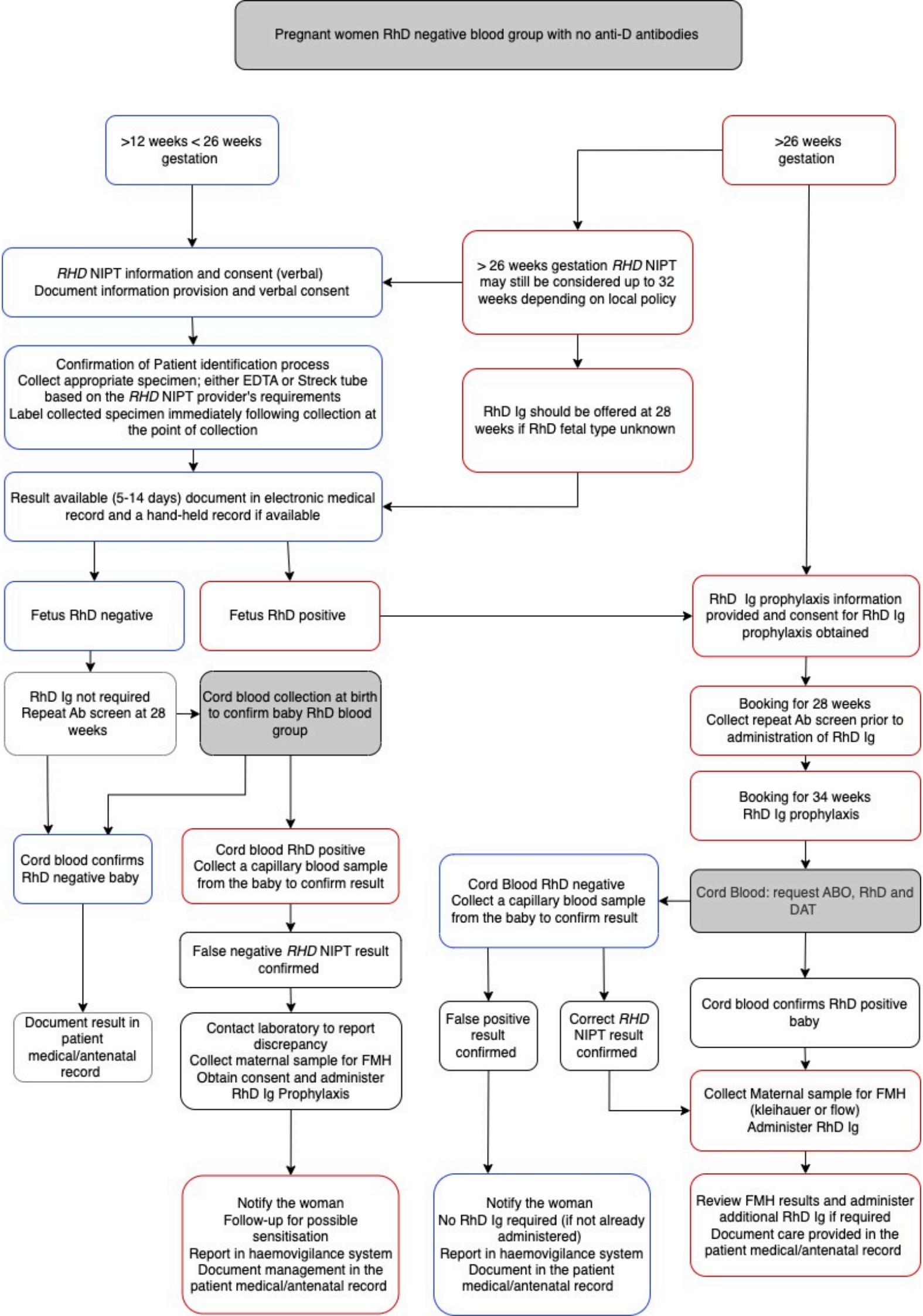
Pregnant women RhD negative blood group with no anti-D antibodies
>12 weeks < 26 weeks gestation
>26 weeks gestation
RHD NIPT information and consent (verbal)
Document information provision and verbal consent
> 26 weeks gestation *RHD* NIPT may still be considered up to 32 weeks depending on local policy
Confirmation of Patient identification process
Collect appropriate specimen; either EDTA or Streck tube based on the *RHD* NIPT provider's requirements
Label collected specimen immediately following collection at the point of collection
RhD Ig should be offered at 28 weeks if RhD fetal type unknown
Result available (5-14 days) document in electronic medical record and a hand-held record if available
Fetus RhD negative
Fetus RhD positive
RhD Ig prophylaxis information provided and consent for RhD Ig prophylaxis obtained
RhD Ig not required
Repeat Ab screen at 28 weeks
Cord blood collection at birth to confirm baby RhD blood group
Booking for 28 weeks
Collect repeat Ab screen prior to administration of RhD Ig
Booking for 34 weeks
RhD Ig prophylaxis
Cord blood confirms RhD negative baby
Cord blood RhD positive
Collect a capillary blood sample from the baby to confirm result
Cord Blood RhD negative
Collect a capillary blood sample from the baby to confirm result
Cord Blood: request ABO, RhD and DAT
False negative *RHD* NIPT result confirmed
Cord blood confirms RhD positive baby
Document result in patient medical/antenatal record
Contact laboratory to report discrepancy
Collect maternal sample for FMH
Obtain consent and administer RhD Ig Prophylaxis
False positive result confirmed
Correct *RHD* NIPT result confirmed
Collect Maternal sample for FMH (kleihauer or flow)
Administer RhD Ig
Notify the woman
Follow-up for possible sensitisation
Report in haemovigilance system
Document management in the patient medical/antenatal record
Notify the woman
No RhD Ig required (if not already administered)
Report in haemovigilance system
Document in the patient medical/antenatal record
Review FMH results and administer additional RhD Ig if required
Document care provided in the patient medical/antenatal record