

Anti-D

When and How Much?

This poster gives recommended dosages of anti-D immunoglobulin at different stages during pregnancy for women with a D negative blood type who do not already have immune anti-D antibodies.

At less than 12 weeks

- Anti-D is NOT usually indicated unless there has been therapeutic termination, molar or ectopic pregnancy, surgical intervention associated with miscarriage, or continued painful vaginal bleeding (administer at least 250iu within 72 hours in these cases).

Between 12 and 20 weeks

- Administer at least 250iu anti-D Ig within 72 hours of a potentially sensitising event.

Between 20 weeks and delivery

- Administer at least 500iu anti-D Ig within 72 hours of a potentially sensitising event.
- Send a sample for a Kleihauer Test in case *additional* anti-D Ig is needed.
- *Anti-D Ig should be given for potentially sensitising events, even if RAADP has been given already.*

Routine Antenatal Anti-D Prophylaxis (RAADP) should be administered between 28 and 30 weeks

- Send a sample for blood group and antibody screen and then administer RAADP according to local policy, *even if anti-D Ig has been recently given for a sensitising event.*
- SINGLE DOSE: Administer 1,500iu anti-D Ig at 28-30 weeks.
- TWO-DOSE: Administer at least 500iu anti-D Ig at 28 and 34 weeks.

After delivery

- Send 'Mother & Cord' samples for testing.
- Where the baby is D positive, administer at least 500iu anti-D Ig within 72 hours of delivery.
- Administer further anti-D Ig on the advice of the laboratory if the Kleihauer shows a large fetomaternal haemorrhage.

For further information please refer to your local policy

British Committee for Standards in Haematology Anti-D Guidelines 2014 – Amendment 4.8.14.
British Committee for Standards in Haematology guideline for the use of anti-D immunoglobulin for the prevention of haemolytic disease of the fetus and newborn (2014).

