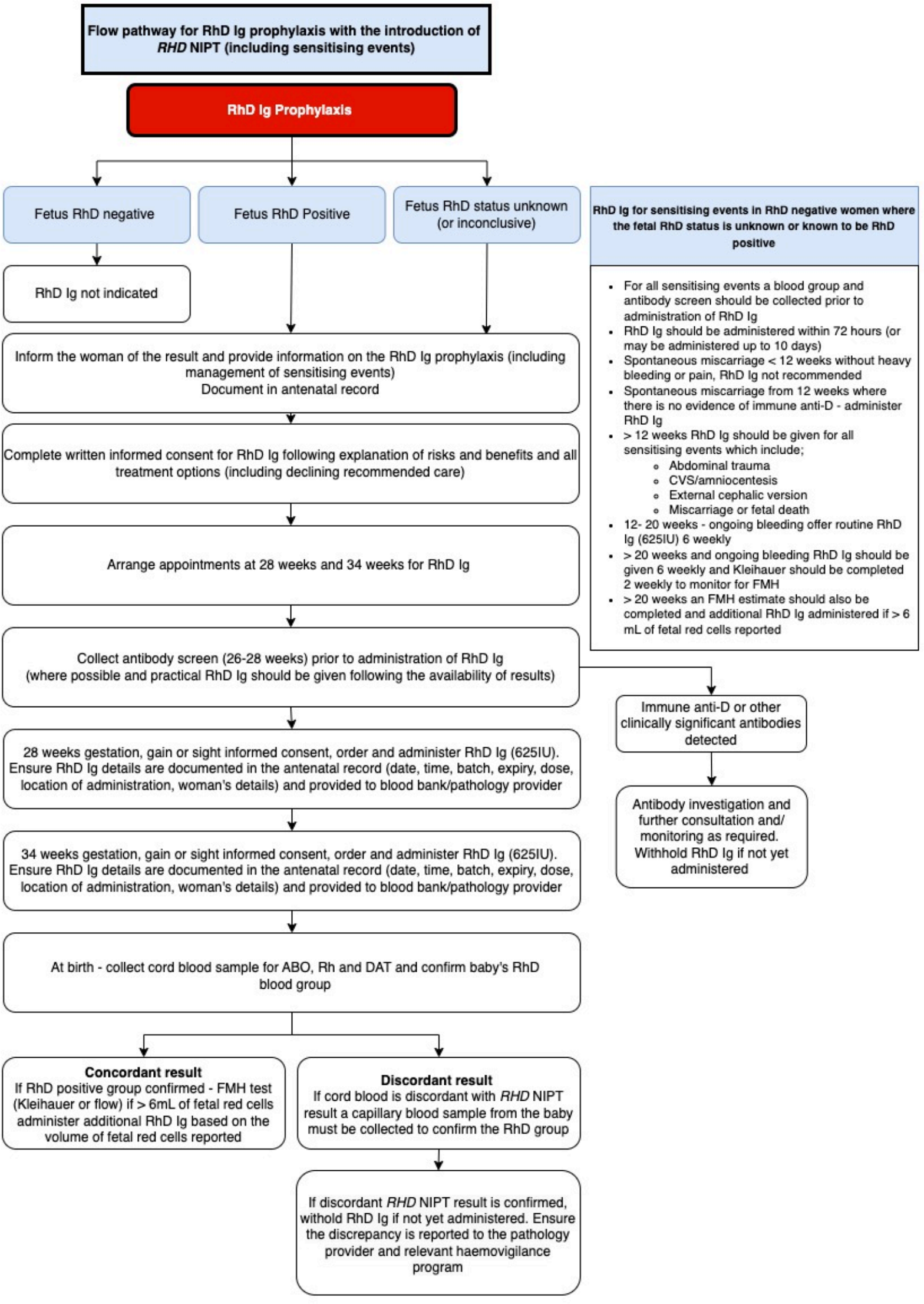
Flow pathway for RhD Ig prophylaxis with the introduction of *RHD* NIPT (including sensitising events)
RhD Ig Prophylaxis
Fetus RhD negative
Fetus RhD Positive
Fetus RhD status unknown (or inconclusive)
RhD Ig not indicated
Inform the woman of the result and provide information on the RhD Ig prophylaxis (including management of sensitising events)
Document in antenatal record
Complete written informed consent for RhD Ig following explanation of risks and benefits and all treatment options (including declining recommended care)
Arrange appointments at 28 weeks and 34 weeks for RhD Ig
Collect antibody screen (26-28 weeks) prior to administration of RhD Ig
(where possible and practical RhD Ig should be given following the availability of results)
28 weeks gestation, gain or sight informed consent, order and administer RhD Ig (625IU). Ensure RhD Ig details are documented in the antenatal record (date, time, batch, expiry, dose, location of administration, woman's details) and provided to blood bank/pathology provider
34 weeks gestation, gain or sight informed consent, order and administer RhD Ig (625IU). Ensure RhD Ig details are documented in the antenatal record (date, time, batch, expiry, dose, location of administration, woman's details) and provided to blood bank/pathology provider
At birth - collect cord blood sample for ABO, Rh and DAT and confirm baby's RhD blood group
Concordant result
If RhD positive group confirmed - FMH test (Kleihauer or flow) if > 6mL of fetal red cells administer additional RhD Ig based on the volume of fetal red cells reported
Discordant result
If cord blood is discordant with *RHD* NIPT result a capillary blood sample from the baby must be collected to confirm the RhD group
If discordant *RHD* NIPT result is confirmed, withold RhD Ig if not yet administered. Ensure the discrepancy is reported to the pathology provider and relevant haemovigilance program
Immune anti-D or other clinically significant antibodies detected
Antibody investigation and further consultation and/ monitoring as required. Withhold RhD Ig if not yet administered
RhD Ig for sensitising events in RhD negative women where the fetal RhD status is unknown or known to be RhD positive
For all sensitising events a blood group and antibody screen should be collected prior to administration of RhD Ig
RhD Ig should be administered within 72 hours (or may be administered up to 10 days)
Spontaneous miscarriage < 12 weeks without heavy bleeding or pain, RhD Ig not recommended
Spontaneous miscarriage from 12 weeks where there is no evidence of immune anti-D - administer RhD Ig
> 12 weeks RhD Ig should be given for all sensitising events which include;
Abdominal trauma
CVS/amniocentesis
External cephalic version
Miscarriage or fetal death
12- 20 weeks - ongoing bleeding offer routine RhD Ig (625IU) 6 weekly
> 20 weeks and ongoing bleeding RhD Ig should be given 6 weekly and Kleihauer should be completed 2 weekly to monitor for FMH
> 20 weeks an FMH estimate should also be completed and additional RhD Ig administered if > 6 mL of fetal red cells reported