

PREVENTION OF Rh (D) ISOIMMUNIZATION in MSF SETTINGS

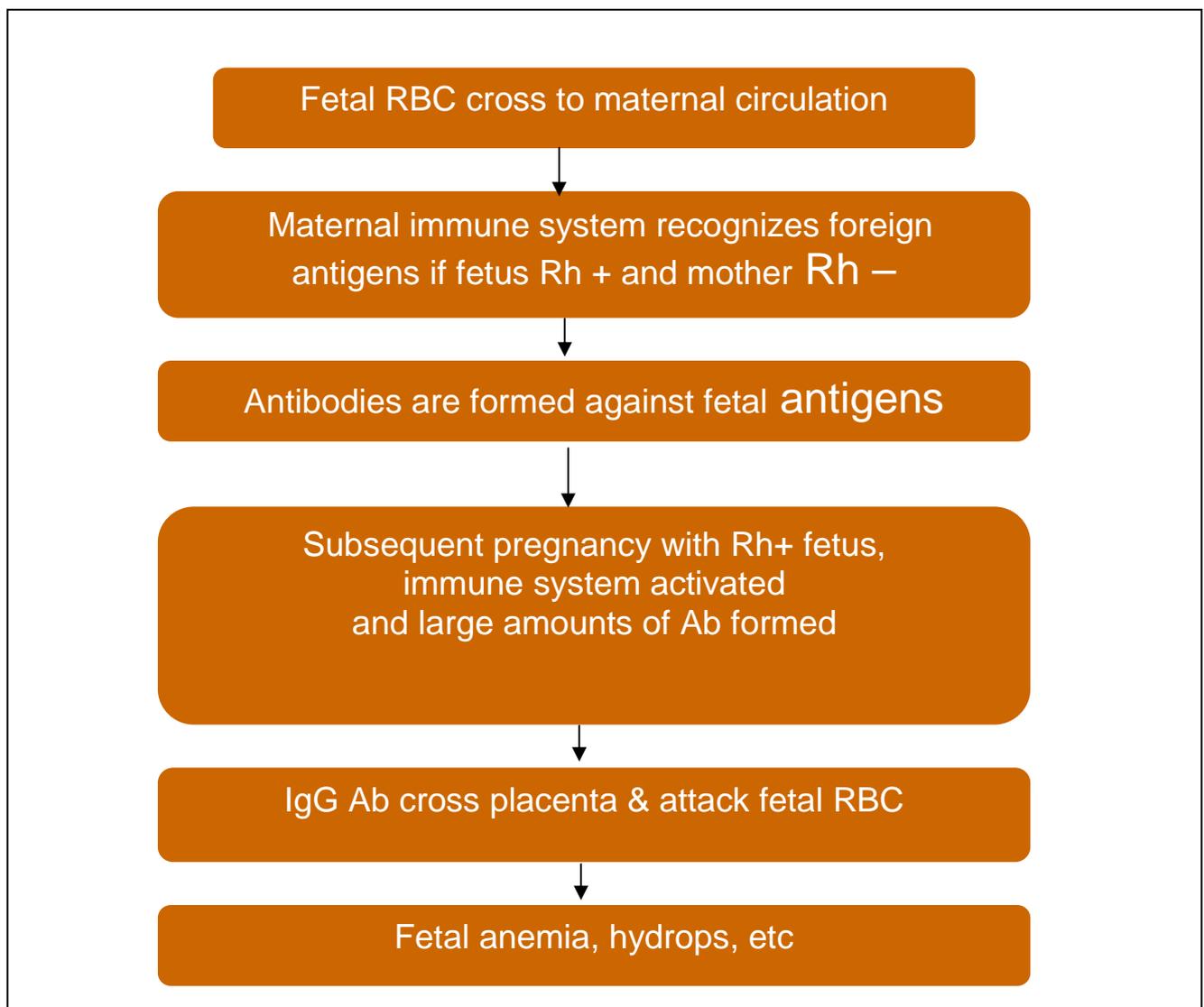
Background

Rh disease occurs during pregnancy when there is an incompatibility between the blood types of the mother and foetus. A **Rh-negative** woman is at risk for developing Rh isoimmunization upon exposure to Rh (D) antigens from her **Rh-positive baby** through foetal-maternal haemorrhage. The risk of Rh immunization when having a Rh-positive baby is 16%.

Anti-D Ig G prevents Rh immunization from developing, if two conditions are fulfilled:

- it must be given in sufficient dose
- it must be given before Rh immunization has begun

The success rate of Rh immuno-prophylaxis is 98.4–99%.



Prevention and indications

Anti-D Ig G (Anti-D immune globulin) has to be given to Rh-negative women in the **following cases***:

- **abortion (spontaneous or induced)**
- **ectopic pregnancy**
- **molar pregnancy**
- **ante partum bleeding**
- **external version**
- **abdominal trauma**

AND: within 72 hours post-partum when baby is Rh-positive

We will not give Anti-D Ig G during pregnancy if there is no sensitizing event as the ones described above. 1 injection after delivery will be sufficient to reach a high protection for the next pregnancy.

Drug information

- DINJZTF0089 RhoGAM, 300 µg ; for IM inj. ; single dose syringe
- Must be kept in cold chain
- Approximate price = 40 €
- Adverse reactions:
 - Local reactions (at the site of injection)
- Contra-indications: Rh-positive women

Blood group testing

Who?

- All women coming for delivery
- Babies from RH-negative women should have a blood group testing
- Pregnant women who had a risk of sensitization (**see indications**)

Depending on the national protocol, women might get a blood group testing during pregnancy. We don't have the possibility to do indirect Coombs.

Calculation for ordering

Depending on the region, 2 -8 % of women will be Rh-negative.
The probability of having a Rh-positive baby depends on the region, but is estimated to be between 65 and 99%.

<p style="text-align: center;">Average monthly n° of deliveries or estimated n° of deliveries</p> <p style="text-align: center;">+</p> <p style="text-align: center;">Average monthly N° of above complications * or estimation</p> <p style="text-align: center;">X 0,08</p> <p style="text-align: center;">X 0,90</p> <p style="text-align: center;">= estimated monthly n° of RhoGAM</p>
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Protocol

A blood group test for all woman after delivery should be done in case of any negative Rh, blood group for the baby needs to be done. If the baby is negative then discharge of the mother with instructions and routine care of the newborn. If the baby is positive give her anti-D IM as soon as possible within the first 72 hours.

