



What is RhD Ig?

RhD Ig is made from plasma collected from human blood donors. If your baby is RhD positive, the RhD Ig injections during pregnancy prevent your immune system from producing anti-D antibodies against your baby's RhD positive red cells.

Do all women need RhD Ig during pregnancy?

No, only RhD negative women who are pregnant with an RhD positive baby need RhD Ig.

When and how is RhD Ig administered?

An intramuscular injection in the arm is given to women at both 28 and 34 weeks gestation, and again at birth, if your baby is RhD positive or the RhD group of the baby is unknown.

You may need extra RhD Ig if there's an increased risk of your baby's red cells entering your circulation during pregnancy. This could be a result of abdominal trauma, miscarriage or bleeding, or procedures such as turning of the baby by a doctor or midwife or amniocentesis during pregnancy.

Are there any adverse reactions or side effects to having RhD Ig?

In Australia, there have been no reported serious adverse reactions in either the mother or baby after having RhD immunoglobulin.

Mild side effects may include headache, dizziness, and pain/swelling at the injection site. However, as with all blood products, there's a very small risk of an adverse reaction.

How does RhD Ig work?



RhD immunoglobulin prevents the mother's immune system from forming antibodies against the baby's red blood cells.



This means that no RhD antibodies are made by the mother that could harm her baby now or in future pregnancies.

If you're pregnant, you need to know about...

RhD non-invasive prenatal testing

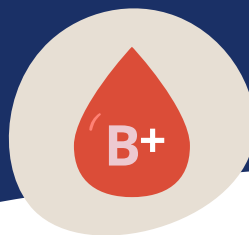


**Want more information?
Ask your GP, obstetrician
or midwife.**



Scan the QR code to find out more or visit anzsbt.org.au/resources/RHD_In_Pregnancy

There's a lot to think about when you're having a baby. The *RHD* NIPT is a simple blood test to determine your baby's RhD blood group.



What are blood groups and why is it important to know what they are in pregnancy?

The two main blood group systems which determine your blood group are the ABO system (AB, A, B, O) and Rh system (RhD positive or negative).

When we test your blood, we'll identify your blood group as AB, A, B or O and we'll also identify your blood group as RhD positive or negative.

Your baby's ABO Rh blood group is inherited from both parents and may be different to your blood group.

Why does it matter if the blood groups are different?

If your baby is RhD positive and you're RhD negative, your body may produce antibodies against your baby's RhD positive red cells.

This can lead to a condition called haemolytic disease of the fetus and newborn (HDFN) which can be harmful for your baby now and any future babies.

Can HDFN be prevented? And what happens if my baby gets it?

HDFN can be prevented through two injections of RhD immunoglobulin (Ig) during pregnancy and another at the birth of the baby if the baby is RhD positive.

If HDFN isn't treated, the baby can become anaemic, jaundiced, and in severe cases, this may result in brain damage or be fatal.

HDFN in RhD negative women




This mother has
- RhD negative red cells

And her baby has
+ RhD positive red cells



Some of the baby's RhD positive red cells will cross the placenta into the mother's circulation.



The mother's immune system detects foreign cells and can develop antibodies  to remove them.



In subsequent pregnancies, the antibodies the mother created can cross the placenta and damage and destroy the baby's RhD positive red cells, causing HDFN.



What is *RHD* non-invasive prenatal testing?

It's a blood test that your GP or midwife can order that's recommended for all pregnant RhD negative women to determine your baby's RhD blood group.

A sample of your blood is collected between 12-26 weeks gestation which is then used to determine the RhD group of your baby.

The *RHD* non-invasive prenatal testing (*RHD* NIPT) described in this leaflet is different to the non-invasive prenatal testing (NIPT) used to screen for genetic disorders.

