multiple pregnancies	
First 12 weeks of pregnancy	Administer Rh D Ig 250 IU as soon as practical. If delayed beyond 72 hours the dose should be given up to 10 days from the sensitising event, but may have lower efficacy.
Between 13 and 20 weeks of pregnancy	Administer Rh D Ig 625 IU as soon as practical, unless testing has confirmed that they are not carrying an Rh D positive fetus. If delayed beyond 72 hours the dose should be given up to 10 days from the sensitising event, but may have lower efficacy.
After 20 weeks of pregnancy	<ul style="list-style-type: none"> - Maternal blood sample for volume of FMH. - Administer Rh D Ig 625 IU as soon as practical (without waiting for result of test for FMH). If delayed beyond 72 hours the dose should be given up to 10 days from the sensitising event, but may have lower efficacy. - If large FMH ≥6 ml of fetal red cells (12ml of whole blood) confirmed, follow laboratory advice regarding additional Rh D Ig to be given.

FMH, fetomaternal haemorrhage; Ig, immunoglobulin; IU, international units; IV, intravenous

anti-D - refers to circulating antibodies; Rh D positive/negative - refers to blood type.

This care pathway is from the *Guideline for the prophylactic use of Rh D immunoglobulin in pregnancy care*. Access the full guideline at www.blood.gov.au/anti-d-0

Adapted from NSW Health. 2015. Maternity – Rh (D) Immunoglobulin (Anti D) guideline. https://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=GL2015_011